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Challenging the Status Quo: Indonesia, the WHO & virus sharing

Adam Kamradt-Scott & Kelley Lee

ABSTRACT

In early 2007 the Indonesian government controversially announced that it would cease sharing H5N1 influenza virus samples with the World Health Organization (WHO) Global Influenza Surveillance Network. In support of this decision, the former Indonesian health minister, Siti Fadilah Supari, advanced several arguments, even claiming at one point “sovereignty” over the virus samples. At the heart of Indonesia’s complaint was the fact that virus samples collected in Indonesia were being passed by the WHO to pharmaceutical companies who developed, and then patented, influenza vaccines that the Indonesian authorities could not afford to purchase. This meant that even though Indonesia continued to be the most severely affected country by the H5N1 virus, under the existing intellectual property regime, the government was unable to afford vaccines to protect its population. The decision to withhold virus samples initially gained widespread support amongst low and middle-income countries (LMICs) that confronted the same inequitable system. In response, the WHO established an intergovernmental meeting to develop a framework for pandemic influenza virus sharing and other benefits. Yet despite several rounds of talks, no resolution to the impasse has so far been found. Further, support for Indonesia’s stance has since waned, and no LMICs have chosen to follow suit by also withholding virus samples. This paper explores how the actions of the Indonesian authorities have prompted the re-examination of a technical cooperation system established more than 60 years ago, and how it is causing a re-think of the role of the WHO and its relationship to pharmaceutical manufacturers. The paper additionally examines why support for Indonesia’s position has lessened amongst LMICs and what lessons can be learned by other countries who seek to challenge the political status quo. More broadly, the virus sharing issue raises questions about the lack of authority in global health governance, and the search for appropriate mechanisms to address tensions between national and collective health interests.

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