



**STATEMENT BY CARLOS CORREA, EXECUTIVE DIRECTOR OF  
THE SOUTH CENTRE, AT THE VIRTUAL MEETING OF THE  
MINISTERS OF HEALTH OF THE MEMBER STATES AND  
OBSERVER STATES OF THE NON-ALIGNED MOVEMENT**

*25 May 2024*

*On the sidelines of the 77<sup>th</sup> session of the World Health Assembly*

Mme. Chair, Excellencies,

We thank you for the invitation to the South Centre, the intergovernmental organization of 55 developing countries, to participate at this important meeting.

The WHO Constitution defines health of all peoples as a human right and as a fundamental basis to attain peace and security. The achievement of the right to health must remain the guiding principle of the international community.

However, today, the objective of advancing global health for all is affected by a multiplicity of global crises, the impact of climate change, armed conflicts and growing antimicrobial resistance. This is compounded by the specific challenges faced by developing countries, including an unfair international financial architecture and rising debt.

Moreover, we are witnessing the disregard for the right to health of millions of people worldwide. We acknowledge that the NAM has called for a ceasefire in the Gaza Strip and strongly condemned indiscriminate attacks against Palestinian civilians and health and civilian infrastructure.

The right to health is also severely undermined in countries targeted by unilateral coercive measures that are illegal under international law and contrary to the UN Charter.

In this context, there is a need for a stronger and more effective WHO, which should be at the centre of norm-setting and moral guidance. However, the WHO is often shadowed in the current fragmented global health governance by the growing number of health organizations that skew health priorities towards those of their dominant funders.

Rich countries are increasing pressure on the WHO to act, but at the same time they are allocating substantial financial contributions to other agencies. For example, while most WHO members are seeking a sustainable financing mechanism for prevention and response to pandemics including for surge financing, there is reluctance by those countries to establish a mechanism within the WHO for this purpose. Their preferred option is to rather support the World Bank Pandemic Fund which has significant limitations including on country eligibility to receive funding.

The WHO requires sustainable financing. We welcome the approved increase of member States contributions and the investment round to be held later this year to increase financing. We call for clear rules to ensure that voluntary contributions and any engagement with the private sector do not lead to conflict of interests and a further fragmentation of the global health agenda.

While the work of the WHO on emergencies is critical, it must be balanced with the core areas of the organization's work on technical guidance, norm-setting and programmes, in particular on strengthening health systems.

A top priority for global collaboration, as affirmed in the Sustainable Development Goal 3 of the 2030 Agenda, is to advance access to essential medicines, vaccines and other medical products. It is unacceptable that half the world's population continues to lack regular access to essential health care.

Global coordination and solidarity, not merely proclaimed but effectively practiced, are critical to addressing health emergencies and responding to pandemics. To this end the WHO needs legal tools to enforce norms and standards. It is the absence of such tools that explains the catastrophic mismanagement of COVID-19 and the reason for the launch of negotiations on a pandemic treaty and on the review of the International Health Regulations (2005).

Increasing the capacities of all countries for pandemic preparedness and prevention must focus on building strong and resilient public health

systems underpinned by universal health care, strengthening primary care and the work force. Equity must be at the centre of these negotiating processes, including to ensure an equitable access to vaccines, treatments and diagnostics in future pandemics.

The outcomes of the Intergovernmental Negotiating Body must be presented to the World Health Assembly clearly reflecting the texts, as submitted by member States, on which there is no agreement and hence require further negotiation. A compromise that leaves most developing countries vulnerable and unprepared for future pandemics should not be accepted. If consensus to include meaningful binding provisions cannot be reached, a vote could be the option.

The World Health Assembly will also decide on the adoption of the 14th Global Programme of Work. It should address cross-cutting issues in a comprehensive manner rather than in silos, for example, in addressing climate change, antimicrobial resistance and health financing.

NAM can play a key role in shaping the global health agenda. As in the past, the South Centre remains ready to support NAM efforts in this field.

Thank you.