

## STATEMENT

We commend the region for its efforts to enhance its health emergency response. We also extend our gratitude to Member States for their active participation in the INB process and for prioritizing equity in the negotiations. To truly address equitable access to health tools during a health emergency, equity must be addressed within the R&D process itself.

The INB process provides a vital opportunity to operationalize the lessons we have learned from past health crises into concrete norms and measures that can enable a more equitable biomedical R&D system in particular, norms and measures that embed the principles of access, affordability, and equity into the R&D process itself, including by articulating specific, globally agreed standards for the critical actions that governments can take to ensure that their public investments in R&D are designed to deliver equitable access.

DNDi has closely followed and participated in the process and at meetings of the INB from the start. The comments and suggestions we have made throughout (details of which can be found [here](#)) are rooted directly in our firsthand experience as an R&D organization that undertakes research in the public interest and seeks to secure globally equitable access to the fruits of medical innovation.

Member States can and should secure rights on outcomes of research they fund to have the ability to use, license, or assign those rights, if needed, to ensure the development and equitable access to health technologies. The scope of conditions can apply to early-stage research, such as open sharing of research inputs, processes, and outputs, in addition to downstream manufacturing and licensing.

As the negotiations progress, we urge Member States to push for concrete measures in pandemic prevention, preparedness and response, including finalising Art 9.5, to incorporate and publish conditionalities on public funding of R&D to ensure the development of and equitable access to health technologies.