

13.3 Influenza preparedness

MMI, supported by PHM, welcomes the PIP Framework implementation Report under agenda point 13.3.

The framework is built on principles of sharing access to pathogens and benefits arising from their use, enshrined in the CBD & Nagoya Protocol. Although these principles have allowed for sharing of SARS-CoV-2 samples between countries, concerns over IP and other barriers to access remain. While the PIP Framework is specific to influenza, CBD and the Nagoya Protocol are instruments that apply to all pathogens.

No benefit sharing mechanism exists for seasonal influenza and other pathogens that are a public health emergency of international concern. This gives way to concerns about delays in sharing seasonal influenza viruses and absence of fair and equitable benefit sharing. While many flu vaccines remain unaffordable, the industry is reaping billions in profit.

Sharing of SARS-CoV-2 data without addressing mechanisms for sharing research outcomes, technologies and medical products risks creating a situation of winners and losers. Some HIC have pre-booked therapeutics, diagnostics, and vaccines from pharma companies that profit from public funds. These companies own IP that prevents sharing of knowledge and technology, and allows them to dominate markets.

The current system is lop-sided in favour of HIC and pharma companies although all countries around the world have shared sequences, information and participated in clinical trials. On the other hand, access to SARS-CoV-2 technologies and treatment in LMIC will likely depend on donations, goodwill and small amounts of medical products that pharma companies may decide to offer.

An effective Covid19 pandemic response cannot happen without a framework that puts pathogen and benefit sharing on an equal footing. We urge WHA to secure binding commitments from vaccine, pharmaceutical and other manufacturers with respect to availability and affordability of Covid19 medical products and sharing of knowledge and technology.