



1600 20th Street, NW • Washington, D.C. 20009 • 202/588-1000 • [www.citizen.org](http://www.citizen.org)

**Peter Maybarduk, Director of Public Citizen's Access to Medicines Program**  
**Oral Statement**  
**Office of Global Affairs: Stakeholder Listening Session on Amendments to the**  
**International Health Regulations (2005)**  
**June 20, 2023**

We appreciate the United States taking an active role in the negotiations of the International Health Regulations (2005). We recognize that the United States' engaged participation in the negotiations is not automatic, and the country's ongoing commitment speaks well of this Administration.

We also appreciate the continued coordination between the Working Group on Amendments to the International Health Regulations (2005) and the Intergovernmental Negotiating Body to draft a Pandemic Accord. This coordination is key to ensuring synergy and coherence between the instruments, resulting in an effective pandemic response framework. Thank you for the U.S. leadership in that regard.

I will address three articles during my remarks: Articles 6, 13, and 44, covering benefit sharing, access to health products, and financing.

**Article 13: Public Health Response**

The International Health Regulations (2005) have concrete legal obligations on preparedness, surveillance, detection, and notification. But there have been no concrete legal obligations on a coordinated public health response, particularly on ensuring equitable access to health products.

Inequitable access to health products during the COVID-19 pandemic is one of the largest issues the world has faced over the past several years, and was a significant impetus to amend the Regulations. Developing countries flagged this gap in the IHR (2005) 15-20 years ago, but the problem continues today. It is clear that we need to have strong and equitable commitments in the IHR for access to medical products.

The Regulations should also include strong commitments from States Parties, particularly from Northern governments, to support a WHO-led public health emergency response. And for the WHO in turn to provide the needed support to developing countries. We note with interest proposals from the Africa Group and Bangladesh for a new Article 13A. We encourage the U.S. government to have a close look at those proposals.

#### **Article 6: Notification**

We believe in the importance of benefit sharing. Access to genetic sequence data and timely reporting is critical. But it would be regrettable if IHR were to amount effectively to surveillance of the South without shared benefits with the countries reporting genetic sequence and other pathogen data. This necessary complementarity of health and justice is among the lessons of the pandemic.

We note with interest [KEI's proposal](#) on the open source divided as a model for benefit sharing.

We have to reconsider the ways of the old system, ensuring multilateral access and benefit sharing for pathogen data.

#### **New Article 44A**

We note with interest the new Article 44A proposed by the Africa Group.

Money is a proxy for will. Many components of the Regulations are important but won't be effective if there is not sustainable and equitable financing. We encourage the WHO and Member States to be serious in the commitments made in the IHR by ensuring financing for their implementation. This may entail expanding pandemic preparedness financing capacities beyond the Pandemic Fund and generating will through the Regulations.

Your work to amend the IHR (2005) is challenging, we appreciate that. Thank you for your work and for listening to us today.