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# WHA TODAY

A CIVIL SOCIETY PERSPECTIVE ON THE 70<sup>TH</sup> WORLD HEALTH ASSEMBLY

NO. 3, WHA70  
WEDNESDAY 24 MAY 2017

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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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People's Health Movement



# WHAT'S ON THE AGENDA - AND WHAT'S BEHIND IT

*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.*

## 11. PROGRAMME AND BUDGET MATTERS

### 11.1 OVERVIEW OF FINANCIAL SITUATION: PROGRAMME BUDGET 2016–2017

#### SCHEDULED FOR

- Wednesday, 24 May 2017  
Committee A

#### WHA DOCUMENTS

- [A70/6](#)  
Overview of financial situation: Programme budget 2016–2017
- [A70/58](#)  
Programme budget 2016–2017. (...) PBAC report

#### In Focus

WHO is critically underfunded compared to its requirements and the outcomes to be delivered. The report of the secretariat for this agenda item (document A70/6) gives an overview of the financial situation of the WHO, based on the Program Budget for 2016-17. The secretariat report states that WHO faces a funding shortfall of around US\$ 450million in the present biennium. It also notes the significant and persistent imbalance between mandatory contributions (also called Assessed Contributions) and Voluntary Contributions, and the decrease in voluntary contributions that are

not tied to specific projects as critical financing issues. The freeze on Assessed Contributions has led to extensive donor dependence and earmarked funds are redefining WHO's priorities based on donor preference. Moreover, this donor dependence and frantic 'resource mobilization' also create major organizational dysfunctions: firstly, there is a divisive competition for donor attention across programs and regions and secondly, the loss of organizational coherence as the accountability of middle managers is directed to their donors rather than the governing bodies of the institution.

In this context, the secretariat report proposes actions such as an increase in Assessed Contributions. The report also proposes increment in funding by other donors, cutting back on expenditure in the remaining months of the biennium and borrowing against contributions in future years.

- Read more: [PHM Commentary](#)

#### SELECTED WHO WEBSITES

- [Budget](#)
- [Twelfth general programme of work](#)
- [WHO Programmatic and Financial Report](#)

#### SELECTED CIVIL SOCIETY ANALYSIS (NO STATEMENTS ALLOWED)

"WHO's total budget is ridiculously small in comparison with the needs it faces and its outcomes potential. With the freeze on assessed contributions comes donor dependence and tight earmarking. As the US delegate implied during the EB140 debate, WHO is being forced to shape its budget in accordance with donor preferences.

Donor dependence and frantic 'resource mobilisation' also create major organisational dysfunctions: first, the divisive competition for donor attention across programs and regions and second, the loss of organisational coherence as the accountability of middle managers is directed to their donors rather than the organisational leadership.

So lift the freeze, and increase and untie the Voluntary Contributions.

- Source: [PHM Commentary](#)

## 11.2 PROPOSED PROGRAMME BUDGET 2018–2019

### SCHEDULED FOR

- Wednesday, 24 May 2017  
Committee A

### WHA DOCUMENTS

- [A70/7](#)  
Proposed programme budget 2018–2019
- [A70/INF./2](#)  
Proposed increase in assessed contributions
- [A70/INF./5](#)  
Financing of category 6 and cost recovery mechanisms: current practices and proposed way forward
- [A70/INF./6](#)  
Better value, better health
- [A70/7 Add.1 Rev.1](#)  
Draft resolution: Programme budget 2018–2019
- [A70/59](#)  
PBAC advice

### In Focus

Document A70/7 conveys the Secretariat's revised proposed Programme Budget for 2018–19 incorporating the advice of the 25th Programme, Budget and Administrative Committee (PBAC25) and 140th meeting of the Executive Board (EB140), both held in January 2017.

The estimated annual budget of around \$2,200 million is simply not enough for WHO to properly fulfill its responsibilities in global health. The proposed Programme Budget 2018–19 envisages a 3% increase in assessed contributions (ACs) which would fund around 22% of the proposed expenditure (up from 20% in 2016–17). While this represents a paltry increase in nominal terms it is an important step to lift the freeze on assessed contributions. Yet, donor funding will be required for the remaining 78% of budget. This donor chokehold over WHO's budget and priority setting will continue to remain a major disability.

The final paper published for this item is A70/INF./6. This document foreshadows a new 'value for money' strategy within the Secretariat. The paper starts with a riff on value for money as a concept and how WHO's results structure enables a systematic focus on value for money. The paper foreshadows a process including the PBAC, an informal

meeting of member states after WHA70 and the Independent Expert Oversight Advisory Committee, and incorporating ideas from the third stage evaluation of WHO reform (see A70/50 Add.1). The 'value for money' strategy is a response to the financial crisis associated with the ACs freeze and the declining flow of donor funding. The initial focus will be on driving efficiency and finding cost savings in WHO's programmes.

- Read more: [PHM Commentary](#)

### SELECTED WHO WEBSITE

- [Program Budget Web Portal](#)  
(great resource!)

### SELECTED CIVIL SOCIETY ANALYSIS (NO STATEMENTS ALLOWED)

"A70/7 envisages an annual budget of around \$2,200 million. This is around 30% of the annual budget of US CDC; 4% of Pfizer's turnover; 3% of Unilever's turnover; and around 10% of Big Pharma's annual advertising in the US. It is simply not enough for WHO to properly fulfil its responsibilities in global health.

PHM does not engage regarding the relative allocations to particular categories and programmes. They are virtually all grossly inadequate. Highlighting the underfunding of TB (\$62m pa) or NCDs (\$24m pa) might be taken to imply that some budget lines are relatively over-funded which is clearly not the case.

In WHA66(8) in May 2013 the Assembly endorsed the principle of approving WHO's entire Programme Budget without regard to revenue sources and then undertaking consultation with donors through the Financing Dialogue (see A66/4 and A66/48).

The myth upon which these arrangements are based is that Member States adopt a budget based on agreed priorities and strategies and then the donors are invited to contribute and thus member state sovereignty is preserved.

(The experience shows that) simply, most donors insist on tight earmarking and few donors are willing to support action on NCDs, violence, injuries and food safety. The donor chokehold over WHO's budget and priority setting is a major disability."

- Quoted from: [PHM Commentary](#)

## 12. PREPAREDNESS, SURVEILLANCE AND RESPONSE

### 12.1 HEALTH EMERGENCIES

#### SCHEDULED

- Wednesday, 24 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 whose 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](#)

"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](#)

Our comment concerns a vaccine for the Zika virus. The United States Army and other U.S. government agencies have a candidate inactivated vaccine, for which the U.S. has filed patent applications. On December 9, 2016, the Army published a notice asking for comments on a proposed license of the patents on an exclusive basis to Sanofi-Pasteur. The Army twice extended the comment period, until March 10, 2017. KEI and several health groups have objected to the license, and asked that at a minimum, there be obligations to make the vaccine affordable, and available at reasonable prices.

If the Army gives an exclusive license for the Zika vaccine, only one company will control access, and it can set any price it wants. This runs counter to the need to ensure universal access to the vaccine. There is nothing in the blueprint to prevent this from happening. There should be. The blueprint should address the licensing of patents created from public funding, transparency of R&D costs, and pricing.

- Knowledge Ecology 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.”

- 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](#)

## 12.2 ANTIMICROBIAL RESISTANCE (AND SEPSIS)

### SCHEDULED FOR

- Wednesday, 24 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 WEBSITES**

- [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](#)

“We applaud the WHO on the progress made on the global action plan for antimicrobial resistance and the establishment of the Global Antimicrobial Surveillance System. We encourage accelerated rollout and routine monitoring of countries’ progress toward strengthening national surveillance systems on antimicrobial resistance. Member States must also monitor antibiotic consumption and ensure national policies regarding the use of antibiotics include infection prevention and control, protocols and competency-based training in infection prevention for health workers, and the appropriate use and regulation of antibiotics. The WHO has issued a list of priority antibiotic-

resistant bacterial pathogens where new medicines are most urgently needed; we urge the WHO to support the Global Antibiotics Research and Development Partnership and to make the prevention and control of tuberculosis a major global priority. As of 2015, multi-drug-resistant tuberculosis had already reached the level of a public health crisis in many countries, causing an estimated 250,000 deaths annually, including the deaths of thousands of health workers. Monitoring resistance to HIV drug regimens and malaria treatments must also remain priorities. We look forward to working with the WHO and Member States to support efforts to combat antimicrobial drug resistance and increase public education to reduce the practice of clients demanding antibiotics for viral infections or minor or self-limiting bacterial infections.”

- **IntraHealth International**  
Quoted from: [WHA statement](#)

“MSF recommends Member States, WHO and relevant stakeholders consider a comprehensive and patient-driven response, with interventions and policies tailored to diverse country contexts. In developing countries there is a need to: increase microbiology laboratory capacity and context-adapted diagnostics; improve infection prevention and control; train and support health workers in antibiotic use.

Ensure neglected needs of DR-TB patients are central to the AMR response. MSF experience as the largest non-government TB care provider shows that countries need to scale up prevention, diagnosis and treatment and update national policies and practices. It is unacceptable that less than 5% of people in need are accessing new TB drugs.

There is an urgent need to increase access to suitable, affordable and effective medical tools for prevention, diagnosis and treatment. For example, increasing affordable access and coverage of PCV and rotavirus vaccines are essential to reduce mortality and prevent unnecessary antibiotics use.

Ensure full public return on public R&D investments. MSF welcomes the reform of financing and incentive mechanisms but governments and WHO must increase policy coherence and coordination. To achieve optimal public health outcomes, all R&D efforts should be needs-driven, evidence-based, guided by principles of affordability, effectiveness,

efficiency, equity, and be considered a shared responsibility. It is essential to fully de-link paying for innovation from the expectation of high prices, monopolies and sales volumes. This is different to de-linking return on investment from volumes only, which results in expensive medicines.”

- Médecins Sans Frontières International  
Quoted from: [WHA statement](#)

## 12.3 POLIOMYELITIS

### SCHEDULED FOR

- Wednesday, 24 May 2017  
Committee A

### WHA DOCUMENTS

- [A70/14](#)  
Poliomyelitis
- [A70/14 Add.1](#)  
Polio transition planning
- [A70/A/CONF./4](#)  
Draft decision

### IN FOCUS

Poliomyelitis remains on the agenda for the WHA and report A70/14 is an update of the report presented to EB140. There is an additional report (A70/14 Add.1) which has an impact analysis of the winding down and eventual discontinuation of the Global Polio Eradication Initiative.

Despite great successes in the eradication of polio, in 2016 cases of paralytic wild type 1 Polio virus were diagnosed in Pakistan (20), Afghanistan (13), and Nigeria (4). When discussed at EB140, three main problems were highlighted by Member States: vaccine shortages, the high cost of vaccines for low to Middle income countries and funding gaps which may occur as the programme winds down.

- Read more: [PHM Commentary](#)

### SELECTED WHO WEBSITE

- [Poliomyelitis](#)
- [Global Polio Eradication Initiative](#)

### SELECTED CIVIL SOCIETY ANALYSIS AND STATEMENTS

“Too much has been invested in the GPEI to allow it to fail now. PHM appreciates the strategic and operational challenges facing the

GPEI, as outlined in A70/14; commends the technical experts, the managers and the practitioners for their dedication; encourages the governments of the 26 at risk countries; and urges the donors to continue to fund the Initiative up to eradication and beyond.

PHM is much apprehensive of the damage to health systems and public health that would occur if the personnel and systems currently deployed through the GPEI were simply discharged and dismantled. PHM urges WHO, the affected countries, and the donors to give the highest priority, in transition planning, to the repurposing of these people and systems as indicated in A70/14 Add.1.

There are a number of longer range issues to be noted as insights into global health governance and lessons for global health policy making. These include: the vaccine as a magic bullet; the opportunity costs of eradication in contrast to control; trophy achievements; and legitimization risk. In some degree these issues are tied up with the role of the Bill and Melinda Gates Foundation (B&MGF) in funding the GPEI and their relationship with WHO. (...)”

- Quoted from: [PHM Commentary](#)

“Polio cases have decreased by over 99% since 1988, thanks to tremendous global collaboration and political commitment. Key to this feat has been the heroic efforts of health workers delivering life-saving vaccines on the frontlines of care, often in geographically difficult and even dangerous settings. However, polio survives in a handful of the world’s poorest and most marginalized communities, alongside mistrust and misinformation about the vaccine, insecurity, poor sanitation, and weak health systems. Alarming, we’ve also witnessed targeted attacks on health workers, including dozens of killings and abductions in Pakistan, Afghanistan, and Nigeria in 2016 alone, setting back country campaigns as well as global progress. The eradication of polio depends on the success of health workers in reaching these final disease strongholds. In the last mile of polio eradication, target countries must proactively manage their human resources for health and maintain the workforce necessary to ensure interruption of transmission and effective response to outbreaks.

IntraHealth International  
Quoted from: [WHA statement](#)

## 12.4 IMPLEMENTATION OF THE INTERNATIONAL HEALTH REGULATIONS (2005)

### SCHEDULED FOR

- Wednesday, 23 May 2017  
Committee A

### WHA DOCUMENTS

- [A70/15](#)  
Annual report on the implementation of the International Health Regulations (2005)
- [A70/16](#)  
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](#)

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WHO: WHA Overview and reports  
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# TODAY AT THE WHA: MEETINGS AND SIDE EVENTS

*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.*

## 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](#)

2:30-14:15hrs

Palais des Nations, Room XII

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

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**

Organizers: Delegations of Estonia, France, Germany, Ghana, Japan, Myanmar, Slovenia, South Africa, Sweden, Zambia, Zimbabwe, the European Union and the World Bank.

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](#)

## THURSDAY 25 MAY 2017

07:00-08:45 hrs

ICRC Restaurant

**How the WHO GCM/NCD adds value now and in the future**

Organizer: WHO GCM/NCD

Announcement: [website](#)

12:30 to 14:15 hrs

Palais des Nations, Room XII

**WHA Technical Briefing: Universal Health Coverage – sustained commitment and concrete achievements**

Organizer: WHO

Announcement: [WHA Journal](#)

12:30-14:00 hrs

Palais des Nations, Room VIII

**WHA meeting: Partnerships for health system transformation: valuing the experiences**

Organizers: Delegations of Bahrain, Ethiopia, Republic of Moldova, Saudi Arabia and Turkey.

Announcement (no details): [WHA Journal](#)

12:30-14:00 hrs

Palais des Nations, Room IX

**WHA meeting: Building capacity for innovation and access: combatting neglected tropical diseases**

Organizers: Delegations of Bangladesh, Egypt, Indonesia, Namibia, the Philippines, Switzerland and the United States of America

Announcement (no details): [WHA Journal](#)

12:30-14:00 hrs

Palais des Nations, Room XXIV

**WHA meeting: Towards universal eye health: taking stock of progress against the Global Action Plan — what's working and where to from here?**

Organizers: Delegations of Australia, Austria, Burkina Faso, China, Cook Islands, Czechia, Ethiopia, Guatemala, Indonesia, Kenya, Malta, Pakistan, Tonga, Fred Hollows Foundation, International Agency for the Prevention of Blindness and Orbis International.

Announcement (no details): [WHA Journal](#)

12:30-14:00 hrs

Geneva Press Club

**A call for action for lung health**

Organizer: NCD Alliance and partners

Announcement: [website](#)

12:45-14:15 hrs

Maison de la Paix

**Global Health R&D: How can we best set priorities based on evidence?**

Organisers: Switzerland and South Africa, supported by the EC, hosted by the Global Health Centre

Announcement: [website](#)

18:00-19:30 hrs

Palais des Nations, Room XXIV

**WHA meeting: Country-led effort to end Malaria**

Organizers: Delegations of Angola, Botswana, Ethiopia, Monaco, New Zealand and the United States of America.

Announcement (no details): [WHA Journal](#)

18:00-19:30 hrs

Palais des Nations, Room XXIV

**WHA meeting: Addressing the health of vulnerable populations for an inclusive society**

Organizers: Delegations of Brazil, Cambodia, France, Indonesia, the Islamic Republic of Iran, Japan, Lao People's Democratic Republic, Myanmar, Norway, the Philippines, Senegal, South Africa, Thailand and Viet Nam

Announcement (no details): [WHA Journal](#)

18:00-20:00 hrs

Hotel Intercontinental

**Health Workers Count**

Organizer: WHO HIS/HWF and the Global Health Workforce Network

Co-sponsors: Intrahealth, FHWC, IPF, MMI

RSVP: [Download](#)

18:00-19:30 hrs

Palais des Nations, Room IX

**WHA side event: The Role of Next Generation in Addressing Non-Communicable Diseases**

Organizers: Commonwealth Pharmacists Association, IFMSA

WHO overview of official WHA side events organized by non-state actors: [website](#)

Specific announcement: not yet available

18:00-21:00 hrs

Hotel Intercontinental

**Immunization and prevention: A life-course approach for a healthy & productive ageing population**

Organizers: IFPMA

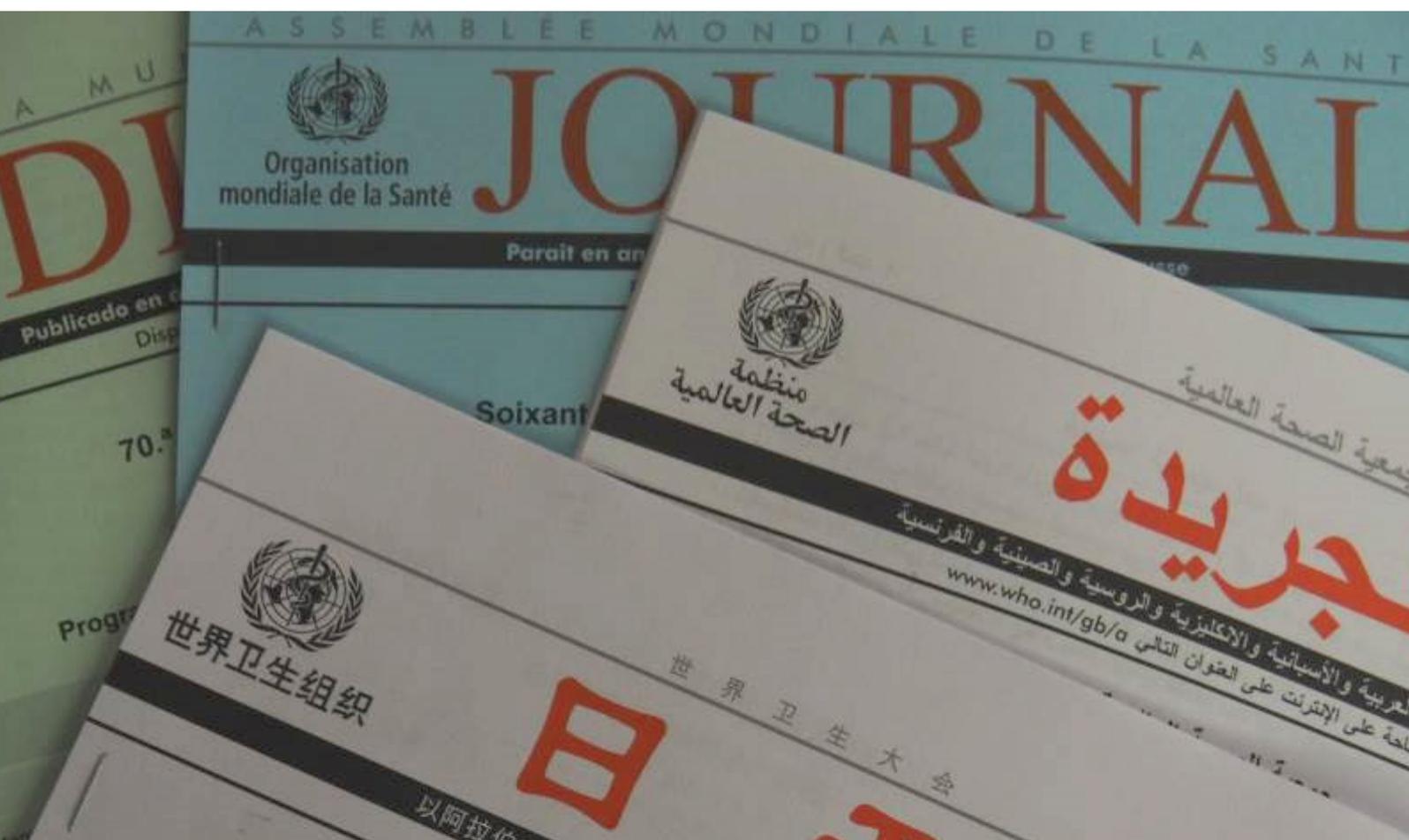
Announcement: [website](#)

18.00-20.00 hrs

Maison de la Paix

**Governing Non-Communicable Diseases (NCDs): Addressing the commercial determinants of health**

Organisers: Global Health Centre, in cooperation with NCD Alliance

Announcement: [website](#)

# 70<sup>TH</sup> WORLD HEALTH ASSEMBLY: ANALYSIS, REPORTS, STORIES

*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.*

## Copy-paste



## World Health Assembly elects Dr Tedros Adhanom Ghebreyesus as new WHO Director-General

“Today the Member States of WHO elected Dr Tedros Adhanom Ghebreyesus as the new Director-General of WHO.

Dr Tedros Adhanom Ghebreyesus was nominated by the Government of Ethiopia, and will begin his five-year term on 1 July 2017.”

- Source: [WHO Press release](#)  
Photo: WHO / L. Cipriani



## Early media coverage and comments

### Ethiopian Becomes First African Head Of World Health Organization

“In a novel election process for the first time involving the full organisation membership, Tedros Adhanom Ghebreyesus of Ethiopia this evening was elected as the next director general of the World Health Organization, becoming the first official from Africa to be chosen to head the United Nations health agency. In three rounds of closed-door voting,

In his remarks to the Health Assembly earlier today(...) Tedros offered five promises to WHO members: to work to fulfil WHO promise of universal health coverage; to offer a robust response to health emergencies; to empower countries to work towards their own health priorities, in what he called strengthening of the frontline of health; transform the WHO into a world-class work force, and put accountability and transparency at the heart of the WHO culture.

He warned against complacency, and called for political leadership in issues, such as antimicrobial resistance, requiring innovative

and collaborative partnerships. Tedros vouched to bring a 'can do and will do culture' to the WHO, and improve geographical and gender balance in staff. 'No one should elect me because I am from Africa,' he said in reference to the fact that the WHO never had an African leader, but because he can bring a fresh perspective, he is a convener, and can built partnerships, he said. 'I am committed and will listen to you.'"

- William New, [IP Watch](#)

## Dr. Tedros Adhanom – an African leader for global challenges

"It is my belief that Dr. Tedros presents an opportunity for change – for greater African inclusion on the international stage, and the symbolic shift away from Eurocentric and American-driven global politics. As the subject of more epidemics and health crises than any other continent, it seems obvious that African leaders must drive African change. Ebola, HIV/AIDS and Malaria are largely endemic to Africa, and maternal mortality outcomes on the continent are by far the worst in the world. It is time for African leadership to lead the way in countering the world's most threatening health missions."

- Toyin Ojora-Saraki, [HuffPost](#)

## The next WHO director-general is Tedros Adhanom Ghebreyesus

"Tedros had been a frontrunner throughout the campaign. He emerged on top in the two elimination rounds that took place in January and received strong support from high-profile individuals, such as billionaire philanthropist Tony Elumelu; Thomas Frieden, the former director of the U.S. Centers for Disease Control and Prevention; and the late doctor-statistician Hans Rosling. However, his campaign was tarnished by concerns about human rights, due to his association with the Ethiopian government, and allegations that he had been involved in efforts to cover up disease outbreaks such as cholera during his time as health minister.

In a speech given before the election process began on Tuesday afternoon, Tedros said he was "astonished" at the direction his life had taken — from a childhood in Ethiopia, during

which his younger brother died of disease, to standing among the final candidates for the leadership of the WHO.

- Jenny Lei Ravelo, [Devex](#)

## ...and a well prepared piece, American style

"Indeed, the Director-General (DG) of the WHO is an incredibly important position. Additionally, the WHO DG uniquely possesses a legitimacy derived from WHO's member states to help set WHO's priorities, get these funded and convene member states in an independent forum to solve pressing challenges. The next DG must focus then on what the WHO should be doing in standard-setting, global public goods production, targeted technical assistance and pandemic preparedness – and, as a corollary, what the WHO should not be doing, because other entities possess sufficient capabilities and competencies to do so, or simply because WHO does not.

We believe the newly elected DG must move quickly to outline his vision for the organization. Such an articulation has a few constituent parts..."

- Chelsea Clinton & Devi Sridhar, [globalhealthgovernance.org](#)

## Copy-paste



"Dear @DrTedros: You follow us on Twitter, now 194 @WHO member states follow you! As #nextDG, keep your eyes open for #civilsociety!"

- Tweet by: [Geneva Global Health Hub](#)