



**Statement of the Executive Director of the South Centre, Dr. Carlos Correa, at the NAM Health Ministers' Meeting on the sidelines of the 78th World Health Assembly (May 19-27, 2025)**

Your Excellencies Ministers of Health of the Non-Aligned Movement (NAM), Director-General of the WHO, distinguished delegates and representatives, ladies and gentlemen,

We meet today at a decisive moment for international public health and particularly for the members of the Non-Aligned Movement. The decisions you take at the 78th World Health Assembly will have direct implications not only for the health systems of your countries, but also for the very architecture of international cooperation in health.

For developing countries -which have historically faced structural barriers, technological exclusions and scarcity of resources- this Assembly cannot be just one more. It should be a turning point, a moment for assertion of those countries' rights and priorities.

One of the most eagerly awaited topics is undoubtedly the presentation of the draft agreement on pandemics, the result of the work of the Intergovernmental Negotiating Body.

Important issues have been addressed in the text, such as the adoption of prevention measures at the human, animal and environment interface, the strengthening of health systems and workforce capacity, and the promotion of research collaboration and transparency across the value chain and clinical trials. The draft agreement also includes conditions to be tied to public R&D funding to support timely and equitable access to pandemic-related products, particularly for developing countries.

We recognize the collective efforts made by the Member States, including the NAM members, to conclude the agreement, but do not ignore that the text does not fully meet the initial expectations.

This is the second instrument negotiated under Article 19 of the Constitution of the WHO. It adopts, however, a hybrid format, combining binding provisions with many voluntary, best-effort commitments while deferring some issues to the future conference of the parties.

Thus, there are no clear commitments on equitable access to health technologies, no binding obligations on financing, and significant gaps in mechanisms for effective cooperation. It is not a secret that developed countries' positions were strongly influenced by the powerful pharmaceutical industry and the protection of their commercial interests.

This explains, why, for instance, the important issue of how to deal with intellectual property rights in the context of the pandemics was excluded despite the proposals made by several NAM members.

A critical component of the pandemic agreement remains unresolved and will be negotiated in an Annex: to ensure equitable and timely access to medical countermeasures during pandemics—a cornerstone issue for NAM members. The South Centre will continue to support them to identify the elements necessary for achieving such equitable arrangements.

This Assembly is also taking place in the shadow of a deeply troubling decision: the withdrawal of the United States of America from the WHO. This constitutes a major setback in global cooperation, which sends a dangerous message at a time when we need international solidarity, responsibility and collective leadership.

Global public health cannot be held hostage to unilateral decisions and domestic political calculations. The disengagement of the United States from WHO is undoubtedly a decision that weakens global health. But it is also a decision that, in the medium and long term, will harm the US people themselves. In particular, health threats know no borders. No wall or isolation can protect a nation from health emergencies without robust international cooperation.

In this scenario, today more than ever, we must reaffirm our commitment to a multilateral system governed by the WHO.

The WHO, despite its limitations, remains the main multilateral forum for coordination in global health. We need to strengthen and adequately fund it, and

not to politicize the use of its resources. We also need to ensure that its decisions reflect the collective interest, not just the priorities of those who provide a significant share of the funds.

Importantly, any reduction in the budget and restructuring of the WHO following the loss of the US contribution should not disrupt the implementation of programs of relevance to developing countries. NAM members should remain diligent in monitoring and providing direction to the organization in this respect.

During the Assembly, crucial resolutions will also be debated such as an integrated lung health approach, an enhanced global response to the adverse health effects of air pollution, the strengthening of resilient health systems in the face of climate change, and the necessary discussion on a WHO financing model that is fairer, more predictable and less conditional on non-regular contributions.

I would also like to highlight an important issue for developing countries: the adoption of the Global Strategy for Traditional Medicine, which the Assembly should approve regardless of the financial, hopefully temporary, difficulties that the Organization is experiencing. In this regard, I also wish to welcome the establishment of the WHO Global Traditional Medicine Centre and the generous funding provided by the government of India to support its operations.

To conclude, the forthcoming World Health Assembly is a new opportunity for the NAM to continue raising its voice in defense of the inalienable principle that health is a universal human right, not a privilege, and to contribute for building a multilateral system that ensures that no one - no region, no country, no person - is left behind.