



INB12, 4-15 November 2024

G2H2 statement under agenda item 2

Thank you, Madame Chair. The reopening of the discussion on Art. 20, to make it compatible with the text of the amended IHR, provides now a unique opportunity. Indeed, the feeble sense of commitment that one reads in between the lines of Art. 20 can and must be addressed.

IHR is a binding instrument. The pandemic treaty is being negotiated as a binding instrument, too. This means that **the “voluntary” regime that overarches and envelopes Art. 20 must in all possible ways shift towards binding arrangements, based on common but differentiated responsibilities also when it comes to financing.** We need to revert today’s profoundly inequitable **financing scenario** – see slides with figures comparing ODA vs. Debt repayments and figures on Illicit financial flows (IFFs): https://g2h2.org/wp-content/uploads/2024/03/Pandemic-Treaty-Financing_Insight.pdf

Financial injustice dominates the world, and we see it with billionaires gradually taking over. Now: **negotiating a new norm addressing pandemics cannot ignore the structural context in which we operate today. Debt cancellation cannot be overlooked, IFFs cannot be ignored either: they are part of the conversation.**

Governments must have the fiscal sovereignty to invest in public health and define their priorities in the way they want to tackle potential pandemics. Fiscal policies, financial injustices need to be part of the conversation when it comes to Art. 20 of the treaty provisional text.

Let’s not forget: the way the coordinating financing mechanism is shaped will have a substantive relevance for the entire governance set-up of the treaty. You must decide who runs the show.

Yet, there is also an additional issue that you now can clarify, reopening Art. 20. There is a significant difference between

- financing the sustainable implementation of an agreed WHO treaty and
- shaping the financing of the treaty for the **projectification of pandemic PPR.**

We have seen this wild projectification in the case of HIV/AIDS, malaria, and TB. We now see it for every disease, in fact. Looking back, we can say it has not really worked, it has transfigured and deformed public health administrations in recipient countries – mostly dedicated to donors’ reporting.

A pandemic is much more than a disease, and will not be managed through funding specific projects that reflect the health culture and interests of the big global health players in the room, the Public and Private Partnerships (PPPs) that inhabit the rooms of global public health.

Thank you.

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