

PSI submission for WHO Call for Consultation on the thirteenth General Programme of Work (GPW13)

The PSI submission addresses text on P.6 (“Help countries to achieve universal health coverage”) and on P.8/P.11 (“Provide the world’s governance platform for health”/ “Strengthening and expanding partnerships”)

Public Services International welcomes the Draft Concept Note towards WHO’s 13<sup>th</sup> General Programme of Work 2019-2023, and fully supports its spirit. It is in this light, that in our view:

- Helping countries to achieve universal health coverage should have an explicit commitment to fostering a context that shields the development of public health systems, and access to medicines from the vagaries of free trade agreements;
  - ⇒ The text rightly notes that “there are also strong transnational aspects to universal health coverage”, and further reiterates “that access to essential health services including prevention is a human right”;
  - ⇒ Free Trade Agreements constitute a strong transnational aspect of development which could clearly deprive a large part of the population, particularly of poor people living in developing countries, access to medicines: <http://www.who.int/bulletin/volumes/84/5/399.pdf>;
  - ⇒ PSI thus proposes the inclusion at the end of the first paragraph of the section, of: *WHO will thus promote due consideration for universal health coverage, as a fundamental developmental goal in the reaching of international trade agreements, to help safeguard countries that make this all important political choice. Social clauses that help protect public health systems, and access to medicines, as a human right will be held up as best practice.*
- The variegated nature of global governance in its evolution, **without prejudice to the primacy of member states**, and the ecosystem of partnerships required to achieve the SDGs targets within such a milieu are addressed on pages 8 and 11 respectively. A missing gap within the spectrum of non-State actors spelt out, is the associational presence of the health workforce;

- ⇒ Health workers' organizations bring the associational experience, aspiration and capacities of the health workforce as the backbone of health systems to the discourse and practices necessary for keeping the world safe, improving health and serving the vulnerable;
- ⇒ They are distinct non-State actors that are not simply non-governmental organizations, and which cannot be categorised as part of any other of the non-State entities listed;
- ⇒ Health unions constitute the component representative of the health workforce within tripartite social dialogue. As the WHA.70 noted, "concerted tripartite social dialogue" is the point of departure of the *Working for Health* theory and trajectory of change, for "transformation and scale up of education, skills and decent job creation towards a sustainable health workforce": [http://apps.who.int/gb/ebwha/pdf\\_files/WHA70/A70\\_18-en.pdf?ua=1](http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_18-en.pdf?ua=1);
- ⇒ PSI thus proposes the inclusion, after nongovernmental organizations on pages 8 and 11, of; *health workers' organizations*. In both instances, the concerned texts would thus read "nongovernmental organizations, *health workers' organizations*, private sector entities, philanthropic foundations and academic institutions".