

WELCOME ADDRESS BY THE HONOURABLE MINISTER OF HEALTH OF SOUTH AFRICA, DR PA MOTSOLEDI

EVENT: 4TH HEALTH WORKING GROUP MEETING OF THE SOUTH AFRICAN G20 PRESIDENCY

Date: 10 June 2025

Time: 09:00

Distinguished delegates, esteemed colleagues, and dear friends,

On behalf of the Government and the people of the Republic of South Africa, it is with immense pride and a profound sense of shared purpose that I welcome you to the 4th G20 Health Working Group Meeting. Your presence here today is a testament to our collective commitment to global health security.

We gather at a truly historic juncture. Just last month, at the 78th World Health Assembly in Geneva, the world took a monumental step forward. We witnessed the adoption of the Pandemic Agreement, a landmark achievement for global health governance. This is only the second international health treaty to be adopted by the World Health Organization since its inception in 1948, following the Framework Convention on Tobacco Control. This underscores the gravity and significance of what we have accomplished together.

The journey to this agreement was arduous, navigated through the dedicated efforts of the Intergovernmental Negotiating Body (INB), which was established with the express purpose of developing a legally binding instrument on pandemic prevention, preparedness, and response. The stark lessons of the COVID-19 crisis fueled our collective resolve to forge a more robust and equitable framework, one that ensures international cooperation and protects all nations from the devastating impact of future pandemics.

South Africa is deeply honoured to have played a leading role in this process, serving as a Co-Chair of the INB through Professor Precious Matsoso and alongside our partners from France, and previously with the Netherlands. We also wish to acknowledge the invaluable contributions of the Vice-Chairs from Brazil, Thailand, Egypt, and New Zealand. This collaborative leadership, representing the diversity of our global community, was instrumental in guiding the complex negotiations and fostering the spirit of compromise and solidarity that ultimately led to success.

This historic agreement is built on several key pillars that will fundamentally reshape our approach to global health emergencies:

- A firm commitment to **equitable access**, ensuring that all countries, particularly those in need, have timely and affordable access to pandemic-related health products.
- The establishment of a **Global Supply Chain and Logistics Network** to enhance the distribution of these critical resources.
- And a dedicated **Coordinating Financial Mechanism** to support countries in building their pandemic prevention, preparedness, and response capacities.
- A holistic **"One Health" approach**, which recognizes the interconnectedness of human, animal, and environmental health, is now central to our pandemic prevention strategies.

The Pandemic Agreement was adopted with the overwhelming support of 124 member states, a clear global consensus on the need for a new path forward.

The resolution adopted by the 78th World Health Assembly is of paramount importance as it represents the formal, political culmination of the entire INB process. This was not merely a procedural step; it was the watershed moment that transformed

the Pandemic Agreement from a negotiated text into a globally endorsed international health instrument.

The resolution signifies a powerful collective commitment from member states, providing the formal mandate and political legitimacy for a new era of global cooperation in pandemic preparedness and response. It stands as the definitive global consensus to learn from the devastating lessons of the COVID-19 pandemic and formally anchors the Agreement within the constitutional framework of the WHO, thereby triggering the critical next steps towards its entry into force, including the vital negotiations on the Pathogen Access and Benefit-Sharing (PABS) Annex.

As an active participant and representative member for the African region, I can say with certainty that we see this agreement as a crucial step towards rectifying the deep-seated imbalances in access to life-saving pandemic products that were so painfully exposed during the recent crisis.

However, the centrepiece of this agreement, and the key to unlocking its full potential for equity, is the **Pathogen Access and Benefit-Sharing (PABS) system**. This innovative mechanism will require pharmaceutical manufacturers to contribute 20% of their production during pandemic emergencies in return for access to pathogen data. It is the very heart of our commitment to ensuring that the benefits of scientific progress are shared by all of humanity.

Distinguished colleagues, while we celebrate the adoption of the Pandemic Agreement, our work is far from over. In fact, we are now entering a critical new phase. The detailed negotiations on the PABS system annexure will commence immediately through an Intergovernmental Working Group. The first meeting to elect the Bureau for this group must take place before the 15th of July, and it is rightly anticipated that the leadership will reflect a balance between the global north and the global south.

Let me be unequivocal: the finalisation of the PABS Annex is no longer just a technical negotiation; it is a political test. It is a test of our collective will to move beyond rhetoric and deliver tangible results. We now call upon the elevated political will of all G20 members and our global partners to overcome the entrenched commercial interests and diplomatic hurdles that stand in our way.

Finalising a robust and equitable PABS Annex is the ultimate litmus test of our collective commitment. It is the essential next step to transform the Pandemic Agreement from a document of principles into a functional, life-saving tool for justice and our shared global health security.

Distinguished delegates, we further wish to share with you that South Africa is actively monitoring the emergence of a new COVID-19 variant, known as Nimbus or NB.1.8.1, which has been linked to a resurgence of cases in parts of Asia. The WHO has designated this a Variant Under Monitoring due to its growing presence.

I wish to reassure this esteemed gathering that South Africa has robust surveillance systems in place. Our National Institute for Communicable Diseases manages a comprehensive Sentinel Surveillance programme that systematically tests for key respiratory viruses, including SARS-CoV-2, influenza, and RSV.

Currently, our data shows very low SARS-CoV-2 activity. While we are observing a seasonal increase in influenza, we are well-prepared to manage this.

Crucially, the new variant remains a descendant of the Omicron lineage. This means that current recommendations for updated SARS-CoV-2 vaccines are still effective.

Therefore, at this stage, no specific new public health actions are required from the public. We continue to advocate for maintaining good hygiene practices – such as handwashing, covering coughs, and staying home when unwell. These simple measures are effective in reducing the spread of all respiratory illnesses.

We will continue to monitor the situation closely through our established networks and will report any significant changes.

In conclusion, let us seize this moment. Let us work together with renewed urgency and unwavering resolve to complete the remaining vital task. Let us build a future where solidarity, equity, and cooperation are the cornerstones of our global health architecture.

I wish you fruitful deliberations and a productive meeting.

Thank you.