



**STATEMENT BY
THE MINISTER OF HEALTH OF THE REPUBLIC OF INDONESIA
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**At The Inter-Governmental Meeting for Pandemic influenza Preparedness
Geneva, 20 November 2007**

Madam Chairperson,
H.E. Madame Director General of the WHO,
Distinguished Delegates,
Ladies and Gentlemen,
Assalamualaikum Warahmatullahi Wabarakatuh

First of all, let me thank to the Director General and the secretariat of the WHO for convening this important meeting as mandated by the WHO member states. And I would like to express our gratitude thanks for this opportunity.

We are here because all of us are concerned about the recent global issues related to avian influenza, especially on the virus sharing and benefit sharing mechanisms.

As an organization which governs health care of the world, WHO needs a fair, transparent and equitable mechanism. Ironically, since avian influenza existed in Indonesia, we have been experiencing unfair and non-transparent mechanisms in virus sharing which has been linked to vaccine production. Affected countries, which are usually represented by developing and poor countries, are requested to send H5N1 virus from avian influenza victims to WHO-CCs under the Global Influenza Surveillance Network (GISN) mechanism. This means, developing and poor countries are requested to release their viruses, but once these viruses arrive at

WHO-CCs, they automatically belong fully to WHO-CCs. Originating countries do not have any right about the destiny of the shared viruses. We do not really know whether they are used for researches and publications, or they are shared with vaccine manufacturers for vaccine production, or may be they are utilized for the development of biological weapons. The moment when developing or poor countries need vaccines, they have to purchase them at high prices, and, one of the financial consequences is that they may need loans from other developed countries.

The unfairness that was given by WHO could threat Global Health Security and also is a new type of oppression to developing nations by developed countries. If this oppression practices continues, poor countries will become poorer and rich countries will become richer. This is more dangerous from the Avian Influenza pandemic itself (and even nuclear explosion).

On this occasion, allow me to disclose at least 3 points of unfair and non-transparent WHO's mechanisms:

1. By the time Indonesia needed urgently to procure Tamiflue, they were all stockpiled by the developed countries. Even we have funds for that procurement;
2. Unfairness on H5N1 sequence data information. DNA sequence for risk assessment and vaccine production was held exclusively by a number of scientists within WHO-affiliated institutions and were not freely accessible by other scientists. This was corrected by Indonesia's action by releasing H5N1 sequence data to gene bank;
3. Several companies from developed countries offered me vaccine and diagnostic kit, which were developed from Vietnamese strain. This was my first finding about the unfair mechanism.

Can you all imagine that the viruses which are shared with WHO-CCs are originated from the dead Vietnamese who were grieved by their wife, their children and their family members, and then after it was shared with WHOCC, it become commercial commodity for developed countries? This is the GISN mechanism which is the only mechanism sustained for more than 50 years. Don't you sense that the viruses are originated from our people, and, therefore, they are owned by our country with its sovereign rights? We understand the notion to sustain GISN by the timely sharing of avian influenza virus. However, this should not overrule our sovereign rights.

As a sovereign right country, we requested MTA (material transfer agreement) in virus sharing with WHOCC, but WHO refused it because there is no MTA for developing country or affected country in GISN mechanism. Beside that several days ago we received a letter from Dept of Health of UK government, that stated *"Countries who supplied the original virus should have free access to seed virus which has been produced by the GISN, in accordance with the condition MTA."*

Is this an expression of unfairness treatment between developing and developed nation on virus sharing ?

Since the emergence of the present global debate on virus sharing and benefit sharing, I have repeatedly emphasized that the GISN can never be fair nor transparent and equity , when the states' sovereign rights and their respective governing laws are taken into consideration. Therefore, the GISN must be replaced and the genesis of a new mechanism is inevitable.

Distinguished delegates, ladies and gentlemen,

Regarding benefit sharing, we hold the notion that benefits for developing countries should be implemented as a part of the right , rather than a "charity" or "good will" of developed countries, where vaccine manufacturers are located. This

mechanism should be integrated within the frame work for benefit sharing if we want to achieve a balance between developed and developing countries and breaks the vicious cycle of poverty and infectious diseases in developing countries.

Distinguished delegates, ladies and gentlemen,

We are here today to show the world that we care for the health of all people in the world, not to negotiate a profitable deal for companies. We are here today to open eye of all people in the world that there are an unfairness mechanism in WHO which is very dangerous for the humanity , wealthy , and healthy of all people in the world.

The Unfairness treatment to Indonesia will also be happened in other developing countries that suffered the diseases.

For the reason of Humanity , We (Indonesia) remains committed to discussing the issue based on transparency, fairness and equity. Therefore we must have all the facts on the table rightly. We must have information on how the system works to gauge its fairness, transparency and equitability. We must have assurance that the viruses we send will be used solely for non-commercial public health purposes in an equitable manner, not only for the benefit of company profits or rich people in rich nations. We must have trust, that when we entrust our viruses to the multilateral system, it would not be at the expense of our sovereign rights and at the expense of our people's health.

For that to happen, we need to formulate a new system and we need to get the new system right. We need equitable sharing of benefits arising from the use of viruses, through a fair, transparent and equitable mechanism. That is the moral thing to do.

Your Excellency,

Let me remind us that the reason why we are meeting here is the current system like GISN, have failed to respond to the health needs for the humanity.

Finally, I wish to thank and appreciate Madam Chair for allocating the time for me to deliver my statement. My appreciation also goes to my colleagues of developing countries, who have kept the solidarity with us on this very important issue. I hope our deliberations are understood by our developed counterparts, and be materialized in ways they should be to make a worldwide better health.

Wassalamualaikum Warahmatullahi Wabarakatuh