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# WHA TODAY

A CIVIL SOCIETY PERSPECTIVE ON  
THE 70<sup>TH</sup> 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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# 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.*

## 12. PREPAREDNESS, SURVEILLANCE AND RESPONSE

### 12.3 POLIOMYELITIS

#### SCHEDULED FOR

- Thursday, 25 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](#)

More statements by non-State actors in official relations with WHO at the 70<sup>th</sup> World Health Assembly: [WHA website](#)

## 12.5 REVIEW OF THE PANDEMIC INFLUENZA PREPAREDNESS FRAMEWORK

### SCHEDULED FOR

- Thursday, 25 May 2017  
Committee A

### WHA DOCUMENTS

- [A70/17](#)  
Review of the Pandemic Influenza Preparedness Framework
- [A70/57](#)  
Collaboration with the Secretariat of the Convention on Biological Diversity and other relevant international organizations
- A70/A/CONF./8 Rev.1
- A70/A/CONF./8 Add.1  
Draft decision

### IN FOCUS

What is the Pandemic Influenza Preparedness Framework (PIPF)? See description on pp 10-11 of Review Committee report, A70/17.

The provisions of the Pandemic Influenza Preparedness Framework (PIPF) required that the Framework be reviewed by 2016. The Review Group was appointed in December 2015

and in A70/17 it reports on achievements and effectiveness, and recommends initiatives for advancing the goals of the Framework. The Assembly is invited to note the report.

- Read more: [PHM Commentary](#)

### SELECTED WHO WEBSITE

- [PIP Framework](#)

### SELECTED CIVIL SOCIETY ANALYSIS AND STATEMENTS

"We share the Review Group's main observation that PIP Framework is an innovative tool and has improved pandemic preparedness. Access to and the use of sequence data should trigger benefit sharing and databases that wish to host sequence data should implement a standard user agreement that applies benefit sharing obligations of the Framework to users and tracks users of sequence data.

We stress that the CBD and Nagoya Protocol are the forum with competence to determine if the PIP Framework should be considered to be a specialized instrument of the Nagoya Protocol.

WHO Members need to initiate a process to address access and benefit sharing with regard to seasonal influenza viruses as annually thousands of seasonal flu viruses are being shared without fair and equitable benefit sharing.

Finally, A70/57 seeks guidance on access and benefit sharing with regard to other pathogens in emergency situations. This Assembly should set up an intergovernmental process to discuss and give guidance on this matter taking into account the experience of the PIP Framework of treating virus sharing and benefit sharing on an equal footing.

- Medicus Mundi International  
People's Health Movement  
Third World Network  
Quoted from: [WHA Statement](#)

"KEI has followed the work on the PIP Framework since its inception. It is an important agreement that takes practical steps to address benefit sharing and access, with a narrow focus on influenza emergencies. The WHO should address the recommended changes to address the handling of genetic sequence data.

One weakness of the agreement is the voluntary nature of the funding from the vaccine and device manufacturers, a factor in

limiting the scope of the agreement, for example, to exclude areas where the framework could have benefits, such as a greater role in non-emergency influenza, or to expand the framework to other disease areas.

This reflects the general inability of the governments to address the need for more robust and sustainable systems of finance for the supply of public goods, a topic that should be discussed further."

- Knowledge Ecology International  
Quoted from: [WHA Statement](#)

More statements by non-State actors in official relations with WHO at the 70<sup>th</sup> World Health Assembly: [WHA website](#)

## 13. HEALTH SYSTEMS

### 13.1 HUMAN RESOURCES FOR HEALTH AND IMPLEMENTATION OF THE OUTCOMES OF THE UNITED NATIONS' HIGH-LEVEL COMMISSION ON HEALTH EMPLOYMENT AND ECONOMIC GROWTH

#### SCHEDULED FOR

- Thursday, 25 May 2017  
Committee A

#### WHA DOCUMENTS

- [A70/18](#)  
Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth

#### In Focus

The High-Level Commission on Health employment and Economic Growth was convened by the United Nations. They presented a report on their findings with recommendations at the UN General Assembly in September 2016. This was followed by a High-Level Ministerial meeting in December 2016. The Commission's report with their recommendations was presented to the WHO Executive Board at EB140 ([EB140\(3\)](#)). After deliberation of this report, the Executive Board requested the Director-General finalise a 5 year action plan (2017-2021) supporting the implementation of the Commission's

recommendations. This was to be done in collaboration with the International Labour Organization (ILO), the Organisation for Economic Cooperation and Development (OECD) and any other relevant organisations and in consultation with Member States. This 5 year plan was to be presented at WHA70 for consideration and the Secretariat was expected work with Member States to adopt measures focussing on the key recommendations in the Commission's report.

A70/18 describes the background to the Commission on Health Employment and Economic Growth and summarises the Commission's recommendations. The Annex contains the draft 5 year action plan. This action plan will most likely be the focus of discussion and a draft resolution may be considered.

- Read more: [PHM Commentary](#)

#### SELECTED WHO WEBSITE

- [Health workforce](#)
- [High-Level Commission on Health Employment and Economic Growth](#)
- [Global Health Workforce Network](#)

#### SELECTED CIVIL SOCIETY ANALYSIS AND STATEMENTS

"We welcome the Commission's emphasis on expanding human resources for health (HRH) in low- and middle-income countries, as articulated in the report and the action plan. However, it is problematic that the Commission prioritizes the economic 'payoffs' of investing in HRH. Investing in HRH is inherently valuable when it strengthens health systems, encourages public provision of health services, and creates decent jobs for health workers.

In a context of withdrawing or flat-lining international aid for health without credible alternatives, reliance on domestic funding to assure adequate recruitment and retention in public services remains an idle hope. The critical role of the health workforce to ensure accessible quality services and contribute to UHC will be put at risk.

The Commission is silent on the fact that many community health workers (CHWs) are called 'volunteers' and receive no salaries or benefits. The draft plan fails to recognize reckon this type of work and its contribution to advancing health. We believe that CHWs should be

recognized as HRH and should be on a pay-roll. They should not be used as unpaid or cheap labour.

Fiscal space for HRH in the public sector should be created to absorb trained health workers (professionals and CHWs) into the formal health system. It should be unnecessary for health workers to migrate to earn a decent salary, or be commodified by governments. High-income countries should build their own health workforce."

- **Medicus Mundi International Network**  
People's Health Movement, Wemos  
Quoted from: [WHA statement](#)

"ICN recommends at least annual reporting against the creation of 40m new health worker jobs expected by 2030 and the potential 18m health worker shortfall in order to monitor if job creation is at the rate expected and whether the size of the shortfall is being reduced.

Furthermore, WHO should collate and compile evidence and case studies that demonstrate how the delivery of the recommendations improves and enhances patient and population health outcomes. This evidence should be an integral element of regular public reporting against progress over the next five years.

We encourage countries to utilize the guidance of WHO, ILO, and OECD as outlined in the action plan to develop gender-transformative policies to overcome gender biases and inequalities in education and the health labour market across the health and social workforce."

- **International Council of Nurses**  
Quoted from: [WHA statement](#)

"As physicians of tomorrow, we foresee the global challenges related to health workforce planning, deficit, quality assurance, distribution, and migration. We would like to underline that simply increasing the number of health professionals graduating from education programs is not enough.

We urge Member States to assure quality in education through mandatory accreditations and admissions planning of academic institutions according to the World Federation for Medical Education Global Standards, and to ensure that the national frameworks, curricula, assessment tools and legal frameworks meet the requirements for a qualified modern health workforce.

Member States must advance international recognition of health workers' qualifications to optimize skill use, increase the benefits from, and reduce the negative effects of health worker migration, and safeguard migrants' rights."

- **International Federation of Medical Students' Associations**  
Quoted from: [WHA statement](#)

"IAHPC and WHPCA welcome the promotion of a needs-based, fit-for-purpose health and social workforce (including community-based health workers) to achieve integrated people-centred care. We encourage member states to train community based palliative care providers as a key element in such a workforce. Evidence from countries of all income levels shows that community based palliative care can reduce health costs prevent families from falling deeper into poverty through catastrophic out of pocket costs, increase school attendance rates, and most important, reduce overall suffering of patients and families. Global increases in the rate of NCDs, population aging, and the fragmentation of the traditional family, have created the perfect storm that community based palliative care workforce can step in to calm. Countries with such a workforce are better positioned to achieve targets of at least 5 SDGs. Inexpensive, low-tech partnerships with civil society organisations such as ours can help you."

- **International Association for Hospice and Palliative Care Inc.**  
Quoted from: [WHA statement](#)

"IntraHealth and the 39-member Frontline Health Workers Coalition urge Member States to enact concrete commitments to implement the Commission's 10 recommendations. We call for crucial focus on the Commission's recommendation to "support the massive scaling up" of education and training in low-income countries, prioritizing the 15-20 countries where universal health coverage is least likely to be realized. The WHO must identify these countries and work with Member States to collect needed data, create concrete targets, and implement a financing framework.

As a leader of the Safeguarding Health in Conflict Coalition, we also underscore the Commission's finding that health workers have become deliberate targets in conflict settings, and urge action on Commission recommendation 6.2 to develop data collection

tools, methodologies, and guidance on reporting to track these attacks and their consequences.

We further call on Member States and civil society to send high-level delegations and make firm financial commitments at the 4th Global Forum on Human Resources for Health in Dublin, November 2017. IntraHealth commits to harnessing our expertise, leadership and innovations in digital health, data collection, capacity building, gender equality, and youth empowerment toward achieving the Action Plan. Inadequate action on the Commission's recommendations by the international community will result in health workforce gaps remaining a crucial barrier to achieving the SDGs. We urge the new WHO Director-General to prioritize implementing the HEEG Commission's action plan."

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

"Ensuring basic rights for health professionals, decent and safe working conditions, effective recognition and a gender perspective are essential for the implementation of the report and will lead to successful recruitment and retention of health professionals. This will be even more important with the demographic trends indicating a high demand in the health workforce. WMA together with the other professions of the WHPA developed the Positive Practice Environment Campaign which exemplify what health care settings could do to foster satisfaction and resilience.

WMA underlines the key role of professional organizations in health employment policy, including their role in the regulation of the profession. It is imperative to involve them in policy decisions throughout the policy process.

With the trend of growing violence against healthcare workers, WMA reiterates the importance of the right of health care workers to safe and decent working environments, free from discrimination, coercion and violence. WMA has been a partner of the ICRC Health Care in Danger initiative for many years."

- World Medical Association  
Quoted from: [WHA statement](#)

"Engagement of young professionals in planning brings with it numerous benefits. It is not merely a manner of training individuals from the next generation, but genuine engagement of young professionals in public health planning

also adds energy and creativity that only those newer to the field can bring.

Certain WHA member states include a youth delegate among their official delegation to the World Health Assembly. For those member states that do not yet have youth delegates, the WFPHA encourages this.

For the WHO, engagement of young professionals must be considered across all aspects of health employment planning. Regard to equitable planning should also include gender, racial, geographic and income-level perspectives in the discourse. Engaging those who will be leading health systems of the future is the only way for planning to have a lasting impact. Beyond this, it is hoped that new ideas will be generated that may otherwise be overlooked."

- World Federation of Public Health Associations  
Quoted from: [WHA statement](#)

More statements by non-State actors in official relations with WHO at the 70<sup>th</sup> World Health Assembly: [WHA website](#)

## 13.2 PRINCIPLES ON THE DONATION AND MANAGEMENT OF BLOOD, BLOOD COMPONENTS AND OTHER MEDICAL PRODUCTS OF HUMAN ORIGIN

### SCHEDULED FOR

- Thursday, 25 May 2017  
Committee A

### WHA DOCUMENTS

- [A70/19](#)  
Principles for global consensus on the donation and management of blood, blood components and other medical products of human origin

### In Focus

In May 2010, WHA63 adopted two resolutions on the availability, safety and quality of blood products ([WHA63.12](#)) and human organ and tissue transplantation ([WHA63.22](#)). Progress reports of these resolutions were considered at WHA67 ([A67/A/PSR/12](#)) with Spain requesting the Secretariat continue to develop the special initiative on medical products of human origin. In response to this, the Secretariat prepared a

report [EB136/32](#) and this was considered at EB136. The report focused on governance for safe donation and use, promotion of access to life-saving products of human origin in the context of universal health coverage, strengthening of regulatory oversight and a global monitoring system which would encompass traceability, surveillance, vigilance and a rapid alert and data sharing. A draft decision was prepared following debate of the report ([EB136\(2\)](#)) requesting the Director-General undertake consultations with a view of developing ethical principles for the safe donation and management of medical products of human origin, good governance mechanisms and common tools to ensure quality, safety, traceability and equitable access.

The Secretariat prepared some principles and governance model and undertook consultation around these models. Draft principles were produced and these were considered at EB140 ([EB140/18](#)). Concerns were raised with regards to paid versus voluntary donated products as well as the balance between transparency and confidentiality. Smaller and Low and middle income countries emphasised the shortages of such products that they faced and emphasised the need for capacity building and technology transfer.

A70/19 presents ten ethical principles which should guide the collection, processing and medical use of human derived products.

- Read more: [PHM Commentary](#)

#### SELECTED WHO WEBSITE

- [Blood transfusion safety](#)

#### SELECTED CIVIL SOCIETY ANALYSIS AND STATEMENTS

"We commend WHO's efforts in developing principles for governing donation and management of medical products of human origin. However, we are concerned about certain oversights in the report.

The report deals with institutional, technological and regulatory issues at a very general level. It does not sufficiently acknowledge the challenges LMICs face in implementing these principles. WHO should clearly articulate the design principles guiding the establishment of the necessary structures and capabilities.

The report focuses on national-level regulatory arrangements. In view of the globalisation of

supply chains, including the illegal trade in organs, we believe that this issue requires a legally binding international instrument.

Donation of blood and organs has gender, social and class dimensions and donors may be forced to "choose" medical procedures that violate their fundamental rights and freedom. We urge the WHO to acknowledge this when notions of choice and informed consent are discussed and to give special attention to the development of norms and principles in relation to this.

The ethical principles may not adequately protect the rights of women donors involved in assisted reproductive technologies. The principles do not cover surrogacy, which involves donating the use of an organ (typically for payment) while it remains in the donor's body. The principles also give no guidance on the ethics of new procedures, like uterus transplants, that are not life-saving.

We also want to emphasise that unless public health institutions are strengthened, the receivers of donations will mainly be those who can afford private health care.

In the context of growing global inequality WHO must address these critical issues in order to protect the dignity, human rights, and health of the poorest and most vulnerable populations."

- Medicus Mundi International  
People's Health Movement  
Quoted from: [WHA statement](#)

More statements by non-State actors in official relations with WHO at the 70<sup>th</sup> World Health Assembly: [WHA website](#)

## 13.3 ADDRESSING THE GLOBAL SHORTAGE OF, AND ACCESS TO, MEDICINES AND VACCINES

#### SCHEDULED FOR

- Thursday, 25 May 2017  
Committee A

#### WHA DOCUMENTS

- [A70/20](#)  
Addressing the global shortage of, and access to, medicines and vaccines

#### IN FOCUS

The UN Secretary General convened a High-Level Panel on access to medicine, their report

which contained recommendations on how to improve access to medicines was presented to the UN General Assembly in September 2016. Initially the officers of the Board had recommended not to schedule this item for discussion at EB140, however during consideration of the agenda it was agreed to discuss it under item 8.5 Follow up of CEWG. There was no wholesale acceptance of the report, with the US, Switzerland and Japan being critical, whilst Thailand, Brazil, Iran, South Africa and Venezuela argued its merits and that Member States should pick recommendations which were acceptable and develop a 5year plan to implement them.

In A70/20, the Secretariat reports on both access to medicines as well as the global shortage of medicines and drugs. They review previous resolutions in various aspects of medicines policy, describe WHO's involvement in the HLP process and reviews a range of work streams currently underway within the Secretariat.

In the second part of the report the Secretariat also proposes technical definitions for shortages and stockouts as was requested in resolution [WHA69.25](#). An earlier version was considered at EB140.

- Read more: [PHM Commentary](#)

#### SELECTED WHO WEBSITES

- [Immunization, Vaccines and Biologicals](#)
- [Global Vaccine Action Plan 2011-2020](#)
- [UN Secretary-General's High-Level Panel on Access to Medicines \(UNHLP\)](#)

#### SELECTED CIVIL SOCIETY ANALYSIS AND STATEMENTS

"Access to medicines issues affect all countries worldwide. Millions of people have died because they were not able to afford essential and lifesaving medicines. While LMICs continue to bear the major burden related to lack of access to medicines, patients in HICs are also starting to encounter major barriers to access. In addition, diagnostics, vaccines and medicines are missing for many diseases, which clearly shows that the current system of market-driven R&D fails to effectively address public health needs.

The UNHLP on Access to Medicines' report is a unique opportunity to revive discussions on IPRs and access to medicines within the WHO. However, we are concerned that the parking of a discussion on the UNHLP report in one document that discusses several other issues could dilute the debate on its meaningful recommendations and on obstacles posed by IPRs to access to medicines.



WHO is the primary global agency responsible for health worldwide and thus, it cannot divest itself of its responsibility in this regard. WHO's credibility is at stake if comprehensive discussions on the UNHLP report are not held at WHA 70. It is a matter of concern that the Organisation has failed to have a comprehensive debate on this report, and has not endorsed its recommendations in spite of strong support from CSOs and some MS.

We urge Member States to act on the recommendations made by the UNHLP. In particular, we call on MS to convene an inclusive open ended meeting that would discuss the opportunity to negotiate an R&D Convention."

- Medicus Mundi International  
People's Health Movement  
Quoted from: [WHA statement](#)

"UNHLP recommendations sit at the heart of numerous decisions governments need to make this week – addressing high prices of cancer, vaccines and Hepatitis C medicines, introducing new models of research and development to address drug-resistant infections and epidemic-prone infectious diseases, or effectively implementing TRIPS flexibilities to respond to monopoly power of pharmaceutical corporations.

We strongly urge Member States to concretely implement the findings and recommendations of the report while also mandating which recommendations WHO and other UN agencies should take forward.

WHO and Health Ministries have a critical role to address systemic policy incoherence that led to the creation of the Panel, but they cannot do it alone. MSF urges an appropriate response from all relevant Ministries and across the UN system, including a comprehensive and global discussions and action on the worldwide epidemic of high drug prices and lack of patient-driven innovation.

We also welcome the separate discussion on shortages, including WHO efforts on technical definitions distinguishing shortages from stockouts. MSF urges WHO to also identify medicines at risk, approximate the scale of current and future shortages and stockouts, and ensure data collection and coordination mechanisms are established to document trends."

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

More statements by non-State actors in official relations with WHO at the 70<sup>th</sup> World Health Assembly: [WHA website](#)

## 13.4 EVALUATION AND REVIEW OF THE GLOBAL STRATEGY AND PLAN OF ACTION ON PUBLIC HEALTH, INNOVATION AND INTELLECTUAL PROPERTY

### SCHEDULED FOR

- Thursday, 25 May 2017  
Committee A

### WHA DOCUMENTS

- [A70/21](#)  
Evaluation and review of the global strategy and plan of action on public health, innovation and intellectual property

### IN FOCUS

[Para 41](#) of the GSPOA scheduled a 'comprehensive evaluation' of the strategy to be undertaken after four years. However, [Clause 6 of Resolution 62.16](#) (through which the Assembly adopted the GSPOA) requested an overall 'programme review' of the global strategy and plan of action in 2014, including recommendations on the way forward. The Assembly will consider A70/21 which conveys the executive summary of the comprehensive evaluation of the GSPOA. The full report is [here](#). The program review is not on the agenda of WHA70; it is scheduled to return to the Assembly in May 2018 with the recommendations of the Expert Review Panel and the Secretariat's financing estimates.

- Read more: [PHM Commentary](#)

### SELECTED WHO WEBSITE

- [Public health, innovation, intellectual property and trade](#)
- [Global strategy and plan of action on public health, innovation and intellectual property \(GSPOA\)](#)
- [UN Secretary-General's High-Level Panel on Access to Medicines](#)

### SELECTED CIVIL SOCIETY ANALYSIS AND STATEMENTS

“The report of the Evaluation does not bring provide novel or useful insights, but instead reiterates issues that have been reaffirmed several times in the past.

A major finding of the evaluation report is the widespread lack of awareness of the GSPOA, due to relatively weak promotion of the GSPOA by the Secretariat.

This is a reflection of WHO’s funding crisis and the highly inflexible funding associated with tightly earmarked voluntary contributions. A breakdown of WHO expenditure on the implementation of the GSPOA is not publicly available on the [Programme Budget Web Portal](#). However, for ‘Access to medicines, etc’ generally (Programme 4.3) the very limited budget allocation (for 2016-17) country office work (\$US39m for the biennium) has been grossly under-funded; only 45% of a very small budget leaving \$8.5m per year to fund policy support and capacity building in the production and use of medicines and regulatory strengthening as well as implementation of the GSPOA. The budget for regional office work, \$27m for the biennium, is only 66% subscribed.

Clearly the big donors have not been willing to properly fund the implementation of the GSPOA (nor work on the use of medicines and regulatory strengthening).

However, WHO’s financial crisis does not appear as a barrier to implementation on the evaluator’s ‘theory of change’.

There is no mention in the Evaluation Report of the barriers to the full use of TRIPS flexibilities in many bilateral and regional trade and investment agreements, nor to the coercive negotiation tactics involved in including such provisions in those agreements. The closest the evaluation report comes to these issues is talk of ‘stakeholders’ resistance’ in relation to Element Five. Note that resolution [WHA56.27](#) (2003) requested the DG inter alia to monitor and analyse trade agreements. It is unfortunate that this provision was not included in the GSPOA.

The Evaluation does not clearly identify as an issue, the undue pressure put by some powerful countries and pharmaceutical companies on developing countries, in order to prevent them from making full use of the TRIPS flexibilities.

It is unfortunate that the evaluator does not identify the need for mandatory registration of clinical trials.”

- People’s Health Movement  
Quoted from: [PHM commentary](#)

Statements by non-State actors in official relations with WHO at the 70<sup>th</sup> World Health Assembly: [WHA website](#)



## 13.5 FOLLOW-UP OF THE REPORT OF THE CONSULTATIVE EXPERT WORKING GROUP ON RESEARCH AND DEVELOPMENT: FINANCING AND COORDINATION

### SCHEDULED FOR

- Thursday, 25 May 2017  
Committee A

### WHA DOCUMENTS

- [A70/22](#)  
Title

### In Focus

The prehistory of the CEWG discussion is described [here](#). The critical documents are the report of the [Commission on PHIIP](#) (Jan 2006), the [finally agreed GSPOA](#) (May 2009), the final report of the [CEWG](#) (May 2012), and [WHA66.22](#) and [WHA66\(12\)](#) (both May 2013) which adopted the CEWG report and authorised a number of parallel but interlocking initiatives including the observatory, the pooled fund to support R&D and the demonstration projects.

An earlier version of A70/22 was discussed at EB140 ([EB140/21](#)) along with [EB140/22](#) which proposed terms of reference for the expert committee on health research and development.

In the debate at EB140 ([PSR11](#)) several countries regretted the funding shortfall. Both India and Brazil urged reconsideration of a binding research and development instrument.

The Secretariat report (A70/22), prepared in response to requests made by the Health Assembly in resolution [WHA69.23](#) (2016), proposes terms of reference and a costed workplan of the [Global Observatory on Health Research and Development](#) (Annex 1 in [A70/22](#)); and goals and an operational plan for a voluntary pooled fund to support research and development (Annex 2 in A70/22; see also [TDR report](#)).

- Read more: [PHM Commentary](#)

### SELECTED WHO WEBSITE

- [Public health, innovation, intellectual property and trade](#)
- [Consultative Expert Working Group on Research and Development: Financing and Coordination](#)

### SELECTED CIVIL SOCIETY ANALYSIS AND STATEMENTS

"We appreciate the strategic workplan in WHA66.22, but are concerned that it does not address the core aspiration of the CEWG process, that of a sustainable and novel model of incentivising, coordinating, financing and regulating R&D, independent of market incentives, and designed to protect public health through a legally-binding R&D Convention.

The negotiation of an R&D Convention that would delink the cost of R&D from the prices of medicines was one of the key recommendations of the CEWG report as well as of the UNHLP report on access to medicines. This recommendation had also been advanced by the report of the Commission on Intellectual Property Rights, Innovation and Public Health in 2006 and in the GSPOA in 2008. However, after more than ten years of tireless calls to seriously consider this recommendation, coming from civil society organizations and some MS, it has not yet been addressed.

As provided in resolution 69.23, we urge MS to consider the convening of an open ended meeting in 2017, in order to continue the discussions on the remaining issues, especially to start discussions on the R&D Convention, taking into account the UNHLP report that access to medicines issues are not confined to LMICs, but are now global issues.

Given that CEWG principles of affordability, effectiveness, efficiency, equity and delinkage are relevant to all R&D initiatives, we welcome that the Principles are being applied in some WHO R&D initiatives. In particular, as AMR initiatives progress fast within and outside the WHO, we stress that these should abide by the CEWG Principles, including the AMR Development and Stewardship Framework."

- Medicus Mundi International  
People's Health Movement  
Quoted from: WHA statement

Statements by non-State actors in official relations with WHO at the 70<sup>th</sup> World Health Assembly: [WHA website](#)

## 13.6 MEMBER STATE MECHANISM ON SUBSTANDARD/SPURIOUS/FALSELY-LABELLED/FALSIFIED/COUNTERFEIT MEDICAL PRODUCTS

### SCHEDULED FOR

- Thursday, 25 May 2017  
Committee A

### WHA DOCUMENTS

- [A70/23](#)  
Member State mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products
- [A70/23 Add.1](#)  
Review of the Member State mechanism

### In Focus

"A70/23 reports on the fifth meeting of the Member State Mechanism (MSM), sets out a draft decision which would establish 'substandard and falsified medical products' as the standard descriptor, replacing substandard / spurious / falsely-labelled / falsified / counterfeit medical products (SSFFC) and includes a guidance document for member states on developing a national plan for preventing, detecting and responding to actions, activities and behaviours that result in substandard and falsified medical products.

The working group on definitions identified three possible circumstances which may bring medical products to the attention of regulatory agencies: substandard, unauthorised and falsified. The new term refers explicitly to substandard and falsified products but does not explicitly refer to unauthorised medical products. This is because in some countries and regions the marketing or distribution of medical products without registration/license is permitted. In such circumstances unauthorised is not a breach."

- Read more: [PHM Commentary](#)

### SELECTED WHO WEBSITE

- [Substandard, Spurious, Falsely labelled, Falsified and Counterfeit \(SSFFC\) Medical Products](#)
- [WHO Member State Mechanism \(MSM\)](#)

### SELECTED CIVIL SOCIETY ANALYSIS

"The MSM(SFC) saga reflects well on WHO member states. A serious threat to WHO's integrity was averted. A significant division of opinion among member states has been largely reconciled. A major public health problem has been addressed in a logical and evidence based way.

These new definitions put an end to the mistaken endeavour of conflating quality of medicines with alleged IP violations. This conflation has been systematically used to promote IP enforcement standards instead of pursuing a public health strategy to address the issue of medicines with compromised quality. We urge that, as per the new decision, WHO stops using the term counterfeit to refer to medicines of compromised quality and communicate the new definitions to other international organisations such as INTERPOL, WCO, UNODC etc. to stop conflating IP related issues with quality of medicines.

However, the fundamental political tensions will continue to be expressed in WHO debate and decision making: first, the tension between the corporate interest and the public health interest over how the problem of substandard and falsified medicines should be addressed; and second, the tension between member states who host large pharmaceutical companies and member states who are primarily concerned about the quality and price of medicines.

PHM urges member states at WHA70 to support the newly proposed terminology: substandard and falsified medicines, as outlined in Appendix 3 and set out in the draft decision presented in A70/23 (page 1).

- People's Health Movement  
Quoted from: [PHM commentary](#)

Statements by non-State actors in official relations with WHO at the 70<sup>th</sup> World Health Assembly: [WHA website](#)

# 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.*

## 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](#)

## FRIDAY 26 MAY 2017

12:30-14:00 hrs

Palais des Nations, Room XXIV

### **WHA meeting: Scaling-up Access to Emergency & Essential Surgical, Obstetric and Anesthesia care for better health systems and sustainable development**

Organizers: Delegation of Australia, China, Ethiopia, Kenya, Mongolia, Namibia, Nicaragua, Tonga, the United Republic of Tanzania, the United States of America, Viet Nam, Zambia, Zimbabwe, the International College of Surgeons and the World Council of Churches.

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

12:30 to 14:15 hrs

Palais des Nations, Room XII

### **WHA Technical Briefing: Health and the environment: inheriting a sustainable world**

Organizer: WHO

Announcement: [WHA Journal](#)

12:30-14:00 hrs

Red Cross Museum

### **What is the role of the Private Sector in helping to achieve Universal Heal...**

Organizers: Save the Children, WMA, GSK

Announcement: [website](#)

16:00-16:45 hrs

Live broadcast

### **World Health +SocialGood**

Organizers: WHO, UN Foundation, +SocialGood

Announcement: [website](#)

18:00-19:30 hrs

Palais des Nations, Room IX

### **WHA side event: Safeguarding blood safety for the multi-transfused patients**

Organizers: Thalassaemia International Federation, World Federation of Hemophilia, International Society of Blood Transfusion, IAPOT and Worldwide Network for Blood and Marrow Transplantation

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

Specific announcement: not yet available

18:00-19:30 hrs

Palais des Nations, Room VII

### **WHA meeting: Panel discussion on the role of regional cooperation in building regulatory and legal frameworks for noncommunicable disease (NCD) prevention and control**

Organizers: Delegation of Brunei Darussalam, Indonesia, Italy, Lao People's Democratic Republic, Malaysia, Myanmar, the Philippines, Singapore, Thailand and Viet Nam

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

18:00-19:30 hrs

Palais des Nations, Room XXIV

### **WHA meeting: Leaving no one behind in the Sustainable Development Goals (SDGs): equity, gender and human rights policy to practice**

Organizers: Delegation of Canada, Chile, Indonesia, Mongolia, Mozambique, Nepal and Norway

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

# 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.*

## The WHO's new African leader - a shot in the arm for poorer countries?

"Ghebreyesus needs to use his strong mandate – notably from the Global South – to truly reform the WHO and its operations in favour of the world's poor majority.

To do this, he needs to push strongly for member states to honour their commitments to the WHO and to rapidly and significantly increase their financial contributions.

He also needs to ensure that the influence of the food, beverage, alcohol and tobacco industries to control non communicable diseases is resisted. This will be difficult given that a framework has been passed that allows non-state actors to participate in WHO policy-making processes.

On top of this Ghebreyesus must ensure that the health systems of low and middle income countries are strengthened so that health emergencies such as infectious disease outbreaks can be contained.

The current investments in building surveillance capacity for infectious diseases are welcomed. But these efforts will remain inadequate without sustained investment in health systems. This will ensure that agenda for health security isn't focused on securing the health of rich country populations against contagion from the poor but on protecting all, particularly the most vulnerable.

What will be interesting to watch over the next five years is whether the evident solidarity between low and middle income countries in voting in Ghebreyesus as their candidate is maintained during the debates and decisions about world health. Until now, rich countries have been dominant in WHO meetings."

- David Sanders in: [The Conversation Africa](#)

## Tedros Warms Up To Press In First Meeting,

"In his first meeting with the United Nations press corps the morning after his historic election as the next director general of the World Health Organization, Tedros Adhanom Ghebreyesus began to unfold his vision for the organisation and fended off questions about the United States budget by saying WHO has to diversify its funding base. He also signalled a variety of possible issues to come such as increased assessments on governments, and consideration of the recommendations of a recent UN report on access to medicines."

- William New in: [IP-Watch](#)
- Photo: WHO / L. Cipriani



## Finally...

"In Delegates at the World Health Assembly today approved the Organization's proposed programme budget of US\$ 4421.5 million for the biennium, which includes a 3% (or US\$28 million) increase in Member State assessed contributions for 2018-2019. This approved budget sets out the Organization's priorities in line with the Sustainable Development Goals. It includes increased investments in the new WHO Health Emergencies Programme (US\$ 69.1 million) and combating antimicrobial resistance (US\$ 23.2 million).

WHO's programme budgets are financed through a combination of assessed and voluntary contributions, with the latter coming from State- and non-State contributors. In the early decades of WHO's existence, assessed contributions constituted almost all the Organization's funding. But as the Organization's total budget has increased, voluntary contributions have overtaken assessed contributions in providing the majority of its income. Assessed contributions had remained largely stable prior to today's increase."

- Source: [WHO Press release](#)

## WHA Watch: Day to day

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. The "WHA Watch" website includes now the statements already delivered and summary reports of the first WHA days. Watch out for more WHA Watch

- [www.ghwatch.org/node/45519](http://www.ghwatch.org/node/45519)

## Antimicrobial Resistance Needs New R&D Models

"A group of non-governmental organisations organised a side event to the World Health Assembly to discuss the growing issue of antimicrobial resistance, the way to incentivise research and development for new antibiotics, and the imperative of affordability and accessibility of new products. The speakers mentioned alternative models, such as delinking the cost of research from the price of the medicines, underlined the high prices of vaccines, and the importance of systems of infection prevention and control."

- Catherine Saez in: [IP-Watch](#)

