

INB13

Statement of Third World Network - 21 February 2025

Thank you Madam Co-chair, we remain hopeful of INB's success, taking into account cooperative spirit between Member States this week.

We offer these inputs to strengthen equity:

Firstly, Article 12.7 states that the PABS Instrument shall include benefit-sharing provisions, "including options regarding access to VTDs." The word "options" could be misinterpreted to suggest that benefit-sharing during a PHEIC is not mandatory for manufacturers.

Article 12.8 lacks a clear commitment from manufacturers. The issue is not just releasing VTDs from stockpiles but ensuring access to the stockpiles as well. Linking 12.8 to Article 13 alone does not resolve this, imagine an infectious disease, fast spreading, where international stockpiles are absent. How can we save lives in such a situation?

On Article 11—there is deadlock over defining technology transfer and its voluntary or involuntary nature. We urge the INB to recognize that technology transfer is not solely about intellectual property; accessible knowledge, such as pharmacopoeia development, can enable generic production. We ask whether the IHR model could help break this deadlock by mandating WHO to facilitate technology access in developing countries while working with Parties and Stakeholders. This avoids the contentious phrase "technology transfer" while preserving access pathways.

Finally, on equity, we would like to point out the phrase "subject to national laws" in Articles 10, 19, and 20. Recent events in the U.S. show how political shifts and Presidential Executive Orders of one government can dismantle global health aid. Is this phrase thus useful in Article 10, 19 and 20. Notably, INB Parties did not use this phrase in Article 4. This could be interpreted as a double-standard.

Thank you.

Thank you chair,

We would like to provide these inputs in order to strengthen equity:

Firstly Article 12.7 says The PABS Instrument shall also include benefit sharing provisions, in the event including options regarding access to VTDs. This word “options” could be misinterpreted in future to say benefit sharing during PHEIC is not mandatory for manufacturers.

Article 12.8 does not speak about a commitment from manufacturers. This is problematic - its is not the question of releasing VTDs from international stockpiles - its a question of how these stockpile have access to VTDs. so merely linking 12.8 to 13, will not resolve the issues. We must also think about situations where these stockpiles are not established.

Article 11 - Madam Co-Chair - as far as we understand is in deadlock regarding the debates over definition of transfer of technology and how it takes place voluntarily or involuntarily. Here we would like to bring to the INB room’s consciousness that transfer of technology is not always about intellectual property rights. Sometimes it may happen through advancement of accessible knowledge, for example development of pharmacopoeia can trigger generic production of health products. We would like to ask INB whether the IHR model can be used to resolve deadlock - i.e. mandate WHO to work towards enabling access to technologies in developing countries, and work with Parties and Stakeholders in this regard. This can get rid of the contentious phrase transfer of technology, yet retain all pathways to technology access open. We are willing to talk more about such a way forward if Parties are interested.

Finally, regarding equity Madam chair, we are really concerned by the phrase “subject to national laws” - in article 10, 19 and 20. We can see currently in the U.S., how one political party is undoing global health aids via mere presidential executive orders. Thus articles 10, 19 and 20 are susceptible to such disruptions. We also know this is why INB parties do not use this phrase in Article 4. If we continue to use different standards in para 4 and equity related paragraphs, then it would be a critical double standard for which history may not forgive us.