Ministerial Breakfast on the margins of the 78th session of the United Nations General Assembly (UNGA 78)

EVENT SUMMARY

Building a Common Safer Future: Update on Initiatives for the Timely and Equitable Access to Medical Countermeasures Against Pandemic Threats

Dear participants,

On 22 September, on the margins of the 78th session of the UN General Assembly, WHO hosted the event “Building a Common Safer Future: Timely and Equitable Access to Medical Countermeasures (MCMs) Against Pandemic Threats” in New York City. The event was attended by a total of 215 participants, comprising 107 in person and 108 via live stream. The attendees included 21 ministers, representatives from 40 Member States, civil society organizations, global health partners, and private sector.

The purpose of the event was to leverage collective wisdom to collaboratively shape a common safer future. Ministers, civil society and other officials actively exchanged viewpoints on tangible actions to ensure timely and equitable access to medical countermeasures (MCM) in the future and were enthusiastic about the interim mechanism being developed by WHO to foster convergence, inclusiveness, and coherence in a complex MCM eco-system.

Dr. Tedros Adhanom Ghebreyesus, the Director-General of WHO, opened the event by reflecting on the lessons learned from the COVID-19 pandemic. Recalling the failure to achieve equitable access, he called for “collective solutions, enhanced coordination, continued dialogue, and better systems for the development and access to MCMs to all.” He called for commitment to equity and solidarity and reminded the group that “no one is safe until everyone is safe.”
Dr. Ebere Okereke, Associate Fellow, Global Health Programme, Chatham House and CEO of the Africa Public Health Foundation, facilitated a panel comprised of Mr. Keizo Takemi, Minister of Health, Labour, and Welfare, Japan; Ms. Nísia Trindade Lima, Minister of Health, Brazil; Hon. Sir Molwyn Joseph, Minister of Health, Wellness and the Environment, Antigua and Barbuda; Dr Joe Phaahla, Minister of Health, South Africa; Ms. Anne Beathe Kristiansen Tvinneireim, Minister of International Development and Minister of Nordic Cooperation, Norway; Mr. Onesmus Mlewa Kalama, Acting Executive Director, Eastern Africa national Networks of AIDS and Health Services Organization (EANNASO).

The panel shared their first-hand experience of the hardships faced during the pandemic due to the lack of access to life-saving medical countermeasures. Combined with numerous interventions from participants, this converted into clear ideas of the essential characteristics for a future medical countermeasure system:

- Driven by global health equity and solidarity.
- Sufficiently resourced for preparedness, capacity building, and to guarantee equitable distribution of MCMs so that no one is left behind.
- Deeply/highly inclusive, encompassing regional entities, civil society, and women at all decision-making tiers from the outset, aiding in more effectively readying communities.
- A tangible solution that puts into action the commitments of member states, the G20, the G7, and other groups of equitable access to medical countermeasures.
- Accountable to Member States.

Dr. Mike Ryan, Executive Director, WHO Health Emergencies Programme closed the meeting and stressed the importance of diverse interventions and listening to each other’s views for effective solutions.

In essence, the meeting emphasized the need for a coordinated global response for future health threats, the importance of equity and inclusiveness in preparing for and dealing with pandemics, and the critical role of regional and international cooperation.

Yours Faithfully,

WHO Secretariat i-MCM-Net Team
PARTICIPANTS

40 Member States

- Angola
- Antigua and Barbuda
- Argentina
- Australia
- Bolivia (Plurinational State of)
- Botswana
- Brazil
- Bulgaria
- Canada
- Costa Rica
- Denmark
- Ecuador
- France
- Georgia
- Germany
- Guyana
- India
- Ireland
- Italy
- Japan
- Kazakhstan
- Kenya
- Lebanon
- Mexico
- Morocco
- Netherlands (Kingdom of the)
- New Zealand
- Norway
- Paraguay
- Portugal
- Romania
- Saudi Arabia
- Slovenia
- South Africa
- Switzerland
- United Arab Emirates
- United Kingdom of Great Britain and Northern Ireland
- United States of America
- Venezuela (Bolivarian Republic of)
PARTICIPANTS

7 Civil Society Organizations (CSOs)
- AVAC: Global Advocacy for HIV Prevention
- Eastern Africa national networks of AIDS and Health Services Organisations
- Health Global Access Project
- Health Poverty Action
- Pandemic Action Network
- Third World Network (TWN)
- Wote Youth Development Projects

30 Partners, Institutions and Private Sector
- Bill and Melinda Gates Foundation (BMGF)
- The Coalition for Epidemic Preparedness Innovations (CEPI)
- Clinton Health Access Initiative (CHAI)
- FIND
- Gavi, the Vaccine Alliance
- International Committee of the Red Cross (ICRC)
- International Organization for Migration
- Medicines Patent Pool
- Médecins Sans Frontières (MSF)
- Pan American Health Organization (PAHO)
- The Global Fund to Fight AIDS, Tuberculosis and Malaria
- Unitaid
- United Nations Children’s Fund (UNICEF)
- United Nations Development Programme (UNDP)
- World Bank Group
- Biotechnology Innovation Organization (BIO)
- F. Hoffmann-LaRoche
- Fondation Congolaise pour la Recherche Médicale
- International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)
- Johnson & Johnson
- Moderna
- Novavax
- PhRMA
- Regeneron Pharmaceuticals
- Vaxxas
- vfa - Verband forschender Pharma-Unternehmen
- Viatriis
- European Union
- European Commission
- NYC Department of Health

Photos courtesy of Ministry of Health, Brazil