Second announcement, 27 January 2020
http://g2h2.org/posts/january2020/

Second day of civil society meeting ahead of WHO EB 146

CIVIL SOCIETY PERSPECTIVES ON SELECTED GLOBAL HEALTH TOPICS 146TH SESSION OF THE WHO EXECUTIVE BOARD – AND BEYOND

The Saturday programme of the civil society meeting ahead of the 146th Session of the WHO Executive Board will follow the well-established pattern of providing a series of public sessions with civil society briefings and debates on selected health topics on the agenda of the WHO Executive Board and beyond the EB agenda. The programme is based on a call to G2H2 members to propose and introduce such topics.

All sessions can be attended individually and are open for G2H2 members and civil society colleagues, but also for WHO staff and delegates of member states. Find details on logistics and registration (deadline: 27 January) on the last page of the announcement, and get back to the G2H2 Secretariat for any enquiries.

The G2H2 civil society meetings ahead of WHO EB 146 are again kindly hosted by the World Council of Churches and will take place at the WCC Ecumenical Centre.

PROVISIONAL PROGRAMME
SATURDAY, 1 FEBRUARY 2020

8.30-9.00	Coffee, tea, croissants available in the lobby
9.00-9.30	Welcome, introduction
9.30 -11.00 Session 1	**PRIMARY HEALTH CARE AND UNIVERSAL HEALTH COVERAGE**
This session is dedicated to David Sanders (1945-2019)	**PHM and UHC: How to "transform vision into action"?** The last two years, with the jubilee of the Alma-Ata Declaration (2018) and the UN High-Level Meeting on Universal Health Coverage (2019), brought Primary Health Care and health systems back to the top of the global health agenda. Now, as celebrations are over and declarations published, the EB agenda and the related documents (EB146/5, EB146/6 and EB146/38 Add.1 show that WHO and member states still struggle with the essentials of PHC and health equity, such as how to fully recognize and operationalize Primary Health Care as a policy guide to enlarge and transform all health systems to become really universal, comprehensive and egalitarian. **Beyond the limits of proposed country categories for UHC implementation** In the proposed country categories for the UHC implementation (document EB146/6) there is a worrying absence of an equity approach to reduce the gap of access, accessibility, care quality and results among social classes, gender and races / ethnics at different territorial dimensions within countries and at the international borders. Speakers and panellists for both sub-topics • Representative of the People's Health Movement • Armando De Negri Filho, World Social Forum on Health and Social Security • Edward Talbott Kelley, WHO Secretariat (invited)
11.00-11.15	Coffee break

11.15 -13.15 Session 2	**ACCESS TO MEDICINES AND VACCINES**
	After the debates at the WHA: Perspectives of civil society advocacy Access to medicines has become a "routine topic" of the civil society meetings ahead of the meetings of the WHO governing bodies. Civil society engagement in this thematic field has benefited a lot of a well-established, strong team of likeminded civil society institutions who have over many years successfully promoted the access agenda. However, after some turmoil at the last year's 72nd World Health Assembly caused by outspoken civil society activism around a proposed WHA resolution on Transparent Drug Pricing, the environment for civil society advocacy might have become more hostile. Anyhow, the powerful economic interests remain the same, and the struggle for access to medicine is far from being over. Speakers and panellists • Representative of People's Health Movement / UAEM • Thiru Balasubramaniam, KEI • Pauline Londeix, Transparency Observatory • Erika Dueñas Loayza, WHO Secretariat, Access to Medicines and Health Products • Representative of WHO Member State (tbc) **Restore access to internationally controlled medicines for palliative care!** The struggle for adequate access to medicines includes internationally controlled essential medicines whose availability and affordability are conditioned by national and international "drug policy." More than 65% of people in the world have low or no access to such essential medicines. This public health crisis affects primary health care in emergency medicine, trauma care, palliative care, chronic pain, dependence treatment etc. In May 2019, under US pressure, the WHO withdrew two key pain/palliative care guidelines member states used to improve access. Although the WHO Secretariat has committed to preparing replacement guidelines by the end of 2020, this normative and technical vacuum has a chilling effect on population health. Speaker and panellists • Heloisa Broggiato, IAHPC • Gilles Forte, WHO Secretariat • Representative of WHO Member State (tbc)
13.15-14.15	Lunch break
14.15-15.45 Session 3	**PUBLIC HEALTH EMERGENCIES**
This session is dedicated to Peter Salama (1969-2020)	**Discussing health emergencies in times of an imminent emergency** One of the ambitious tasks of the current WHO strategy (GPW13) is that "one billion more people are better protected from health emergencies". Item 15 of the EB agenda includes five subtopics related to health emergencies. But, for sure, this will not be just a "technical" agenda item of the upcoming EB session. The great attention given by national health authorities and the broad public to the emerging novel Coronavirus (2019-nCoV), and how the matter is dealt with by WHO, is another (unwanted) test case to see if the set of global/international policies, regulations, mechanisms and guidelines (some of them being dealt with by the EB) is fit for purpose, and if health systems in rich and poor countries are properly equipped for both health emergency preparedness and response. While the Coronavirus case will be in the focus of the EB delegates' attention within and beyond the EB agenda, there are other issues that deserve this attention, too. The report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies

	Programme (EB146/16) states that "WHO has made a great deal of progress in outbreak management", but it also highlights some persisting challenges in dealing with health emergencies. And there are neglected root causes of health emergencies and, due to the lack of funding, the effectiveness and efficiency of the WHO Health Emergency programme remain limited. **Time for WHO to declare the climate crisis a public health emergency of international concern?** In a session at the civil society meeting in May, we asked "Who cares about/for Planetary Health?" Since then, the debate on the climate emergency has risen to international prominence. At the same time, and despite the adoption of a "WHO global strategy on health, environment and climate change", the World Health Organization and its member states have yet to enact and implement policies that demonstrate concern for planetary health, with the urgency and dedication needed. Is it time for WHO to declare the climate crisis a public health emergency of international concern? Speakers and panellists for both sub-topics • Representative of People's Health Movement • Remco van de Pas, ITM Antwerp • Michael Ryan, WHO Secretariat (invited)
15.45-16.00	Coffee break
16.00 -17.30 Session 4	**WHO AND GLOBAL HEALTH GOVERNANCE**
	Defending the space of civil society at the WHO The WHO Secretariat's report and proposals on the "Involvement of non-State actors in WHO's governing bodies" (agenda item 22.1, document EB146/33) have the potential to considerably change the terms of civil society involvement in the World Health Assembly and the sessions of the WHO Executive Board. The Secretariat proposals were assessed by G2H2 members in two strategy meetings in December 2019. After these meetings, we proposed to the WHO Secretariat to convene an informal dialogue session of both WHO Member States and non-state actors (in particular: civil society organizations) immediately ahead of EB146, on Sunday 2 February, moderated either by the Secretariat or by the EB chair. Unfortunately, this proposed dialogue session has not materialized. While, for the EB session itself, civil society input on this agenda item will be mostly "technical" (and short!) and directly related to the secretariat proposals, the process also needs to be positioned in the global political context (shrinking space of civil society, WHO and UN governance). Speakers and panellists: • Thomas Schwarz, Medicus Mundi International Network • Second civil society speaker (tbc) • Tedros Adhanom Ghebreyesus, WHO DG (invited) • Hiroki Nakatani , WHO EB chair (invited)
17.30	Wrap-up and closure

CIVIL SOCIETY MEETINGS IN GENEVA
31 JANUARY AND 1 FEBRUARY 2020

Friday afternoon, 31 January 2020: Civil society workshop
Health Heartbeats in the Age of Financial Accumulation and Digital Technology

Saturday, 1 February 2020: Series of public briefings and dialogue sessions
Civil society perspectives on selected global health topics

Online programme and updates
A programme update for both days will be sent to registered participants ahead of the meeting.
Meeting website: http://g2h2.org/posts/january2020/

Registration is requested for all sessions on both days
Extended deadline: Tuesday, 28 January 2020

- Register here: http://g2h2.org/posts/january2020/
- For G2H2 members and invited speakers, registration is free.
  For the Saturday session(s), non-members are requested to pay a small registration fee.
- Options and provisions for lunch on both days: see registration form.
- A list of registered participants can be ordered at the G2H2 Secretariat.

VENUE

Ecumenical Centre, Route de Ferney 150, Grand-Saconnex, Geneva

How to get there: From the Cornavin railway station or the Airport, take bus No. 5 (direction Airport) or bus No. 28 (direction Vernier). From the Airport, take bus No. 5 (direction Thônex). Leave the bus at Crêts-Morrillon. The entrance is at Route des Morillons 1.

GENEVA GLOBAL HEALTH HUB

Route de Ferney 150, CP 2100, 1211 Geneva 2, Switzerland
info@g2h2.org – www.g2h2.org - Phone +41 22 920 08 06 – mobile +41 79 645 01 37

The Geneva Global Health Hub (G2H2) set up in 2016 intends to contribute to longer-term strategic thinking and coherent and sustained action by civil society entities involved in global health advocacy.

"We build a strong civil society space in Geneva
for more democratic global health governance."