REQUEST BY NON-STATE ACTORS TO SUBMIT A STATEMENT AT THE HYBRID SESSION OF THE SEVENTY-SECOND REGIONAL COMMITTEE FOR AFRICA

Non-State actors participating, either in person or virtually, in the hybrid session of the Seventy-second Regional Committee for Africa and wishing to make a statement, must submit the complete form hereunder to the Secretariat not later than one week prior to the start date of the session, that is **by 15 August 2022**.

Oral statements should not be more than one-minute long, while written statements should not be longer than 600 words. Each statement should focus on technical issues and should be directly relevant to both the agenda item under which it is presented and to the document prepared for the item. The statement should not raise issues of a political nature that are unrelated to the agenda item and should not contain any inappropriate or offensive reference to Member States. While there should not be reference to any individual Member States, or areas of Member States, it is recalled that nomenclature must follow that of the United Nations.

The Chairperson of the Regional Committee shall decide whether to accept or reject a statement in light of its relevance to the discussion, compliance with the time and word limits and the rules stated above. During the meeting, the Chairperson of the Regional Committee shall decide whether to grant a non-State actor the right to present an oral statement in light of time constraints or any other reason. Written statements admitted shall be published on the Regional Committee webpage for a limited time period and will not be retained thereafter.

Request by non-State actors to submit a written or oral statement at the hybrid session of the Seventy-second Regional Committee for Africa

Name and acronym of non-State actor (in English, French or Portuguese):

■ Written statement	☐ Oral statement
	Name of person delivering the statement
	Dr. Monique Wasunna
	Modality of participation: ☐ In person ☐ Virtual

Agenda item (number, title): **Agenda item 12: Intergovernmental Negotiating Body: update and consultation on the Working Draft**

Statement (in English, French or Portuguese):

As a not-for-profit research and development organization, DNDi focuses these comments on how the instrument can best ensure innovation of and equitable access to the health tools.

Comments on objectives:

- DNDi support the broad objectives and in particular welcome the inclusion of the objective of 'ensuring availability and equitable access to affordable medical and other pandemic response products'. However, to be able to have access to needed health tools or technologies those tools first need to be developed. Therefore, objective 3 should be expanded to include the discovery and development of health products.

Comments on scope:

- The definition of a 'pandemic' should avoid a narrowly defined focus solely on those diseases or pathogens thought to be a security threat in high-income countries (HICs). The scope must also include existing epidemics, pandemic-prone, and climate sensitive diseases.

- A broad scope is needed to ensure that the infrastructure and architecture put in place can be flexible enough to operate throughout the 'peaks and troughs' of a pandemic to break the cycle of panic and neglect. Much of the infrastructure that is needed to ensure timely development and delivery of medical countermeasures for pandemics – including for surveillance, research, clinical trials, manufacturing, regulatory systems, health services, etc. – must be 'kept warm' and robustly supported and strengthened during inter-crisis times both to deliver necessary services for communities and to prepare for and respond to pandemics.

Comments on Specific Provisions:

- In order to address the objectives outlined, DNDi welcomes the **importance given to R&D** as a specific provision. Addressing the persistent inequities within the current biomedical R&D system in relation to incentivizing innovation and ensuring equitable access to health tools should be central to the WHO CAII, given that the lack of equity is at the core of the breakdown of the COVID-19 response. In this context, strengthened and increased national and regional R&D capacities within Africa will be central in ensuring regional health security.
- However, as currently written, the WHO CAII does not acknowledge the link between R&D and access to end products and so does not provide the necessary framework to ensure end-to-end R&D in a manner that builds in equity and access at the core of the R&D process from bench to bedside.
- In particular, it does not recognize the need to ensure links between different R&D stages in order to ensure development and equitable access to the fruits of innovation. One important element that is missing is measures that embed the principles of access, affordability, and equity into the R&D process itself, including by articulating specific globally agreed norms, and acknowledging the critical role that governments can play in ensuring their public investments in R&D are designed to deliver equitable access.
- Several, but not all, components for end-to-end R&D are included in the text, but not in an order that would allow efficient negotiation of measures to ensure discovery and development of tools that lead to affordable and equitable access. Re-structuring this section could more cohesively address the full range of core elements that should come under a heading of R&D.
- Additional elements that aren't currently addressed include measures on priority setting, open innovation, clinical trials and intellectual property.

Financing:

The draft only includes reference to R&D in the context of a pandemic and surge capacity. Whilst this is important there should be recognition of the need for end-to-end financing for preparatory R&D as well as for response. This should include financing increased surveillance, clinical trial, manufacturing, and regulatory capacity which strengthens infrastructure to address both pandemic and existing health priorities.

Name: Dr. Monique Wasunna
Position: Director
Date: August 17, 2022