



UNAIDS Statement at the 7th PPPR INB 06 - 10 November 2023

Thank you for this opportunity.

UNAIDS appreciates the efforts of Member States and WHO for the broad stakeholder engagement in the different Member State-led processes.

In the Operative Paragraphs 67 & 68, the 2023 UNGA Political Declaration on Pandemic Prevention, Preparedness and Response calls [PPPR] Member States to “strengthen health resilience through efforts to end the global epidemics of HIV/AIDS, Tuberculosis (TB) and malaria, towards including leveraging best practices and lessons learned...and ensuring the systematic engagement of HIV/AIDS TB and malaria responses in pandemic response, leveraging national HIV/AIDS strategic plans to guide key elements of pandemics planning and acknowledging the integral role of civil society and communities in strengthening public health measures and implementing responses programming”.

It is against this background that UNAIDS proposes the following suggestions on the negotiation text based on the values, principles and approaches learned from decades of response to the AIDS pandemic;

Ensure that *Article 8* emphasises that **whole-of-government and whole-of-society approaches are fostered as** binding elements of the instrument to strengthen the capacities and resilience of countries and regions to effectively deal with pandemics. Drawing lessons from **the multisectoral approach** of governing mechanisms in the AIDS response, we propose additional text from *A/INB/5/6*, that enable greater involvement of community groups and civil society in PPPR.

In *Article 10*, the accord should commit to the creation of **local / regional production** hubs in the Global South, with clear conditionalities on public funding of R&D, mandating technology transfer and **removal of intellectual property barriers**, to ensure viable local/regional production to secure sustained timely and equitable supply of pandemic related products.

Expand text in *Article 13*, to ensure that Member States commit to clear policies to ensure **equitable access to health technologies**. These include adequate funding R&D, mandatory benefit sharing in Pathogen Access and Benefit Sharing (PABS), building local/regional production capacity, and allocating products according to public health needs – by strengthening text in *Article 11.1* to encourage Member States to use flexibilities afforded to them to take all available measures to protect public health interests.

Although the WHO PABS System is consistent with international legal frameworks concerning the collection of patient specimens, it will be important that text in *Article 12* be expanded to address relevant international legal and medical ethics frameworks to ensure sufficient protection of **patients' rights**.

Ending **inequalities** that prevent people from accessing the information, systems and public health tools need to be addressed. Commit Member States to respect, protect, and fulfil human rights obligations and promote freedom, by reviewing text in *Articles 3.3, 3.6, 3.7, 3.9, 16.5, 16.6, 18.1b, and 18.2* to clarify the obligation on countries to develop efficient and equitable **social protection** mechanisms that are inclusive, learning from the exclusion of marginalised populations, criminalised populations, immigrants and refugees in the HIV pandemic.

Lastly, give prominence to **public financing and investment in health systems**, by adding text to Article 19.1.a, obligating all parties to take responsibility to assist each other in broadening their fiscal space by facilitating recovery from tax evasion and plugging illicit financial flows, and Article 19.4 to setup flexible financing mechanisms that can be triggered and accessed quickly to save lives when there is a crisis.

Thank you for your attention.