

# WHA TODAY

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

NO. 6, WHA70  
MON 29 – WED 31 MAY

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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.*

## 13. HEALTH SYSTEMS

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

#### SCHEDULED FOR

- Monday, 29 May 2017  
Committee A

#### WHA DOCUMENTS

- [A70/23, A70/23 Add.1](#)

#### 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](#)

## 13.7 PROMOTING THE HEALTH OF REFUGEES AND MIGRANTS

### SCHEDULED FOR

- Monday, 29 May 2017  
Committee A

### WHA DOCUMENTS

- [A70/24](#)
- [A70/A/CONF./7 Rev.1](#)  
Promoting the health of refugees and migrants. Draft resolution

### In Focus

It appears that this round of discussion of the problems of migration has been initiated in response to the 'New York Declaration for Refugees and Migrants' ([UNGA A/RES/71/1](#)) (October 2016); see particularly Annex 2 to the Declaration which commits to developing a global compact for safe, orderly and regular migration). Annex 1 to the NY Declaration sets out a comprehensive refugee response framework.

Secretariat report A70/24 summarizes the current global context and the health challenges associated with migrants and refugees. It also describes the Secretariat's actions at the global and regional levels to meet these challenges, and presents a draft framework of priorities and guiding principles to promote the health of migrants and refugees (in the Annex to A70/24) as requested in [EB140\(9\)](#).

The main focus of attention in the WHA70 debate will be the proposed framework presented in the Annex to A70/24 and the proposed situation analysis and global action plan requested in [EB140\(9\)](#).

WHO also appears to have committed to leading a discussion on the Grand Bargain commitments with its Member States (page 15 of [Grand Bargain](#)).

- Read more: [PHM Commentary](#)

### SELECTED WHO WEBSITE

- [Refugee and migrant health](#)

### SELECTED CIVIL SOCIETY ANALYSIS AND STATEMENTS

"We support WHO in its efforts to ensure that health is adequately addressed in the development of the global compact for safe, orderly and regular migration as the exclusion of health in the thematic sessions for its development is a grave oversight.

ICN strongly believes in upholding the right of refugees and migrants to the enjoyment of the highest attainable standard of physical and mental health and urges countries to apply the principle of universal and equitable health coverage to all individuals residing de facto in a country regardless of their legal status.

At the 140th Executive Board ICN highlighted the unacceptably high rates of maternal and child mortality and incidence of gender based violence occurring amongst refugees and migrants and so is pleased to see that the provision of sexual and reproductive health services is included in the framework as a priority. Migrants and refugees - especially women, children and people with disabilities - are exposed to various factors that make them particularly vulnerable to health problems and are at a high risk of immediate and long-term psychological distress and trauma. As such, we strongly believe that addressing the mental health of refugees and migrants should be included as a priority in the framework."

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

psychological distress and trauma. As such, we strongly believe that addressing the mental health of refugees and migrants should be included as a priority in the framework."

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

"We welcome WHO's shift in its approach on migration and health from a solely humanitarian-based approach to one based on health systems strengthening and the improvement of healthcare access to migrants. We firmly believe that the root cause of migration -- poverty and conflict -- should be addressed at the UN organizations.

Migrants and refugees continually face barriers in accessing healthcare; with many countries introducing policies that act as barriers for migrants who seek secure access to quality healthcare.

We remind Member States of their duty to uphold the universal human rights of migrants for access to healthcare by 'instituting changes in law and policy to ensure that migrants and refugees are included in national and local health planning'.

We encourage the development of a situational analysis, a framework and a draft global plan of action as mentioned in the document. However, the urgency of the issue requires WHO to speed up the process and to revise the present timeline of submission.

We urge the Secretariat to include strategies which address the issue of human trafficking as a cause of forced migration, an area that is missing in this report. We urge the inclusion of policies that protect the rights of trafficked people and give them access to specialized services."

- Medicus Mundi International Network  
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](#)

## 14. COMMUNICABLE DISEASES

### 14.1 GLOBAL VACCINE ACTION PLAN

#### SCHEDULED FOR

- Monday, 29 May 2017  
Committee A

#### WHA DOCUMENTS

[A70/25](#), [A70/A/CONF./1](#)

#### IN FOCUS

Agenda item A70/25 considers the Executive Summary of the Midterm review of [Global Vaccine Action Plan](#) (GVAP 2010–2020) by the Strategic Advisory Group of Experts (SAGE) on immunization (full report [here](#)). The review was presented to the 140th meeting of the Executive Board ([EB140/25](#)) and was forwarded to the Assembly for further consultation on the amendments that were proposed. The review is critical of the slow improvement in immunization performance and provides strong recommendation to integrate immunization program development with general health system development and for

donors to give greater priority to integrated health system development. The review emphasized on geographic equity in access to immunization and highlights the transition challenges of countries that will not be eligible anymore for financial support from the Public Private Partnership Global Alliance for Vaccines and Immunizations (GAVI). These countries face the danger of losing part of their immunization workforce.

However, there are several notable omissions of key issues in the review report; it doesn't make reference to the priorities for strengthening NITAGs (national or regional immunization technical advisory groups). The report mentions nothing on monitoring community confidence (explicitly included in [A66/19](#)) or to monitor negative health impacts of vaccination (adverse events), supply pricing and procurement, and resources tracking. It does not recognize the policy complexity of introducing new and 'under-used' vaccines to national immunization schedules and the need for opportunity cost estimates that are specific to each country context.

- Read more: [PHM Commentary](#)

#### SELECTED WHO WEBSITE

- [Global Vaccine Action Plan](#)
- [SAGE working mechanisms and working groups](#)

#### SELECTED CIVIL SOCIETY ANALYSIS AND STATEMENTS

"We are concerned that 1 in 7 children under one year old are missing out on basic vaccination – 19.4 million children excluded from this life-saving intervention. They are from the poorest households, living in neglected areas, and affected by conflict and emergencies. They are the most excluded children and continue to be left behind from progress. Unless we step up our efforts, we will continue to fail that 7th child. Countries must prioritise equity and strengthening health systems that can reach all children with immunisation and other primary health services, as part of UHC. This requires increased domestic investment in health, particularly critical as countries transition from donor aid, including from Gavi and the Global Polio Eradication Initiative. Donor countries and partners must also support countries to strengthen national health systems and increase domestic fiscal space for health and

immunisation. All 194 Member States committed to achieve universal immunisation coverage through the GVAP. Save the Children urges countries to deliver on that commitment. We call on Member States to support a strong GVAP resolution that prioritises equitable progress and strengthening health systems, as part of UHC, while ensuring action on SAGE recommendations and previous resolutions. We also call on Member States to make time-bound commitments outlining concrete actions to drive progress.”

- Save the Children Fund  
Quoted from: [WHA statement](#)

“In light of the current discussion, MSF would like to draw special attention to a critical group of countries that we believe is underserved yet represents a key constituency to accelerating progress towards the GVAP targets. So-called middle-income countries (MICS) – where the majority of the world’s poor reside – are being grossly neglected in the planning and support provided by GVAP partners.

Two years ago at the 68th WHA, resolution 68.6 – co-sponsored by 18 countries – was adopted. This turned the pleas of governments that have for years appealed to the global community for help into concrete action, placing an emphasis on the needs of middle-income countries.

Two years later, we believe that organized and systematic approaches to supporting MICS are still lacking. An effect of this is that high priced vaccines are more slowly adopted by middle-income country governments, leaving a disproportionately higher number of children unprotected from vaccine-preventable diseases. MSF vaccinates in many of these countries and faces similar challenges to governments in securing affordable vaccines, leaving us unable to protect the most vulnerable children.”

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

“Priority must be given to strengthening routine vaccination globally, focusing on countries with the highest number of unvaccinated children. Particular efforts are needed to reach underserved populations, especially those in remote areas, deprived urban settings, fragile states & in disaster/conflict affected regions. Furthermore, we encourage countries to incorporate a plan to measure & address vaccine hesitancy into national immunization programmes.

We call on Member States to implement the SAGE recommendations & to prioritize & invest in human resource development to strengthen immunization systems as part of integrated health services. To achieve global immunisation targets we not only require a strengthened workforce but one that is used to its full capacity. In this regard, ICN urges governments to develop & introduce legislation, regulation & policies that support the optimal use of the nursing workforce in its delivery of immunisation programmes. With nurses as the largest clinical providers of immunisation worldwide, barriers that impede vaccination by nurses must be removed & nurses supported to work to their full scope of practice.”

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

“Many countries will transition from donor support in coming years. The Global Polio Eradication Initiative (GPEI), which has played a key role in building health systems, will wind down in the near term. Polio transition is a not just a polio issue: it is an immunization and Universal Health Coverage issue. If not planned carefully, this transition will put further strain on already fragile systems. At the same time, many countries will also be transitioning from Gavi support. Strong leadership and financed multi-stakeholder plans are essential to reduce the risk of backsliding. Member States must increase domestic resources to sustain progress and donor support must continue as to not allow immunization programs to delay progress.

National political will is growing, as seen by the AU’s adoption of the Addis Declaration on Immunization. Member States must now turn commitments into action.”

- Global Health Council  
Quoted from: [WHA statement](#)

“The WMA recognizes that many possible causes contribute to the burden in some countries, such as low commitment to put immunization as priority, weak health systems and infrastructure, vaccine shortage and inaccessibility, conflicts and natural disasters, outbreaks, and public unawareness. Strong political will be needed to boost the pace of the progress. However, we can learn from success stories where expectations are met such as the transition from oral to inactive polio vaccination, which encourages to strengthen the commitment to achieve good governance and improve health systems.

The WMA advocates for investing more in health system, vaccine research and development, incorporating immunization programs to national health priorities, and strengthening leadership and collaboration. We also emphasize the role of physicians to support national governments, develop knowledge and skills, assist in surveillance, educate the public, and lead the community to follow the recommendations.”

- World Medical Association  
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](#)

## 14.2 GLOBAL VECTOR CONTROL RESPONSE

### SCHEDULED FOR

- Monday, 29 May 2017  
Committee A

### WHA DOCUMENTS

[A70/26](#), [A70/26 Rev.1](#), [A70/26 Rev.1 Add.1](#), [A70/26 Rev.1 Add.2](#)

### In Focus

Significant recent upsurges in vector-borne diseases, against the background of a persistent global malaria burden, highlights the challenges facing vector control implementation. There is a critical need to build capacity to improve impact and mitigate potential challenges, including those posed by insecticide resistance, climate change, rapid urbanization and increased global travel and trade. The Draft of Global Vector Control Response (summarized in [A70/26](#), full document [here](#)) aims to provide comprehensive technical and strategic guidance for establishing sustainable vector control systems. The Executive Board discussed this issue in Jan 2017 (EB140) and requested the Secretariat to prepare a draft resolution for consideration by the Seventieth World Health Assembly.

The draft focuses on infrastructure development (drainage, water supply, housing), community mobilization, strengthening inter- and intra-sectoral action and collaboration, and enhanced vector surveillance and, monitoring and evaluation of interventions. It also emphasized on human resource and institutional capacity

building to support local adaptation and implementation of the broad strokes of the Draft Response. The document also makes an appreciative recommendation of mandatory need for health impact assessment of large development projects. However, the Draft Response does not recognize the importance of adopting comprehensive primary health care principles during implementation. It also ignores the critical role that public interest civil society organizations can play in building awareness and supporting community mobilization and program implementation. Similarly, it doesn't refer to the work of the International Panel on Climate Change despite the obvious overlaps between the two issues.

Read more: [PHM Commentary](#)

### SELECTED WHO WEBSITES

- [Global Vector Control Response](#)
- [Draft Global vector control response 2017-2030 \(PDF\)](#)

### SELECTED CIVIL SOCIETY ANALYSIS AND STATEMENTS

“This is a very constructive initiative. In particular, PHM appreciates the emphasis on infrastructure development (drainage, water supply, housing) which has the capacity to reduce the habitats of the vectors of a range of diseases, in comparison with the more disease specific control mechanisms. PHM also appreciates the emphasis on human resource and institutional capacity building to support local adaptation and implementation of the broad strokes of the Draft Response.

There are a few issues where PHM urges closer attention or stronger emphasis.

Primary health care provides a framework for strengthening community engagement and community ownership - PHM regrets that there is no reference to comprehensive primary health care in the Draft Response.

Climate change and the importance of locking in the commitments in the Paris Agreement - PHM urges MSs to highlight the importance of ratifying and implementing the [Paris Agreement](#).

Infrastructure needs of informal urban settlements reflect the inequities in power and wealth which are driven by the prevailing regime of neoliberal globalisation - PHM appreciates the emphasis on reticulated water

supply in urban areas, effective drainage and decent housing. However, mobilising the necessary funds to upgrade the informal settlements of the megacities of many developing countries is a major challenge.

Agriculture, irrigation and dams; the need to strengthen the regulation of transnational corporations to ensure that impacts are assessed and action can be taken - PHM appreciates the references to agriculture and irrigation systems including dams in shaping the conditions for vector prevalence and the recommendation regarding the mandatory need for health impact assessment of large development projects. However, it would be difficult to overstate the challenges which are commonly faced in commissioning, undertaking and acting on such impact assessments. It is also important to acknowledge the role of transnational corporations in driving such 'developments' and the need to strengthen the regulation of TNCs (as is under consideration in the open-ended intergovernmental working group on trans-national corporations and other business enterprises with respect to human rights).

Critical to the outcomes of such debates will be community awareness and the mobilisation of those communities who are most at risk.

National and international public interest civil society organisations can play a strategic role in building such awareness and supporting such community mobilisation. This role should not be neglected in the Global Vector Control Response.

Technology transfer, industrial development and vector control products - The draft Response recognises 'country leadership' as one of the key enabling factors. It would facilitate such leadership if the positive spin offs associated with national vector control programs could be highlighted, including the industrial development spin offs associated with the domestic manufacture of insecticides, vaccines and other vector control products. PHM urges WHO to commission further investigations directed at identifying strategies to support such industrial development.

- 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](#)



## 15. NONCOMMUNICABLE DISEASES

*Currently not all civil society statements are showing on the WHO website. WHO has been plagued with IT problems since Friday.*

### 15.1 PREPARATION FOR THE THIRD HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY ON THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES, TO BE HELD IN 2018

#### SCHEDULED FOR

- Monday, 29 May 2017  
Committee B

#### WHA DOCUMENTS

- [A70/27](#) and resolution [EB140.R7](#)
- [A70/B/CONF./2](#) Draft decision

#### In Focus

The Secretariat report A70/27 starts with an update on the global disease burden attributable to NCDs; regrets the lack of implementation by member states of previous commitments regarding NCDs (para 6 of A70/27); and lists some of the ways the Secretariat is trying to assist member states to overcome the obstacles to implementation. The draft resolution (EB140.R7) urges member states to 'continue to implement' the various resolutions.

In A70/27 the Secretariat also reports to the Board on the status of its work on two outstanding assignments given by the Health Assembly and the UNGA in preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of NCDs, namely:

(i) to update Appendix 3 of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2020 (revising the list of interventions in the light of recent research; see [Annex 1](#) of A70/27); and

(ii) development of a draft approach (see [Annex 2](#) of A70/27) that can be used to register and publish contributions of the private sector, philanthropic entities, civil society and academic institutions to the achievement of the nine voluntary targets for the prevention and control

of noncommunicable diseases (as mandated in para 37 of [UNGA68/300](#)).

The Secretariat also submits for Board consideration a proposed workplan 2018–2019 ([Annex 3](#) of A70/27) for the Global Coordination Mechanism

- Read more: [PHM Commentary](#)

#### SELECTED WHO WEBSITES

- [NCDs and Mental Health](#)
- [Global Action Plan for the Prevention and Control of NCDs 2013-2020](#)
- [WHO Global Coordination Mechanism on prevention and control of NCDs \(GCM/NCD\)](#)

#### SELECTED CIVIL SOCIETY ANALYSIS AND STATEMENTS

"IBFAN has watched with growing alarm as the GCM gives disproportionate promotion to corporations that not only promote unhealthy foods, but are involved in land-grabbing, monocropping - undermining access to bio-diverse wholesome foods and environmental resources. GCM shows no sign of heeding WHO's FENSA requirement to "exercise particular caution...when engaging with private sector entities ...whose policies or activities are negatively affecting human health.."

Surely small farmers, town planners and teachers are much more important agents in addressing the NCD challenge? Instead the GCM seems to be following the EU Platform on Diet, Physical Activity and Health model - an initiative that after 9 years has failed to curb harmful marketing practices. Precious time and resources are being wasted - waiting for corporations to produce slightly less harmful chocolates and snacks.

GCM annual self-reporting mechanism 'encourages' NSAs to submit actions within their core area of business. However spurious marketing strategies masquerading as health initiatives could be registered and could gain credibility from the image transfer from WHO. The baby food industry hi-jacking of World Breastfeeding Week, is just one example. The promotion of voluntary - here today, gone tomorrow - initiatives, can also undermine government resolve to bring in effective legislation. Since WHO does not have the capacity to 'quality assure' activities and

guarantee conformity with WHO policy this idea should be abandoned. It is far too risky.

Last, we call for consistent messaging. Over-emphasis on micronutrients opens the door to promotional claims on ultra-processed foods. The public is unaware that high heat processing and storage can destroy essential nutrients. You could stare at a banana all day and not see the nutrients it contains. Whereas a glance at a package laden with nutrition claims immediately inspires confidence.”

- International Baby Food Action Network  
Quoted from: [WHA statement](#)

“We wish to highlight the impact of drastic changes in food systems (particularly in LMICs), due to the promotion of unhealthy foods by the F&B industries. We encourage the addition of policy recommendations and specific tools for the regulation of trans-national corporate actors within the alcohol, food, and beverage industries. We urge MS to call for the GCM to have a mandate to support this regulation. We also urge MS to include collaboration with the HRC on a binding agreement on TNCs as a strategy for curtailing health damaging corporate practice in the GCM 2018-19 workplan.

WHO remains insufficiently protected from undue influence and COI in the area of NCDs. The GCM lacks provisions to prevent influence from big food, alcohol, beverage, tobacco and pharma, while WHO earlier recognised the struggle of countries to implement recommended policies due to influence of their lobby.

We would like to stress that the WHO can only be adequately protected if MS support the WHO with independent financing such as adequate assessed contributions. Therefore we hope that MS will view the current 3% increase in a first step in reinvesting in the WHO as the leading global public institution for health.”

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

“The report highlights that progress on NCDs at the national level remains highly inadequate. NCDs are the social justice issue of our time and a threat to sustainable development around the world. We therefore call on countries to prioritize the 2018 UNHLM on NCDs and make political and technical provisions to support its preparatory process to ensure:

Participation by heads of state and government  
Political mobilisation across health and relevant non-health sectors

Meaningful engagement of people living with NCDs and civil society

An action-oriented outcome document with bold commitments for all relevant sectors

In particular, we call on Member States to attend the WHO Global Conference on NCDs hosted by the President of Uruguay in October 2017. This is a crucial preparatory meeting for the 2018 UNHLM and presents a vital opportunity to discuss actions to increase policy coherence and working across sectors to achieve the NCD targets, as part of countries’ existing sustainable development commitments.

To date, co-benefit solutions for NCDs across the SDGs engaging sectors such as agriculture and food, commerce and trade, education, energy and transport, have been largely ignored. Strategically engaging these sectors through the UN High-Level Meeting process will yield high returns for economies and the health of populations and the planet.

Finally, we urge Member States and the new Director-General to ensure adequate financing of WHO’s work on NCDs. Despite being consistently identified by Member States as the highest priority for technical cooperation at country level, this work remains chronically underfunded.”

- World Heart Federation  
NCD Alliance  
Quoted from: [WHA statement](#)

“WMA is glad to see that health care system strengthening is an important part of WHO’s strategy in the fight against NCDs, together with a multisectoral response on national and global levels by considering the sustainable development goals and universal health coverage factors. Such approach is a critical strategy to monitor and control NCDs and their risk factors.”

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

“We welcome that the updated document acknowledges the limitations of cost-effectiveness analysis and emphasises the potential of population-based interventions, including regulatory and fiscal policies, to

reduce inequalities in the prevention and control of NCDs.

NCDs are the world's biggest killers, yet national action on reducing NCD risk and improving NCD care has been slow and inadequate. We call on Member States to endorse the updated Appendix III as presented to the Assembly and implement this updated set of cost-effective NCD interventions to protect populations against preventable death and disability. In particular, we highlight the need for increased engagement with other health and non-health sectors to capitalise on the co-benefits of synergistic action."

- International Diabetes Federation  
NCD Alliance  
Quoted from: [WHA statement](#)

"Globally, funding to implement cost-effective interventions for NCDs, from both domestic and international sources, is grossly inadequate for the relative burden of disease that these diseases contribute.

Consensus is growing that the SDGs will not be primarily financed from international aid budgets, and countries require catalytic funds to build national capacity to address NCDs. Despite the fact that NCDs account for almost 70% of global deaths (many of which are premature), donor support for programs such as communicable disease and maternal and child health still greatly outweighs that of NCDs.

These issues need to be addressed with a multisectorial approach. We call for bolder measures, increased investment, and greater policy coherence."

- International Federation of Medical Students' Associations  
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](#)

PHM WHO Watch workshop



## 15.2 DRAFT GLOBAL ACTION PLAN ON THE PUBLIC HEALTH RESPONSE TO DEMENTIA

### SCHEDULED FOR

- Monday, 29 May 2017  
Committee B

### WHA DOCUMENTS

[A70/28](#) and decision [EB140\(7\)](#)

### IN FOCUS

The focused consideration of dementia by WHO's governing bodies follows the [2012 Dementia as a public health priority](#) and a number of international meetings and declarations, including the G8 Dementia Summit (2013) and the (WHO organised) first ministerial conference on global action against dementia (2015).

Dementia was listed for discussion at EB138 (Jan 2016) 'at the request of Member States' but was deferred to EB139 (May 2016) at which the Secretariat paper [EB139/3](#) was considered (debate at [M1](#) and [M2](#)) and decision [EB139\(1\)](#), authorising the development of a global action plan on dementia, was adopted.

The Assembly will consider the draft global action plan (A70/28) and is likely to decide, in accordance with [EB140\(7\)](#), to endorse and commit to implementing the plan.

- Read more: [PHM Commentary](#)

### SELECTED WHO WEBSITE

- [Mental health](#)

### SELECTED CIVIL SOCIETY ANALYSIS AND STATEMENTS

"It is a privilege to witness the approval of the Global Action Plan on dementia, the product of 10 years work. It marks the beginning of a new era for people with dementia and their families. I would like to thank the WHO and all the nations who have helped us get this far. We particularly welcome the recognition in the plan of the human rights of people with dementia and the potential of dementia friendly communities to give those rights practical effect.

For ADI this is not the end of a process it is just the beginning. The future national plans must be tailored to the health, economic and social

needs of each country. In the view of ADI basic improvements in the life of people with dementia and their family carers depend on 3 things: greater awareness; timely diagnosis and post-diagnostic support; increased access to community-based services."

- Alzheimer's Disease International  
Quoted from: [WHA statement](#)

"We are pleased to see the strong inclusion of palliative care, including end of life care, within the draft global action plan on dementia and we call on WHO and member states to ensure that this language remains. The suffering and burden of care for dementia patients and their families is enormous. Palliative care helps relieve this burden and helps maintain the dignity of people living with dementia.

We have only one suggestion to recommend. In Action area 4 on dementia diagnosis, treatment, care and support, we are concerned about the lack of any indicator or targets in the Global Action plan which will monitor and measure progress in relation to care and support, including palliative care for people with dementia. The inclusion of an indicator on the provision of care and support is needed to ensure that this is a priority area that will be monitored."

- Worldwide Hospice Palliative Care Alliance (WHPCA) and International Association for Hospice and Palliative Care (IAHPC).  
Quoted from: [WHA statement](#)

"The International Council of Nurses (ICN) is pleased to see that in several areas, the plan supports health human resource strengthening. The public health response to dementia demands an appropriately educated and qualified workforce – not only is dementia expected to affect 75 million people by 2030, it has a significant impact on carers and families and individuals are often confronted with multiple comorbidities."

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

"Within the health sector, many of the risk factors for dementia are the same as for other NCDs: where there is a strong primary health care system, these can be effectively addressed by primary health care workers, both with individuals and communities. The multiple care needs and co-morbidities which affect patients with dementia also need a strong primary health care team who can integrate different

activities for the patient at the first point of care, close to home, and with input to the carers as well. To meet the full recommendations and achieve the outcomes desired, all parties need to recognise that strong primary health care will be needed, and that family medicine is the key speciality whose competencies and scope of practice allow comprehensive, co-ordinated and person centred care that meets multiple medical needs for patients and communities over time.”

- World Organization of Family Doctors  
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](#)

## 15.3 PUBLIC HEALTH DIMENSION OF THE WORLD DRUG PROBLEM

### SCHEDULED FOR

- Monday, 29 May 2017  
Committee B

### WHA DOCUMENTS

- [A70/29](#)
- [A70/A/CONF./6](#) Draft decision

### In Focus

In Jan 2016 the EB138 noted the forthcoming UN General Assembly (UNGASS) discussion on ‘the World Drug Problem’. The EB discussion was informed by [EB138/11](#) which canvassed a number of public health issues relevant to the World Drug Problem. In the discussion ([here](#)) several countries spoke about the importance of WHO bringing a public health perspective to the UNGASS discussion. [China](#), on the other hand, questioned the use of the term ‘harm reduction’ in the Secretariat document.

The UNGASS discussion took place in April 2016 and adopted the [Outcome Document](#). While this document does not use the term ‘harm reduction’, its language was clearly an advance on the [2009 Political Declaration and Plan of Action](#) which doesn’t recognise the public health consequences of an exclusive focus on supply and demand reduction.

The issue returns to the Assembly at WHA70 with A70/29 which provides a direct challenge to those countries who are arguing against harm reduction strategies: “If public health

measures are not adequately prioritized and urgent action is not taken, drug-related mortality, morbidity, disability and impact on well-being will continue to pose a significant global public health problem” (para 5).

The report provides a positive account of WHO’s work in this field although with the funding of WHO’s NCDs work slashed the resources available are slight. Essentially A70/29 suggests the broad shape that ‘a comprehensive strategy and action plan’ would take if the Assembly were able to achieve consensus at WHA70.

- Read more: [PHM Commentary](#)

### SELECTED WHO WEBSITE

- [Management of substance abuse](#)

### SELECTED CIVIL SOCIETY ANALYSIS AND STATEMENTS

“FIP welcomes the leadership of the WHO on the public health dimension of the world drug problem. As outlined under Point 5 of the A70/29 Report by the secretariat, public health strategies and the health sector have an important and growing role in mitigating drug-related harm at all levels. ”

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

“Drug use and related disorders is a major public health concern and is interlinked with NCDs and mental health; violence and injuries; prevention and control of HIV, viral hepatitis, TB and other infectious diseases; sexual and reproductive health; and health systems strengthening.

We support WHO and UNODC in their collaborative activities that focus on implementing the health-related operation recommendations of UNGASS 2016 and strengthening the role of health systems in preventing and addressing addictions and resulting disorders.

We urge WHO to develop guidelines for implementing drug control measures that consider prevention, early detection and intervention, harm reduction, treatment, care, recovery, rehabilitation and social reintegration.

We encourage governments to consider including in their drug policies evidence-based measures that adopt a harm reduction approach including medication-assisted therapy, injecting

equipment and opiod substitution and overdose prevention programmes to minimize the adverse health and social consequences of drug abuse.

We encourage all relevant ministries to consult with health professionals when developing drug policies to ensure that they remain people centred and support the health, safety, wellbeing, dignity and human rights of all."

- International Council of Nurses  
World Health Professions Alliance  
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](#)

## 15.4 OUTCOME OF THE SECOND INTERNATIONAL CONFERENCE ON NUTRITION

### SCHEDULED FOR

- Monday, 29 May 2017  
Committee B

### WHA DOCUMENTS

[A70/30](#)

### IN FOCUS

A70/30 describes progress (and lack of progress) in the implementation of the Second International Conference on Nutrition (ICN2) under three headings: (i) action at the international level; (ii) action at the country level; and (iii) action within and across the UN system.

At the international level the focus of the report is on the Decade of Action on Nutrition and the action areas which comprise the [work program](#) of the Decade of Action. The action areas are described at a high level of generality and there are no indications regarding their impact.

At the country level, the report reviews progress in the implementation of the commitments of the Rome Declaration and implementation of the actions recommended in the Framework for Action. The data presented (largely based on self-reporting by countries) suggest that progress has been slow or non-existent.

In relation to action across the UN system the report describes very briefly the work of WHO,

FAO, UNICEF, the World Food Program (WFP) and the International Fund for Agriculture and Development (IFAD). There is no reference to UNDP.

The conclusion (in para 21) is gloomy. "*In general, implementation needs to be expanded, investments have to be increased and greater policy coherence must be created.*"

It is surprising that there are no references to the current famine in South Sudan and the looming disasters in Nigeria, Somalia and Yemen ([WFP](#), [UNDP](#)).

- Read more: [PHM Commentary](#)

### SELECTED WHO WEBSITE

- [Nutrition](#)
- [Second International Conference on Nutrition \(ICN2\)](#)

### SELECTED CIVIL SOCIETY ANALYSIS AND STATEMENTS

"The food, nutrition and agricultural circumstances are very different across the world but worrisome everywhere. Action on food and nutrition must therefore be planned and implemented at the national and local levels. However, the political and economic context within which such national planning takes place is strongly shaped by economic globalisation, the increasing power of transnational corporations and the drive to regulate the global economy in the interests of the TNCs through trade and investment agreements.

The nutrition future for the hundreds of millions of hungry people depends on action at the national and international levels.

National nutrition plans are central to the implementation of the ICN2 commitments. However, without a strong domestic constituency demanding action on the structural causes of malnutrition national nutrition plans will remain toothless.

The barriers to food security and food sovereignty in current trade and investment agreements need to be clearly articulated, indicating the provisions which should be included in such agreements to guarantee food security and food sovereignty (see FFA Recs 17 & 18).

In this context we urge staunch opposition to the use of ISDS to prevent effective regulatory strategies at the national level. We urge a return to multilateral negotiations around trade in agricultural commodities to ensure the elimination of dumping and of protection and subsidies to corporate agriculture. WHO has a mandate (through [WHA59.26](#), page 37) to take the lead in this work. The ICN2 follow up needs to fully address these issues. UN SCN has committed to a policy document on trade and nutrition.

There are deep conflicts between the assumptions underlying the food sovereignty movement, which envisages food and agricultural systems based on agroecological principles (see [PICS&SM statement](#)), in contrast to the globalised corporate industrial model of corporate agriculture and corporate dominated food systems. PHM calls for a new Commission to be jointly sponsored by WHO and FAO to investigate and report on the role of food sovereignty in addressing the challenges of food security.

The increasing power of transnational corporations vis a vis the democratic expression of the public interest is widely recognised. There is an urgent need for new international instruments to regulate the TNCs in areas where their profit objectives run counter to public policy objectives such as food sovereignty and environmental sustainability. PHM calls on WHO to review the work of the [OHCHR Working Group](#) on human rights and transnational corporations and open negotiations with the OHCHR with a view to exploring in detail possible strategies for regulating TNCs to protect the right to health (see [PICS&SM statement](#)).

The Outcomes Statement and the FFA were weak in acknowledging that access to decent food, consistent with cultural traditions, is a basic human right (see [OHCHR](#)); the human rights perspective must permeate all policies and actions in this field. PHM urges WHO to work with the Special Rapporteurs on the Right to Food and the Right to Health in preparing an updated information product on the human rights dimension of food and nutrition policies, including the Outcomes commitments of the ICN2, designed to inform national nutrition planning.

It is self-evident that governments by themselves are not able (and in some cases not

willing) to put in place the necessary national and international reforms needed to guarantee the right to food (as articulated by the Special Rapporteur on the Right to Food). Civil society and social movements have a critical role to play at both the national level and international level. PHM calls for member states (both individually and through WHO) to recognise the powerful role that PICSOs play in defending the RTF and decent nutrition and advancing the principles of food security through food sovereignty and to explore ways of working productively to this end at both the national and global levels.

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

"We welcome the outcome document of the ICN2, which refers to the development of the Decade of Action on Nutrition work programme setting the framework for implementation of States' commitments to eliminate malnutrition in all its forms by 2025. Although the work programme emphasizes the leadership of States, the following remaining concerns are to be addressed:

All activities carried out under DoA must be compliant with the human rights framework and guarantee access to effective and timely remedies for victims.

Promotion and protection of women's rights, including sexual and reproductive rights, should be understood as crosscutting elements of all areas of intervention.

Trade and investment agreements must not harm human rights, and therefore should not make use of Investor State Dispute Settlement mechanisms. Primacy of human rights over corporate rights must be guaranteed by a binding international instrument on business enterprises and human rights, which would ensure corporate accountability to the people.

Regulation of private sector impacting on food systems and access to natural resources, including on marketing for unhealthy foods and breastmilk substitutes, seeds protection for peasants, antibiotic resistance, endocrine disrupting chemicals, is central.

Root causes of malnutrition in all its forms should be addressed, and social protection cannot be considered as the only solution to poverty, hunger and malnutrition. The specific role and relevance of different actors should be clarified, and centrality of the participation of

the most affected by all forms of malnutrition should be recognized as part of the solution by harnessing on their competencies rather than on the ones of the private sector.

Strong inclusive monitoring and accountability mechanisms must be in place to measure progress and hold States accountable to their obligations and commitments.

Strong safeguards against conflicts of interests should be foreseen to protect public institutions and officials

- IBFAN, FIAN, PHM  
Quoted from: [WHA statement \(IBFAN site\)](#)  
Photo below: IBFAN/FIAN team at WHA

"We recognise the progress made to date by Member States and UN agencies towards achieving the objectives set within this Decade, and urge for further actionable and accountable commitments to meet this ambitious agenda.

ICAN believes that a comprehensive multi-sectoral response is needed sooner rather than later to tackle all forms of malnutrition, and promote progress towards Global goals including but not limited to Goals 2 and 3. For this reason all 60 ICN2 recommendations from the Framework for Action must be tracked and reported in progress reports, including 'nutrition-sensitive' sectors such as health, agriculture, and water, sanitation and hygiene.

We call on Member States to prioritise the following areas:

Increase domestic and international financing for nutrition

Implement multi-sectoral approaches to address all forms of malnutrition with a focus on reaching the poorest and most vulnerable

Establish national targets on nutrition, aligned with the six global World Health Assembly nutrition targets

Put in place mechanisms to engage civil society in planning and implementing nutrition actions; utilising existing coalitions and alliances at global and national levels

Make SMART commitments, which can be tracked through a transparent process to ensure accountability of all stakeholders and sectors

Integrate the SDGs and the Leave No One Behind Pledge, prioritising reaching the furthest behind first

We stand ready to support Member States and UN agencies in their efforts to deliver the Decade of Action on nutrition, and reach the global nutrition targets through well planned and implemented, adequately financed, and accountable national plans and action.

- Water Aid, ICAN  
Quoted from: [WHA statement](#)



## 15.5 REPORT OF THE COMMISSION ON ENDING CHILDHOOD OBESITY: IMPLEMENTATION PLAN

### SCHEDULED FOR

- Monday, 29 May 2017  
Committee B

### WHA DOCUMENTS

- [A70/31](#)
- [A70/A/CONF./10](#) Draft decision

### IN FOCUS

The high-level Commission on 'Ending Childhood Obesity' (ECHO) was established by the Director-General in 2014 in order to create awareness and build momentum for action. Its final report ([A69/8](#)) was considered by A69 in 2016 (debate [A11](#)) which adopted [WHA69\(12\)](#).

In accordance with [WHA69\(12\)](#), a draft implementation plan ([A70/31](#)) has been prepared to guide further action on the recommendations included in the ECHO report. The Assembly is invited to endorse the implementation plan.

This draft of Implementation Plan is an excellent follow up to the ECHO Report. The recommendations by the implementation plan for WHO regional committees to consider adopting nutrient profiling guidelines is praiseworthy. Importantly, regional committees should be suggested to adopt the PAHO nutrient profiling guidelines because its focus on highly processed and ultra-processed foods (drawing on the Brazilian guidelines) and are designed to support a broad set of interventions, not just the regulation of marketing. Nutrient profiling, food labelling, the sugar tax and other regulatory strategies suggested by the draft, all need to be given treaty status globally to protect them from corporate challenge under trade agreements. It is unfortunate that the reference in para 36 of the ECHO Report to the health and equity impacts of national and international economic agreements and policies has not made it to the Implementation Plan. The spread of investor state dispute settlement provisions (ISDS) which can penalize small countries for considering public health policies and can chill such consideration by other countries. The Implementation Plan refers to the "significance of agriculture and trade policies and the globalization of the food system" in para 8(c) and to the need for cross

portfolio policy coherence including trade in Table 1. So, more focus should be given on including more explicit recommendations in the Implementation Plan advising member states to avoid ISDS provisions which might prevent effective public health regulation for ending childhood obesity. Now, member states should commit to the negotiation of a framework convention on nutrition under Article 19 of the WHO Constitution and for such a treaty to be negotiated within WHO. If it is referred to the Codex it is likely to be stalled, watered down or simply not enacted.

The international food and beverage industry is already lobbying its favored delegates to water down the recommendations of the draft Plan, those dealing with the sugar tax, the regulation of marketing, and nutrient profiling and food labelling. To combat this resistance of this good-looking plan, professional and public interest civil society organizations should work for vigorous education and advocacy at the local, provincial, national and global levels to build support for implementation of the ECHO recommendations. Similarly, regional and country offices should reach out to civil society organizations locally, nationally and regionally to hold governments accountable for implementing the Plan.

- Read more: [PHM Commentary](#)

### SELECTED WHO WEBSITE

- [Obesity](#)

### SELECTED CIVIL SOCIETY ANALYSIS AND STATEMENTS

"IBFAN participated in the development of the ECHO Report and is pleased that many of our comments were taken on board, in particular the recognition of the importance of breastfeeding and appropriate complementary feeding in obesity prevention.

As you know, States obligations with regard to breastfeeding are defined in the 3-pillar framework 'Protect, Promote and Support' adopted in 2002 by the WHA. Recently, a group of UN experts, among whom the Special Rapporteur on the Right to Health and the Committee on the Rights of the Child, have reiterated that these obligations, including protection against misleading marketing, constitute an integral part of States' human rights obligations.

Mothers themselves have no obligation to breastfeed their child. Indeed, they always remain fully sovereign over their own body. It is rather the role of States to ensure that mothers do not face obstacles to breastfeeding.

States have the obligation to provide mothers with accurate and unbiased information and counseling from the start of their pregnancy, including on the continuation of breastfeeding up to 2 years or beyond. We regret that key factor, is not mentioned in Action 4. The Baby Friendly Hospital Initiative should also be mentioned as the external audit that guarantees implementation of the Ten Steps.

To be consistent with the recommendation to exclusively breastfeed up to 6 months, States should grant working mothers with a minimum of 6 months of maternity leave.

Finally in relation to education, we are pleased that Action 5 warns of the risks of corporate sponsorship and the need for conflict of interest safeguards – corporate sponsorship of education blurs the lines between marketing and education. As highlighted by the Special Rapporteur on the Right to Education the rapid increase in the commercialization of education is a major concern.”

- IBFAN, FIAN  
Quoted from: [WHA statement \(IBFAN site\)](#)

“We appreciate efforts by the WHO and MS for the comprehensive draft Implementation Plan of the High-Level Commission on ECHO. It addresses the root causes of childhood obesity and SDH, appropriately situated within the context of larger issues of globalisation, agriculture, and trade. We urge MS to adopt the proposed plan and strengthen the interventions to address the problem of childhood obesity.

The document recognises the fact that current policies related to these sectors have insufficient protections for public health, which have a disproportionate impact on the poor and vulnerable. WHO’s suggested interventions such as nutrient profiling, ban on advertisements, sugar tax, facilities for physical activity are appreciated. A sugar tax, however, needs to be accompanied by measures that provide alternative sources of affordable and nutritious foods so that the poor are not punished by the tax. The proceeds from a sugar tax should be ring-fenced and used to subsidize foods that are nutritious.

However, there are several concerns that we would like to bring to the notice of MS on the issue of childhood obesity. It is clear that the Draft Implementation Plan will only be able to achieve its aims and objectives if it is passed and recognised as a binding international treaty. This would ensure that MS have the necessary mandate and enabling political will to ensure the effective implementation of interventions. This would provide a stronger position from which to enact policies and regulations in the face of opposition from commercial interests. In particular, nutrient profiling, food labelling, taxation of sugar-sweetened beverages, and other regulatory strategies need to be given treaty status globally to protect them from corporate challenge under trade agreements.”

- Medicus Mundi International  
People’s Health Movement  
Quoted from: WHA statement (e-mail)

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

## 15.6 CANCER PREVENTION AND CONTROL IN THE CONTEXT OF AN INTEGRATED APPROACH

### SCHEDULED FOR

- Monday, 29 May 2017  
Committee B

### WHA DOCUMENTS

- [A70/32](#)
- [A70/A/CONF./9](#) Draft resolution

### IN FOCUS

[Meeting in September 2016, the Officers of the Board agreed to include an item on cancer on the provisional agenda for EB140 (“at the request of a Member State”), with the proviso that it be entitled “Cancer prevention and control in the context of an integrated approach”.]

The Secretariat report (A70/32) outlining the disease burden and trends in relation to cancer; reviewing the current situation regarding national cancer control plans; reviewing the main elements comprising cancer control (from prevention to palliative care) and and summarising WHO’s activities, and other

international efforts, to meet the global challenge posed by cancer. The paper lists a range of recommended actions for member states at the country level and actions for the Secretariat.

The Secretariat report provided to EB140 ([EB140/31](#)) included a draft resolution which urged member states to progress a wide range of national cancer control policy issues and urged the DG to provide appropriate support including publishing a world report on cancer.

IP Watch has published the [draft resolution as it was at 31 Jan](#) plus a [comment](#).

There were several proposed amendments which had not been fully discussed. It was agreed to continue discussion during the intersessional period and if this has achieved a consensus this will be submitted to the WHA70.

- Read more: [PHM Commentary](#)

#### SELECTED WHO WEBSITE

- [Cancer control](#)

#### SELECTED CIVIL SOCIETY ANALYSIS AND STATEMENTS

"Cancer is a leading cause of morbidity and mortality worldwide and we consider discussions on this agenda item as vital.

However, the document presented ignores important issues. It contains no substantive discussion of 'integrated care', which is referenced in the title.

WHO has a role in addressing the prices of vaccines, drugs, biologics and other tools used for prevention, diagnosis and treatment of cancer. This is not adequately addressed in the document. Currently the market driven system of R&D, uses IP-protected monopolies to incentivise R&D, and thus artificially inflating the prices of treatments for NCDs, including cancer. We welcome the proposal for WHO to prepare a comprehensive technical report to EB144 that examines pricing approaches, including transparency, and their impact on availability and affordability of cancer medicines. We would however have preferred a clearer mandate for the report that includes exploration of a collaborative R&D mechanism which explicitly delinks the cost of new drug development from the final price.

We would also like to comment on the regulatory regimes in place regarding biosimilars. A large proportion of new anti-cancer medicines are Biologics. They are also the most expensive. Barriers to the introduction of low cost biosimilars relate not only to IPRs but more importantly to regulatory barriers. While WHO has been involved in efforts to harmonise regulatory standards for biosimilars, we are concerned that there appears to be a reluctance to proactively promote biosimilar use and their marketing approval. It is regrettable that this issue has not been addressed in the Secretariat report or in the draft resolution. We urge WHO to commission a comprehensive report to address the issue."

- Medicus Mundi International  
People's Health Movement  
Source: WHA statement (e-mail)

"We welcome the cancer resolution as a comprehensive response to reducing the 8.8 million cancer deaths each year, covering the full spectrum of interventions for effective prevention, treatment and care, and emphasizing the foundations of strong data, planning, and outcomes for people living with cancer.

In particular UICC welcomes emphasis on 7 key issues:

Vaccination against infection-related cancers, a driver of up to 30% of the cancer burden in developing countries

Scale-up to population based national approaches, vital for leaving no one behind

Teasing out the nuanced issues of availability, access and affordability of cancer medicines and technologies, which we hope stimulates more international leadership and collaboration, especially in the context of the emerging UHC discourse

Synergies between the cancer resolution and Appendix 3 of the NCD Global Action Plan that point to a key lever for impact i.e. strategies for early detection and treatment of high impact cancers – breast, colorectal, cervical and oral

Integration of cancer efforts with other NCDs and across national health plans

Development of partnerships, referral networks and centres of excellence for improving quality cancer diagnosis, treatment and care, and training of health professionals



Special reference to children, adolescents and young adults with cancer, given the significant potential for closing the divide in survival rates between high and low income settings.

UICC members wish to bring a sense of urgency for national action and stand ready to support governments in their progressive implementation of this resolution to contribute to the 25% reduction in cancer and other NCD mortality by 2025.”

- Union for International Cancer Control  
Quoted from: [WHA statement](#)

“ICN calls on governments to prioritize cost-effective policies and programmes to prevent cancer and other noncommunicable diseases. In this context, countries must increase domestic budgets for financing national cancer responses that support evidence-based strategies to reduce risk factors including tobacco use, unhealthy diets, physical inactivity, and harmful alcohol use, as well as vaccination. This approach not only has a strong economic benefit resulting from an avoidance of expenditure on high-cost interventions, medicines, and technologies, it will lead to improvements in other health outcomes and a related reduction in their economic impact and will strengthen universal health coverage. Furthermore, ICN supports robust and stable funding to improve nursing participation in cancer prevention and control activities and research.

The burden of cancer is escalating in low- and middle-income countries and reliable population-based data is required to properly assess the extent and nature of this burden. As such, ICN encourages WHO to support these countries to develop cancer registries for successful cancer prevention and control planning. As contained in the draft resolution, ICN echoes the request from Member States to the Director General to develop a public health and policy-oriented world report on cancer to bring forward the latest evidence and to share international experiences.”

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

“We welcome the strong inclusion of palliative care within the WHA cancer prevention and control resolution and request member states to support the resolution. We respectfully offer the following recommendations which we believe will strengthen this resolution:

Palliative care, as an essential component of universal health coverage, should be included as a necessary component of all national cancer control plans. Indeed, many countries include a palliative care component along with prevention, early detection, and treatment.

Psychological, social, and spiritual care along with legal and economic support are critical components of cancer care and palliative care but are not identified in the report as such. Some reference to these elements of cancer care should be included.

Finally, there is little reference in the report to the unique and critical palliative care needs of children with cancer. Infants, children, adolescents, and young adults have special needs when diagnosed with cancer that need added attention.

- Worldwide Hospice Palliative Care Alliance  
International Association for Hospice and Palliative Care  
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](#)

## 15.7 STRENGTHENING SYNERGIES BETWEEN THE WORLD HEALTH ASSEMBLY AND THE CONFERENCE OF THE PARTIES TO THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

### SCHEDULED FOR

- Monday, 29 May 2017  
Committee B

### WHA DOCUMENTS

- [A70/33](#)
- [A70/A/CONF./3](#) Draft decision

### IN FOCUS

In May 2016 a document appeared before the WHA ([A69/11](#)) proposing that the outcome of the Conference of the Parties to the FCTC would appear as a stand-alone item on the provisional agenda of the session of the Health Assembly immediately following the Conference of the Parties (held every two years).

According to [A69/11](#) the fact that tobacco has recently been considered by the Assembly under the heading of ‘noncommunicable diseases’ “may have created the impression

that implementation of the Convention is not accorded the attention it deserves by the Health Assembly”.

A69/11 reviewed Assembly and regional committee consideration of the Convention; references to the Convention in various international decisions and declaration; and cooperation between the two secretariats. There is no reference to the role of WHO country offices in supporting implementation.

WHA69 adopted decision [WHA69\(13\)](#) which invites the Conference of the Parties to the WHO FCTC to provide a report to the WHA on the outcomes of the Conference of the Parties.

Following this decision, the seventh session of the Conference of the Parties (COP7) adopted decision [FCTC/COP7\(18\)](#) on strengthening synergy between the Conference of the Parties and the Health Assembly. In that decision, the Conference of the Parties requests the President to report on the outcomes of COP7 to the Seventieth World Health Assembly.

The COP7 decision also invites the World Health Assembly to request the WHO Director-General to continue to provide regular reports to the Conference of the Parties on resolutions and decisions of the Health Assembly relevant to the implementation of the WHO FCTC.

A70/33 conveys the report of the President of COP7 to the WHA. The report refers to 31 decisions made by the COP7 dealing variously with treaty instruments and technical matters; implementation assistance and international cooperation; budgetary and institutional matters; the proceedings of the COP; and finally the Delhi Declaration.

- Read more: [PHM Commentary](#)

#### SELECTED WHO WEBSITE

- [WHO FCTC](#)

## 15.8 PREVENTION OF DEAFNESS AND HEARING LOSS

#### SCHEDULED FOR

- Monday, 29 May 2017  
Committee B

**WHA DOCUMENTS**  
[A70/34](#), [EB139.R1](#)

#### IN FOCUS

The Secretariat report (A70/34) surveys the prevalence and consequences of hearing loss; reviews the importance of prevention and intervention; recalls previous resolutions and WHO initiatives touching upon hearing loss; and lists a range of actions needed at country level and by the Secretariat

This item was considered at EB139 in May 2016 and the Board adopted a draft resolution, EB139.R1, for the Assembly to consider.

#### SELECTED WHO WEBSITE

- [Deafness and hearing loss](#)

#### SELECTED CIVIL SOCIETY ANALYSIS

#### AND STATEMENTS

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

## 16. PROMOTING HEALTH THROUGH THE LIFE COURSE

*Currently not all civil society statements are showing on the WHO website. WHO has been plagued with IT problems since Friday.*

### 16.1 PROGRESS IN THE IMPLEMENTATION OF THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT

#### SCHEDULED FOR

- Monday, 29 May 2017  
Committee A

#### WHA DOCUMENTS

[A70/35](#), [A70/A/CONF./2](#)

#### IN FOCUS

This item appears as a consequence of a follow up request in Resolution [WHA69.11](#) ('Health in the 2030 Agenda for Sustainable Development') adopted in May 2016. The Secretariat report published for this item (A70/35) has two sections: first, a global level report on countries' progress towards the 'health-related' SDGs and targets, drawing on data presented in [World Health Statistics 2016](#); and second, a review of Secretariat action, of particular relevance to the

SDGs, structured loosely around the 'requests to the DG' in OP2 of [WHA69.11](#).

When this item was discussed at the EB140 in Jan 2015 ([PSR15](#)) the Secretariat proposed (in [EB140/32](#)) a framework for relating pre-existing health priorities and programs to the Agenda for Sustainable Development. This framework comprises six 'instruments of change and enabling factors', referred to in A70/35 as 'six main lines of action. These are:

- intersectoral action by multiple stakeholders;
- health systems strengthening for universal health coverage;
- respect for equity and human rights;
- sustainable financing;
- scientific research and innovation; and
- monitoring and evaluation

Read more: [PHM Commentary](#)

#### SELECTED WHO WEBSITE

- [Sustainable Development Goals \(SDGs\)](#)

#### SELECTED CIVIL SOCIETY ANALYSIS AND STATEMENTS

"We appreciate the efforts in setting SDG indicators that emphasize multisectoral actions to address social determinants of health, and strengthening health systems. We support the focus on equity and justice to address the unfinished work of the MDGs.

However, some areas require further consideration. First, the structure of the global economy underpins social and health development. This area, under SDG 8, anticipates very high economic growth rates in LMICs based on the current corporate-dominated extractivist model. This approach is cannot mitigate local and global inequities nor is it environmentally sustainable. WHO should point out this contradiction and strenuously promote review of this economic model. Second, as regards SDG Goal 3 which is related to good health and well-being; WHO should strongly advocate for increased investment in this, as well as on SDG6 ('Clean Water and Sanitation') to achieve sustainable health gains.

Thirdly, WHO should lead policies to regulate the increasingly monopolised, globalised food system which is simultaneously threatening food sovereignty and promoting unhealthy diets.

SDG3, which prioritises UHC, requires an adequate and functional health workforce. The failure of the WHO voluntary code on the international recruitment of health workers means legally binding interventions are required and provisions necessary so that sending countries get reimbursed for losses linked to health worker migration from the South to the North. We also urge WHO and MS to structure health systems so that they are financed through general taxes and provisioned by public services. Such a model best promotes equity in healthcare access.

We also urge member states to mandate the Secretariat to report annual progress on the health dimensions of all SDG goals so that WHO can institute adequate policies to achieve health equity."

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

"Oxfam commends the WHO on its excellent work to raise UHC to the top of the global health agenda and especially on its work to establish an appropriate indicator to measure financial protection. The indicator measures the proportion of the population with large household expenditure on health as a share of total household expenditure.

Out of pocket spending on health care is a deterrent to poor people accessing needed services. Women in particular may delay or totally forgo seeking treatment because of the cost of care with devastating effects on their health, their economic activity, and the well being of their families. Paying for healthcare pushes 100 million people into poverty each year, and for 1 billion going without health care altogether. These are not just numbers. They are real women, men and children whose health and wellbeing suffer and whose rights are denied. .

User fees are described by Dr Jim Kim as "unjust and unnecessary". Last year Dr Chan said: "User fees punish the poor. User fees discourage people from seeking care until a condition is severe and far more difficult and costly to manage. User fees waste resources as well as human lives". Yet too little is being done to help those millions of people to access health services without user fees.

That is why, ahead of the elections for the next Director General of the WHO more than 200

NGOs, academics, health professionals and influentials signed an open letter to the shortlisted candidates. The letter urged the candidates to publicly pledge to support countries to replace user fees with progressive, publicly financed health care that is free at the point of use.

Now that the new leader is confirmed, we urge the new DG to prioritise tackling OOP spending head on, starting with supporting countries to remove user fees.”

- Oxfam  
Quoted from: [WHA Statement](#)

“Ending preventable child deaths by 2030 will require transformative approaches to health services that can reach every last child. Every birth needs support by a qualified midwife. Every community needs health workers who identify and treat illnesses such as pneumonia and diarrhoea. Every woman should be able to decide whether, with whom and when they want children. These are all dependent on universal quality primary health care, accessible to all and without cash payments. This requires 5% of GDP as public funding for health. raised through mandatory, progressive and fair contributions.

We especially welcome the establishment of the UHC2030 partnership and call for all Member States to take part and donors to ensure it has the resources to build national capacity for coordinated civil society to hold governments accountable. It needs to have strong links to the partnerships for maternal, newborn, child and adolescent health, for health workers and every disease priority.

Undernutrition drives poor child health and development and explains and reflects the inequality of health in many countries. Similarly, countries which respect and guarantee women’s comprehensive sexual and reproductive health and rights have better health outcomes than those which neglect services or deny those rights. We welcome those governments who took a stand with the She Decides conference and share the concern that the Mexico City Policy will reduce access to family planning services, increase maternal and child mortality, and also reduce access to life-saving health services more broadly.”

- Save the Children Fund  
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](#)

## 16.2 THE ROLE OF THE HEALTH SECTOR IN THE STRATEGIC APPROACH TO INTERNATIONAL CHEMICALS MANAGEMENT TOWARDS THE 2020 GOAL AND BEYOND

### SCHEDULED FOR

- Monday, 29 May 2017  
Committee A

### WHA DOCUMENTS

[A70/36](#)

### IN FOCUS

Resolution [WHA69.4](#) (2016) requested the Director-General, *inter alia*, to develop a roadmap, for consideration by WHA70, for developing the health sector’s role in the management of chemicals at the national, regional and international levels.

A draft road map was considered by the EB140 in Jan 2017 and with minor additions was approved and is submitted for consideration by the Assembly in [A70/36](#) (also available in colour [here](#)).

[A70/36](#) explains that the roadmap is based on four actions which “are closely aligned with the objectives set out in the Strategic Approach’s [Overarching Policy Strategy](#)”. In fact the [Overarching Policy Strategy](#) includes a fifth objective which concerns the illegal transboundary movement of toxic waste which is not addressed substantively in the roadmap; certainly not as a ‘action area’.

It is not clear why the illegal transboundary movement of toxic waste was not included in the roadmap. What we do know is that the drafting group at EB138 in Jan 2016 was not able to find consensus around the draft resolution; and that references to Stockholm, Rotterdam and Basel in OP1.8 of the early draft ([EB138/CONF./7](#)) does not appear in [WHA69.4](#) adopted in May.

The Assembly will consider the roadmap and adopt the decision at para 19 of [A70/36](#). There may be some further questions about the exclusion of illegal transboundary movement of

waste from the roadmap and about the report on waste which has not emerged.

- Read more: [PHM Commentary](#)

#### SELECTED WHO WEBSITE

- [Strategic Approach to International Chemicals Management \(SAICM\): Health sector focus](#)

#### SELECTED CIVIL SOCIETY ANALYSIS AND STATEMENTS

"We compliment the WHO and MS for making serious efforts to address harm to human health and the environment by harmful chemicals and the emphasis on intersectoral collaboration.

However, Global citizens are increasingly exposed to harmful chemical substances, even before being born. Reliable scientific evidence about chemicals is ignored and there is a lag between evidence and policy. We are concerned that the burden of proof, regarding human health or environmental threat of a chemical is increasingly placed on governments rather than polluters. Manufacturers should be held accountable.

We specifically welcome the recognition by WHO and UNEP of EDCs as a global threat and their warnings on these unregulated chemicals linked to breast and prostate cancer, genital deformities, obesity, diabetes and infertility. We cannot ignore the evidence on the contribution of EDC to the GBD and the related health and societal costs which have been calculated by several governments and scientific bodies.

We urge countries to prioritize the health of their citizens and the environment and to apply the precautionary principle. Many chemicals are a threat to human health and there is an urgent need to implement measures to limit or ban their use. And we would like to stress that illegal trafficking of waste should be addressed.

Finally there is a need to address the phenomenon where polluting industries and operations involving hazardous chemicals are relocated to the global South by companies located in the global North.

A framework convention to deal with the full range of harmful chemicals to protect human health, the health of our unborn children and the environment, is needed. We urge the WHO to strive for a global binding agreement on harmful chemicals that hold MS accountable."

- Medicus Mundi International  
People's Health Movement  
Quoted from: WHA statement (e-mail)

"We call on WHO and Member States to:

Support the adoption of the roadmap and ensure rapid implementation in collaboration with key stakeholders, including the sharing of good practice and implementation tools.

Engage civil society in monitoring of progress made in the areas outlined in the roadmap. Civil society has unique and valuable competencies, not least in independent accountability, which will be valuable in ensuring progress and impact in all settings.

Invest in public awareness campaigns, as suggested in the roadmap, recognising the power of community engagement to drive momentum to reduce the long-term burden of NCDs such as neurological disorders, diabetes and a number of cancers.

Exercise caution against industry interference at national level: while recognising the role that the private sector can and should have in collaborative efforts on implementation, monitoring and evaluation of measures outlined in the road map, we point to past grave misconduct by some industry entities which includes manipulation of scientific literature and lobbying of officials against effective national regulation. We urge national governments to be wary of such activities and to implement appropriate regulatory barriers to prevent and routinely monitor against them."

- Union for International Cancer Control  
NCD Alliance  
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](#).

## 16.3 GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH (2016–2030): ADOLESCENTS' HEALTH

#### SCHEDULED FOR

- Monday, 29 May 2017  
Committee A

#### WHA DOCUMENT

[A70/37](#)

**In Focus**

A70/37 is submitted in line with resolution [WHA69.2](#) (2016), in which the Health Assembly requested regular reports on progress towards women's, children's and adolescents' health.

The report highlights progress made in 16 key indicators which are held to reflect the key objectives of the Global Strategy: survive, thrive, transform. The report also has a special feature on adolescent health.

The report also conveys the recommendations of the High-level Working Group on Health and Human Rights announced ([here](#)) by WHO and the Office of the High Commissioner for Human Rights at the time of the WHA69 in May 2016. The Assembly is invited to note the report.

There may be some discussion during the Assembly of the likely impact on maternal mortality of the US President's decision to reimpose the 'global gag rule'.

- Read more: [PHM Commentary](#)

**SELECTED WHO WEBSITE**

- [Adolescent health](#)

**SELECTED CIVIL SOCIETY ANALYSIS AND STATEMENTS**

We are extremely distressed at the assault on reproductive and sexual rights of women and adolescent girls, with the United States of America re-introducing the Global Gag Rule that prevents organisations receiving funds from US government sources to work on, promote, provide services or advocate for abortion, even with their own funds. We urge the US to reconsider its move.

Sexual and reproductive health rights are core to the discourse on the human rights of women and adolescents. There is compelling evidence that restrictions lead to more unsafe abortions and contribute to mortality and health complications of women and adolescents.

It is of concern that civil society and other organisations receiving US government funds either have to adhere to the gag or lose funding. This will have negative implications on women and adolescents, especially in LMICs. We strongly believe that the Global Gag rule will stall progress towards the goals of the Global Strategy.

We urge MS to request the DG to prepare estimates of the anticipated morbidity and mortality burden subsequent to the

reintroduction of the Global Gag Rule, to report to WHA 71 regarding the observed impact of this policy, and discuss it in the Secretariat's next report on implementation of the Global Strategy.

The UN Secretary General, the UNFPA and the Executive Director of UN Women have already expressed their concern at this development.

We believe that a comment by WHO on this issue is urgently needed in order to reiterate its accountability to women, children and adolescents of this world.

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

"We urge Member States to:

Tackle the barriers that prevent adolescents from accessing proper Sexual and Reproductive Health services as well as Comprehensive Sexuality Education. Lack of access to these services leads to severe negative consequences, such as an increased number of unintended pregnancies, a higher risk of HIV and STI acquisition and in general less informed choices.

Respond to the health needs of adolescents by supporting and using the recently launched Global accelerated action for the health of adolescents (or AA-HA!) Framework to further advance the country implementation of the Global Strategy.

In light of the above, we reinforce our position to put adolescent health at the core of every action. It is only by taking coordinated steps, considering adolescents and youth as active agents of change and holding relevant stakeholders accountable that we can truly push forward the goals set in the Global Strategy and ensure well-being and health at all stages of life."

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

"As a global community we must ensure that programmes, policies, laws and regulations guarantee women's access to sexual and reproductive health care, information and education; and we must work together to reduce out-of-pocket payments for health care that limits access for the poorest and more marginalized.

We note with particular concern that health outcomes for adolescents are not improving at the rate of other populations. Research shows that adolescents face multiple barriers to accessing sexual and reproductive health services, including access to youth-friendly health services, which respect their privacy and confidentiality, and that a lack of comprehensive sexuality education is exacerbating their ability to have healthy and safe sexual lives. We are heartened by the adoption of the Global accelerated action for the health of adolescents (AA-HA!) elaborated by WHO in collaboration with other partners, which is an important tool in supporting countries on the planning, implementation and monitoring of their policies and strategies on adolescents.

We strongly welcome the WHO and OHCHR convened High Level Working Group for the Health and Human Rights of Women, Children and Adolescents, and endorse the call for the Director-General of WHO and the High Commissioner for Human Rights to establish a joint programme of work to support the implementation of these recommendations and create the necessary institutional capacity and expertise at global, regional and country levels to coordinate, track progress towards the fulfilment of human rights, including sexual and reproductive health and rights, to and through health especially for women, children and adolescents.

- International Planned Parenthood Federation  
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](#)

## 23. MANAGEMENT, LEGAL AND GOVERNANCE MATTERS

### 23.2 GOVERNANCE REFORM: FOLLOW-UP TO DECISION WHA69(8) (2016)

#### SCHEDULED FOR

- Monday, 29 May 2017  
Committee B

#### WHA DOCUMENTS

[A70/51](#)

#### IN FOCUS

Two broad sets of issues have been considered under 'governance reform': 'methods of work' and 'alignment of governance across regional and global governing bodies'.

While some progress has been made in relation to the former, member states have been reluctant to address the alignment dysfunctions.

Governance reform was adopted as one of the three main poles of the WHO Reform program in Decision [EBSS2\(2\)](#) adopted at the Second Special Session of the EB (EBSS2) in November 2011.

Not much progress was made until Jan 2015 when in [EB136\(16\)](#) the EB established the Member State Consultative Process on Governance Reform.

In May 2016, following extensive consultations At present the EB is required to include on the provisional agenda of the Health Assembly 'any item proposed by a Member or Associate Member'.

As part of streamlining the WHA agenda, [A70/51](#) proposes rule changes which would give the Board the authority to defer or to not include on the provisional agenda items proposed by member states.

This is likely to be quite controversial with some MSs opposing any restriction on their right to propose and have accepted additional items for the Health Assembly.

Read more: [PHM Commentary](#)

#### SELECTED WHO WEBSITE

- [Governance Reform](#)
- [WHO's engagement with non-State actors](#)

# 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.*

## MONDAY, 29 MAY 2017

18:00–19:30 hrs

Palais des Nations, Room VII

**WHA meeting: Building the gap between evidence and policy: the role of Parliamentarians in advancing the 2030 Agenda for Sustainable Development**

Organizers: Delegation of Lesotho, Malawi, Paraguay and Swaziland

18:00–19:30 hrs

Palais des Nations, Room IX

**WHA side event: Community Health Workers as catalysts in the implementation of the recommendations by the High-Level Commission on Health Employment and Economic Growths**

Organizers: AMREF Health Africa, IntraHealth

## TUESDAY, 30 MAY 2017

18:00–19:30 hrs

Palais des Nations, Room IX

**WHA side event: Embodying the future: How to improve the nutrition status of adolescents?**

Organizers: GAIN, the Netherlands

18:00–19:30 hrs

Palais des Nations, Room XXIV

**WHA meeting: Commemoration of World No Tobacco Day 2017 – a threat to development**

Organizers: Delegation of Australia, Bhutan, Estonia, Georgia, India, Morocco, Panama, Senegal and Uganda

“Today's interactive zone featured an exhibit to draw attention to urban air pollution. (WHO/L. Cipriani)



# 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.*

## PHM: WHO Tracker

“The People’s Health Movement is delighted to advise the launch of PHM’s new tool for following debate in WHO governing bodies: the WHO Tracker.

This WHO Tracker has been developed as part of WHO Watch. WHO Watch is sponsored by a group of international NGOs and social movements including the People’s Health Movement (PHM). PHM follows closely the work of WHO, through the World Health Assembly, the Executive Board and the regional committees.

PHM prepares commentaries on agenda items at WHO governing body meetings, including brief background and critical commentary. In association with Medicus Mundi International, PHM members also read statements to governing body meetings.

The WHO Tracker has been developed as a tool for following particular issues across time and across the governing body meetings. The Tracker comprises separate pages for each meeting, in each case structured around the official agenda. Under each agenda item are links to key documents, debate and policy decisions. Not all meetings and not all items have been fully linked at this time. This work is ongoing.”

- PHM: WHO Tracker  
<http://www.who-track.phmovement.org>

## 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 Watching team consists of Linda Markova, Godfrey Philimon, Lauren Paremoer, Simrin Kafle, Sulakshana Nandi, Aletha Wallace, Megan Arthur, Renee De Jong, Paul Nedermeijer, Alexandre Gajardo and Gargeya Telakapalli. The “WHA Watch” website includes now the statements already delivered (text, videos) and daily summary reports.

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



## IBFAN tackles corporate influence in global health governance at WHA70

Delegates from IBFAN-GIFA, Baby Milk Action/IBFAN UK and FIAN International have been advocating under IBFAN accreditation for increased corporate accountability and effective safeguards against the undue corporate influence in global health governance at the 70th World Health Assembly held in Geneva.

- <http://www.gifa.org/>

## Ten years of transformation: Making WHO fit for purpose in the 21st century

“WHO has made extraordinary progress in its bold reform agenda over the past decade. Innovative leadership, managerial structures and systems have resulted in increased effectiveness, efficiency, responsiveness, transparency and accountability. This report tells the story of WHO's transformation from 2007 through to the current day.” (WHO, May 2017)



- [http://www.who.int/about/who\\_reform/ten-years-transformation/en/](http://www.who.int/about/who_reform/ten-years-transformation/en/)

## Your free access to the WHA

- WHO: WHA Overview and reports <http://www.who.int/mediacentre/events/2017/wha70/en/>
- WHA on Twitter: use/follow [#WHA70](#)

## Unlikely Alliance Of India, US Could Keep Medicines Access On WHO Agenda

“It is not often that on the matter of access to medicines, India and the United States agree at the World Health Organization. But the issue of access to medicines is rising on the international agenda and developed countries are feeling the bite of prices of new medicines. Core beneficiaries of the patent system held steady this week, but among their defenders, the issue is blurring as some countries, such as the Netherlands, Greece and Portugal, are not putting up with industry prices and are saying it.”

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

## Medicines Should Not Be Priced At The Value Of A Life

“Member governments of the World Health Organization are increasingly talking about how to bring about “fair” pricing of medicines. And what’s clear is that it should not be based on how much you would pay to save your life, a senior WHO official said this week. ”

- William New in: [IP-Watch](#)

## Will India now find its voice at the global health organisation?

“The former Ethiopian Minister of Health Tedros Ghebreyesus was elected as the new Director General of the World Health Organization, defeating David Nabarro of the United Kingdom by a massive margin. Tedros is the first person from Africa to be elected to the post in the organisation’s 70-year history. India has never bid for the post, possibly reflecting a lukewarm engagement by India with the premier intergovernmental health organisation. But India now has an opportunity to be one of the leaders in pushing forward the health agenda of developing countries.

- Amit Sengupta in: [Scroll-in](#)

## Dear Tedros...

"You take over WHO at a difficult moment in its history. Ebola left the agency bruised and apologetic. You must rebuild trust and confidence in the organisation. That means recognising WHO's special strengths. There are three.

*Science.* Evidence is a political instrument. The global health research community is your friend. Use us. Make us part of WHO's wider work. We may not always agree with you. But science and the accumulation of reliable knowledge are a powerful means of resistance to the forces that undermine health.

*Convening power.* Whatever the critics of global institutions might say — and they are today in the ascendancy — WHO's ability to use its moral leadership to accelerate progress on health remains undiluted. Your predecessors have often been risk averse in leading the international community. The mantra of serving member states has made the agency fearful, defensive, overcautious, reactive, weak, craven, timid, unimaginative, pusillanimous, and even paranoid. Be courageous.

*The voice of the voiceless.* Politics — and health — is about people. WHO represents those who have no voice. When you are told why something isn't possible, why it's more complicated than it seems, why you shouldn't say or do something, remember those who depend on you to improve their lives. Finally, the spectre of an appalling terrorist attack in Manchester, UK, hung over your election last week. But that episode, and the violence that occurs every day in every nation, held within it an important truth — that the protection and advance of human civilisation depends on inextricable linkages between peace and security, development and health. WHO is more than a health agency. It stands for the possibility of human perfection. Believe in that vision. And hold all of us accountable for delivering it."

- Richard Horton in: [The Lancet](#)

