WHA TODAY

A CIVIL SOCIETY PERSPECTIVE ON THE 70TH WORLD HEALTH ASSEMBLY

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WHA TODAY is an informal update produced by a team of civil society organizations watching and critically commenting the World Health Assembly (WHA70), with a focus on civil society analysis and input to the WHA. Sources are indicated and links provided as a convenience; the editors bear no responsibility for the accuracy of the external sites.

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In this section of WHA Today, we provide documents, analysis, background information and civil society input on selected agenda items, in particular on those for which non-State actors in official relations with WHO are allowed to submit statements. Routine items such as the Opening of the World Health Assembly and its Committees are not covered. For civil society analysis and input on the election of the WHO Director-General, please refer to the section “World Health Assembly: Analysis, reports, stories” of today’s and tomorrow’s issue.

4. PREPAREDNESS, SURVEILLANCE AND RESPONSE

12.1 HEALTH EMERGENCIES

SCHEDULED
- Tuesday, 23 May 2017
  Committee A

WHA DOCUMENTS
- A70/8
  Second Report of the Independent Oversight and Advisory Committee for the WHE.
- A70/9
  The Secretariat report on WHO’s response in severe large-scale emergencies in 2016.
- A70/10
  Research and development for potentially epidemic diseases.
- A70/11
  Health workforce coordination in emergencies with health consequences.

IN FOCUS
In the wake of the West African Ebola outbreak of 2014, a special session of the WHO Executive Board was held in January 2015 to discuss the WHO’s response to this health emergency and how it can be improved for future outbreaks.

As it emerged, the reform of WHO’s emergency preparedness comprised three main components: the contingency fund, provisions for a more systematic approach to deploying an emergency workforce, and a new health emergencies program (WHE) within WHO.

The aim is to enable WHO to respond more effectively to outbreaks and emergencies, whilst maintaining its role of providing technical and normative support for Member States. An Independent Oversight and Advisory Committee (IOAC) was formed and they presented their first report to the Executive Board in January 2017. They noted improvements in emergency response at country level. Of concern however were administrative systems and business processes which were not effectively supporting operations as well as a funding shortage with less than a third of the target funds having been raised for the contingency fund.

The Update prepared for the 2016 funding dialogue provides a very useful summary of the elements of the Program and how it works.

Clause 5 of A69(9) requests the Director-General to report to the Seventieth World Health Assembly on progress made and experience gained in establishing and operationalizing the Health Emergencies Programme. Agenda item 12.1 is comprised of 4 subtopics which correspond with the documents submitted by the Secretariat – see above.

- Read more: PHM Commentary

SELECTED WHO WEBSITES
- WHO in emergencies
- WHO Reform: Emergency Capacities

SELECTED CIVIL SOCIETY ANALYSIS AND STATEMENTS

“IBFAN’s work is especially important in emergencies, where breastfeeding is a lifeline for infants and young children but where responses are often characterized by large influxes of unsolicited donations of breastmilk substitutes and products that do more harm than good. Public appeals for funds often make this worse - repeating the myths used by the baby food industry for decades: that women can’t breastfeed because of stress or malnourishment. Rarely do appeals highlight the resilience of breastfeeding or that artificially fed babies face many more risks to survival.
While the speedy delivery of products can be essential in certain circumstances, emergency relief protocols must prevent over-emphasis on product-based, quick-fix approaches to the treatment of malnutrition, approaches that can undermine confidence in more sustainable, local, bio-diverse foods. If breastmilk substitutes are required they must be purchased, distributed and used according to strict criteria. Sadly, emergencies are prime opportunities for commercial exploitation and for those who main purpose is the expansion of what we call ‘the Business of Malnutrition.’

- International Baby Food Action Network
  Quoted from: WHA statement on 12.1.2

“MSF supports WHO having a leading role in efforts to improve R&D for potentially epidemic diseases, including through implementation of the Blueprint. As a medical humanitarian organization, we hope the Blueprint can help deliver the tools needed to respond to future epidemics. We welcome WHO’s commitment to policy coherence across R&D work. As such we ask WHO to provide greater transparency on how plans to develop new medical tools for MERS and Zika will ensure these are affordable and accessible, and how intellectual property and data will be shared and managed in line with GSPOA and CEWG and building on lessons from the Pandemic Influenza Preparedness Framework.

Efforts to establish a ‘Global Coordination Mechanism’ and formulate principles and practices collaboratively with other entities, including MSF, are welcome. We stress that such efforts must ultimately derive from a transparent and inclusive intergovernmental process, and align with the principles committed to at WHO, including those introduced under the CEWG. Governance of such a GCM must be led by WHO and Member States, not non-State actors, foundations or think-tanks.”

- Médecins Sans Frontières International
  Quoted from: WHA statement on 12.1.3

“The need for emergency preparedness, response and recovery is huge. The humanitarian crises described in A70/9 are dreadful. The Health Emergencies reform was well conceived and appears to be have been implemented well. However, the IOAC has pointed to key vulnerabilities:

- the abysmal shortfall in funding for all three channels: core, appeals and for the Contingency Fund;
- hundreds of unfilled positions;
- need for greater flexibility and responsiveness in a range of administrative functions.

PHM appreciates the progress with respect to R&D for potentially epidemic diseases. It will be critical to ensure continuing attention to the needs of LMICs especially as regards affordable prices for all health products, benefit sharing and technological development.

PHM urges professional and civil society organisations to voice their support for full funding of the contingency fund and for full (untied) funding the core and operational costs of the Health Emergencies Programme.”

- People’s Health Movement
  Quoted from: PHM Commentary

“As health professionals, we are alarmed not only by the number and severity of emergencies, but also by the fact that increasingly healthcare workers and facilities are becoming target of attacks in conflict situations, in flagrant violation of international humanitarian and human rights law. We urge those involved in ongoing conflicts to protect civilians as well as healthcare capacities and to respect the ethical obligation of health personnel to treat all patients, irrespective of who they are. We call for the full implementation of the Ethical Principles of Health Care in Times of Armed Conflict and other Emergencies endorsed by civilian and military health-care organizations in 2015. We urge Governments to fulfill their obligations under international human rights and humanitarian law.”

- World Medical Association
  Quoted from: WHA statement on 12.1.2

“Medical and humanitarian response for people in need means life-saving assistance for the most vulnerable communities. Yet, in today's reality, medical and humanitarian aid often fails to reach millions of those who need it the most, not fulfilling the aim to truly “leave no one behind”. As reflected in the Director General’s report, WHO’s abilities to effectively respond are greatly limited by a lack of funding. Hence, we urge all Member States to increase funding and investments for medical and humanitarian activities, to bridge the emerging funding gap in
global humanitarian financing and adhere to the recommendations made by the High-Level Panel on Humanitarian Financing.”

- IFSMA
  Quoted from: WHA statement on 12.1.4

“While the World Health Assembly is meeting, more than 20 million people in North-East Nigeria, South Sudan, Yemen and Somalia are facing famine or a credible risk of famine over the coming months. Humanitarian and development partners are trying to avert a humanitarian catastrophe yet the response is far from adequate and urgent calls for action are being made. In addition, cholera outbreaks are soaring as countries spiral towards famine. To our surprise, the agenda of the 70th World Health Assembly does not address the health response to the four famines. And despite a few references to attacks on health in WHO’s report, the issue is not gaining the attention that it deserves. Save the Children calls on Member States to include these topics in the agenda of future WHO meetings and to hold each other to account for violations of International Humanitarian Law in relation to the protection of health care facilities, workers, vehicles and supplies and securing access for medical missions.”

- Save the Children Fund
  Quoted from: WHA Statement on 12.1.2

“IntraHealth applauds the WHO’s efforts to convene a range of stakeholders to ensure a more efficient, coordinated approach to sending health workers abroad for surge capacity during health emergencies. However, the report on health workforce coordination in emergencies lacks concrete plans to strengthen capacity, coordination, and support for local frontline health workers in emergency settings. We recommend any workforce coordination efforts include an equally fervent push to address long-term, systematic needs. As we saw during much of the Ebola epidemic in 2014-2015, international support for the needs of local health workers in Guinea, Liberia, and Sierra Leone was woefully inadequate. Frontline health workers are the first line of defense against disease threats, and their heroic sacrifices should be met with honor, compassion and support for their efforts. We urge Member States to commit to investments in equipment, training, effective management, and financial support for the retention of health workers to ensure that each community has the workforce needed to save lives, and the robust systems required to support those workers in detecting, analyzing, and responding to new and emerging public health threats.”

- IntraHealth International Inc.
  Quoted from: WHA statement on 12.1.2
- WHA Documentation: Statements by non-State actors in official relations with WHO

12.2 ANTIMICROBIAL RESISTANCE (AND SEPSIS)

SCHEDULED FOR
- Tuesday, 23 May 2017
  Committee A

WHA DOCUMENTS
- A70/12
  Antimicrobial resistance
- A70/13
  Improving the prevention, diagnosis and clinical management of sepsis

IN FOCUS
A70/12 reports the progress made on the implementation of the global action plan on AMR which was adopted in May 2015 at WHA68 and the resolution 71/3 on AMR adopted by the UN General Assembly in September 2016. An initial report was provided to the Executive Board in January 2017 and this is a follow on to that report.

The focus of the report is on four main work streams which are the initiatives undertaken by the Secretariat in conjunction with Food and Agriculture Organisation (FAO) and World Organisation for Animal Health (OIE); the development and implementation of national action plans; the development of an ad hoc interagency coordination group to provide practical advice on approaches to ensure effective action to address AMR and the finalisation of the Global Development and Stewardship Framework on antimicrobial medicines and resistance.

National action plans have been making progress, the same cannot however be said for the Global Development and Stewardship Framework which has made little progress.
Sepsis: The Executive Board Members agreed to add sepsis as an agenda item for WHA70 as long as it was discussed under the agenda item for AMR. In A70/13 the Secretariat reports on epidemiology and causation, recent initiatives in the field and provides an overview of WHO’s work in relation to sepsis. There has been lobbying by some European countries including Germany and Switzerland for the adoption of a resolution on sepsis.

- Read more: PHM Commentary

**SELECTED WHO WEBSITE**
- Antimicrobial Resistance
- Global Action Plan on AMR

**SELECTED CIVIL SOCIETY ANALYSIS AND STATEMENTS**

"WHO must ensure transparency in the work of the UN IACG, ensuring this process is free of conflict of interest. Key decision documents such as ToRs need to be available for public scrutiny before adoption. It is unfortunate that the released ToRs exclude civil society from the list of observers, while industry is included. The WHO as co-Chair of IACG should press for inclusion of international organisations with proven track record of work related to AMR, such as UNDP.

WHO and its members must ensure that R&D initiatives on AMR promote principles of affordability, accessibility, efficiency, and equity through delinking the cost of drug development from their price and quantity. The routine use of these drugs must also be phased out in food animal production and, specifically, we urge for a ban on the use of colistin, a high priority critically important antimicrobial.

Moreover, key to the tackling of AMR is strengthening of health systems. We urge WHO and MS to invest in building and expanding capacity in health systems to curb AMR.

Finally, we urge the WHO, FAO, and OIE to be inclusive of civil society through an open consultative process as they move forward.

- Medicus Mundi International Network
- People’s Health Movement
- Members of Antibiotic Resistance Coalition

Quoted from: WHA statement

Watch out for further statements published after 8 AM today:
- WHA Documentation: Statements by non-State actors in official relations with WHO

Picture: Packed room at AMR civil society side event
12.4 IMPLEMENTATION OF THE INTERNATIONAL HEALTH REGULATIONS (2005)

SCHEDULED FOR
• Tuesday, 23 May 2017
  Committee A

WHA DOCUMENTS
• A70/15
  Annual report on the implementation of the International Health Regulations (2005)
• A70/16
  Implementation of the International Health Regulations (2005): Global implementation plan

IN FOCUS
International Health Regulations (IHRs) outline the obligations of nations during epidemics of infectious diseases. These were revised and adopted in 2005 following the SARS epidemic with new obligations for states to put in place the core capacity needed for their implementation.

The annual report on the implementation of the IHRs (A70/15) reviews the ‘public health emergencies of international concern’ in the past year, the work of emergency committees, the Review Committee on the role of the IHRs in the Ebola outbreak and progress in the implementation of the IHRs. The Review Committee recommended the development of a 5 year Global Strategic Plan to improve Public Health Preparedness and Response. The guiding principles are outlined in this document.

The draft global implementation plan for the WHA’s consideration. The draft global implementation plan (A70/16) identifies six areas of action with a useful summary of the proposed plan in the annex.

• Read more: PHM Commentary

SELECTED WHO WEBSITE
• International Health Regulations (IHR)

SELECTED CIVIL SOCIETY ANALYSIS AND STATEMENTS
“We welcome WHO’s efforts to implement IHR 2005. The draft implementation plan is sensible and practical. The extended time frame for implementation and the emphasis on the need to mobilise financial support for vulnerable countries are appreciated.

However, we are concerned that the initial idea of IHRs has become increasingly interpreted as a matter of global health security. This interpretation is particularly focused on the protection of wealthy countries from outbreaks spreading from LMICs. Such an interpretation, however, results in an additional and unfair burden on LMICs, who face different opportunity costs due to their already fragile health systems.

We would like to remind the WHO and Member States that IHRs should be based on principles of solidarity. Instead of a narrow focus on surveillance, the implementation of IHRs should be accompanied by measures to strengthen the capacity of health systems in LMICs. Fragile health system should not be further undermined through onerous conditions placed on them as a requirement for the implementation of IHRs. IHRs need to be viewed as global public goods and their implementation needs to include support to LMICs, including financial support and technology transfer, directed at building capacity of health systems. The proposed ‘conceptual framework’ on the links between IHR capacity building and health system strengthening will be very useful.

The rapid sharing of information, as envisaged in the global implementation plan needs to be accompanied by benefit sharing mechanisms. Finally, it is a matter of concern that WHO’s Health Emergencies Program continuous to be seriously underfunded, and the major donors of the WHO need to address this urgently.”

• Medicus Mundi International Network
  People’s Health Movement
  Quoted from: MMI statement

• WHA Documentation: Statements by non-State actors in official relations with WHO
In this section, we provide an overview of meetings taking place during the 70th World Health Assembly at the Palais des Nations and in town: Technical Briefings organized by the WHO Secretariat and open to WHA delegates (source: WHA Journal); meetings at the Palais des Nations organized by WHO Member States and open to WHA delegates (source: WHA Journal), side events at the Palais des Nations organized by non-State Actors in official relations with WHO (source: WHO Secretariat); other meetings taking place in the WHA week organized by various actors.

For events at the Palais des Nations, WHA registration (badge) is required. Send your announcements and abstracts to: info@g2h2.org

**TUESDAY 23 MAY 2017**

**08:00-9:30 hrs**
Hotel Intercontinental
**Access to Diabetes Medicines and Care in Underserved Populations: Patient, Health Worker, Government and Multilateral Perspectives on Policy**
Organizers: International Diabetes Federation
Announcement: website

**08:00 hrs**
Restaurant Vieux Bois
**Better Medicines for Children**
Organizers: NCDChild, American Academy of Pediatrics, International Pediatric Association
Announcement: not available

**12:00–14:00 hrs**
Ecumenical Centre
**NGO F4H Annual Assembly**
Organizers: NGO Forum for Health
Details: not available

**12:00–13:00 hrs**
Ecumenical Centre
**Biotherapeutics & the next 70 years: Delivering on their potential for patients globally**
Organizers: IFPMA and IAPO
Registration form: not available

**12:00–14:00 hrs**
Press Club
**Priorities for the next WHO Director-General**
Organizers: GHC, MSH and partners
Announcement: website

**12:15–13:45 hrs**
Palais des Nations, Room XII
**WHA meeting: The role of regulators in global health emergencies**
Organizers: Delegations of Australia, Brazil, Canada, China, Ireland, Japan, Mexico, the Netherlands, Singapore and the United States of America
Announcement (no details): WHA Journal

**12:15–13:45 hrs**
Palais des Nations, Room XXIV
**WHA meeting: Stronger national health systems underpinning stronger health security**
Organizers: Delegations of Australia, Indonesia, Mexico, Republic of Korea, the Philippines, Turkey and the United Republic of Tanzania
Announcement (no details): WHA Journal

**13:30-15:00 hrs**
Maison de la Paix
**Innovative Financing, Transforming Governance: What does it mean for countries and organisations?**
Organizer: Global Health Centre
Announcement: Website

**15.00-17.00 hrs**
Maison de la Paix
**Transparency for Innovation and Access to Medicines: What are the benefits & risks, obstacles & solutions?**
Organisers: Global Health Centre, together with FIND
Announcement: website

**16:00-17:00 hrs**
Palais des Nations, Serpentine bar
**G2H2 Teatime: Learn more about this civil society project to extend the space for civil society in Geneva**
Organizer: Geneva Global Health Hub

**16:00-18:00 hrs**
Club Suisse de la Presse
**Against all Odds: Strengthening Health Systems to Better Serve Vulnerable**
**Women and Children: Perspectives from Women Leaders**
Organizer: MSH, GHC, USP
Announcement: not available
16:00-18:00 hrs
UN Library Events Room (B-135)

**How to ensure ageing with dignity (Roundtable)**
Organizer: CSEND
Announcement: not available
17:00-18:30 hrs
Hotel Intercontinental

With a rapidly ageing global population, how can we tackle severe hearing loss to help keep global healthcare systems sustainable?
Followed by cocktail reception
Organizer: Hearing, Comprehensive Hearing Implants, MED-EL
Announcement: not available
18:00-20:30 hrs
Hotel Intercontinental

**Partners For Better Health**
Organizer: GE Foundation and Partners
Announcement: not available

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**WEDNESDAY 24 MAY 2017**

9:00-13:00
WCC Ecumenical Centre

2nd Consultation on Global Ecumenical Health Strategy
Organizer: WCC, Health and Healing
Announcement: [website](#)

8:00-10:00 hrs
Save the Children office

Civil Society Engagement Mechanisms for UHC2030: Where are we and how to engage?
Organizer: CSEM
Announcement: [Download](#)

8:00-10:00 hrs
Hotel Intercontinental

Health and Hygiene across the Life Course
Organizers: WSSCC, SCA and WaterAid
Announcement: [website](#)

2:30-14:15 hrs
Palais des Nations, Room XII

WHA Technical Briefing: Reaching everyone, everywhere with life-saving vaccines

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**Organizer:** WHO
**Announcement:** [WHA Journal](#)
12:30–14:00 hrs
Palais des Nations, Room VIII

**WHA meeting: Promoting intersectoral and coordinated actions to further invest in health and social workforce: towards achieving the 2030 Agenda**
Organizers: Delegations of Argentina, France, Nepal, Nigeria, the Philippines and South Africa
Announcement (no details): [WHA Journal](#)
12:30–14:00 hrs
Palais des Nations, Room VIII

**WHA meeting: BRICS effort towards health-related Sustainable Development Goals (SDGs) — improve the integrated health service delivery system**
Organizers: Delegations of Brazil, China, SA.
Announcement (no details): [WHA Journal](#)
12:30–14:00 hrs
Palais des Nations, Room XXIV

**WHA meeting: Citizen-led accountability to achieve Health for All — Adolescents as agents of change**
Organizers: Delegations of Afghanistan, Canada, Haiti, Kenya, Mozambique, Namibia, Nepal, Nigeria, Portugal, Slovenia, Sweden, Switzerland, Uruguay, PMNCH, UNAIDS UNFPA
Announcement: [PDF](#)
12:30-14:00 hrs
ICRC

**Psoriasis in the NCD Agenda – The Road to 2018**
Organizers: IFPA, Global Psoriasis Coalition
Announcement: [website](#)
12:00-14:00 hrs
Hotel Intercontinental

**Investing in R&D from AMR to Zika. Laying the foundation for sustainable development**
Organizers: GHTC, MMV, PATH, TB alliance
Announcement: [website](#)
16:00-17:00 hrs
Palais des Nations, Serpentine bar

**G2H2 Teatime: Learn more about this civil society project to extend the space for civil society in Geneva**
Organizers: Geneva Global Health Hub

16:00-16:45 hrs
Live broadcast

**World Health +SocialGood**
Organizers: WHO, UN Foundation, +SocialGood
Announcement: [website](#)
17:00-19:00 hrs  
Graduate Institute  
**Breaking down Barriers to Youth Empowerment: Advancing Young People’s Access to Information on Sexual and Reproductive Health and Rights**  
Organizers: UNAIDS, Delegation of Denmark  
Announcement: not available

18:00-19:30 hrs  
Palais des Nations, Room IX  
**WHA side event: Addressing access barriers and affordability challenges for cancer drugs**  
Organizers: KEI, Oxfam, HAI  
WHO overview: website  
Specific announcement: not available

18:00-19:30 hrs  
Palais des Nations, Room VII  
**WHA meeting: The impact of the recommendations of UN Secretary-General’s High-level Panel report on Access to Medicines on vulnerable populations**  
Organizers: Bolivia, India, Morocco and Uganda  
Announcement (no details): WHA Journal

18:00-19:30 hrs  
Palais des Nations, Room VIII  
**WHA meeting: Partnership matters — achieving stronger systems for health in practice**  
Announcement (no details): WHA Journal

18:00-19:30 hrs  
Palais des Nations, Room XXIV  
**WHA meeting: Polio’s final stand: an update on the Global Polio Eradication Initiative**  
Organizers: Delegations of Angola, Canada, Japan, Monaco, Nigeria, Pakistan and the United States of America  
Announcement (no details): WHA Journal

18:00-20:00 hrs  
Maison de la Paix  
**Health in All Policies: Launch of the Global Network**  
Organisers: Sudan in cooperation with WHO, hosted by the Global Health Centre  
Announcement: website

- WHA meetings and side events:  
  Overview in: G2H2 Agenda
In this section, we publish reports and stories related to the World Health Assembly and we feature analysis of the WHO, the World Health Assembly and global health policy and governance issues contributed or proposed by civil society colleagues. Send your input (abstract and link) to: info@g2h2.org.

Watch out for WHO Watch

The People’s Health Movement (PHM) follows closely the work of WHO’s Governing Bodies through its WHO Watch initiative. Hosted by the delegation of Medicus Mundi International, a team of PHM activists attends the Executive Board sessions and the World Health Assembly - intervening through statements, reporting and commenting on the discussions, sharing PHM’s position on key issues with country delegates, and working along with allies to raise critical issues and concerns.

The PHM’s commentary covers most of the agenda items of the WHO bodies’ meetings and includes a note on the key issues in focus at the meeting, a brief background and critical commentary. Policy Briefs on key issues and Daily Reports are also prepared by the team. PHM is part of a wider network of organizations committed to democratizing global health governance.

References and resources:
- Website: WHO Watch
- WHA70: PHM commentaries, integrated commentary (PDF) and policy brief (PDF)
- WHO Tracker: who-track.phmovement.org

DG candidates: Keep policy and priority setting free of commercial influence"

“As public-interest non-government organisations (NGOs) involved in global health governance and the prevention and treatment of chronic diseases, we believe that a fundamental consideration for Member States when electing the DG will be how the new leadership will ensure appropriate interactions with alcohol, food, pharmaceutical, and medical technology industries. We invite the three candidates to describe what steps they commit to take to ensure greater transparency, rigor, and public scrutiny of WHO’s policy and regulatory and norm-setting activities so that they are adequately protected from undue commercial interests.

In May, 2016, WHA adopted the Framework of Engagement with Non-State Actors (FENSA), a policy due to be fully operational by May, 2018. While FENSA envisages that WHO will “exercise particular caution...when engaging with private sector entities ...whose policies or activities are negatively affecting human health...”,1 the rhetoric and direction of WHO’s reform process as well as WHO’s chronic funding challenges have left us deeply concerned rather than reassured. We fear that instead of protecting WHO’s mandate, FENSA risks relegating WHO to a limited role, unable to stand up for human rights and democratic decision making.

We draw attention to the conflict of interest statement signed by more than 175 NGOs and networks representing more than 2000 groups and first launched at the UN High-Level Meeting on Non-communicable Diseases in 2011: “The policy development stage should be free from industry involvement to ensure a ‘health in all policies’ approach, which is not compromised by the obvious conflicts of interests associated with food, alcohol, beverage and other industries, that are primarily answerable to shareholders.”2

Alcohol, food, pharmaceutical, and medical technology industries should comply with policies developed by WHO and its Member States. Their role is not in public health policy formulation, risk assessments, risk management, or priority setting, nor in determining normative quality standards and legally binding regulations to protect and promote public health. These processes must be undertaken in an environment free of commercial influence.

We believe that only a WHO that protects its independence and integrity of decision making will have the ability to fulfil its constitutional mandate, and look forward to your response to our request.

- Open letter with 61 signatures, published in The Lancet, April 2017
Listen to civil society! Remember the people!

“I will conclude with some brief advice that you may wish to consider as you continue to shape the future of this Organization.

WHO stands for fairness. Continue to make reductions in inequalities a guiding ethical principle.

Scientific evidence is the bedrock of policy. Protect it. No one knows whether evidence will retain its persuasive power in what many now describe as a post-truth world.

Safeguard WHO’s integrity in all stakeholder engagements. The Framework for engagement with non-state actors is a prime instrument for doing so. Many other UN agencies are following WHO’s lead with this framework.

Listen to civil society. Civil society organizations are society’s conscience. They are best placed to hold governments and businesses, like the tobacco, food, and alcohol industries, accountable. They are the ones who can give the people who suffer the most a face and a voice.

Above all, remember the people. Behind every number is a person who defines our common humanity and deserves our compassion, especially when suffering or premature death can be prevented.”

- Quoted from: Address to the 70th WHA by WHO DG Dr Margaret Chan
- Read the address here
- Watch the address here

World Health Assembly 70: A Spectator’s Guide

“The 70th annual World Health Assembly (WHA), now underway in Geneva, is shaping up to be one of the most consequential in memory. With a record-setting nine-day, 76-item agenda, plus dozens of official and unofficial side events, delegates and WHO followers alike will be hard-pressed to keep up. But yesterday’s introductory briefing, hosted by the Global Health Centre at the Graduate Institute, provided an overview of the proceedings and a few pointers on where to look first. Four items, in particular, stand out.”

- Maria Pillinger, IP-Watch, 22 May 2017
- Watch IP-Watch for more WHA coverage – a great resource!

Online resources

- WHO: WHA Overview and reports http://www.who.int/mediacentre/events/2017/wha70/en/
- WHO: WHA Documentation including agenda and daily WHA Journal http://apps.who.int/gb/e/e_wha70.html
- WHO on Twitter: use/follow #WHA70