

**EB 142**

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## Executive Board – Meeting 142, from Jan 22, 2018

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## 3.1 Draft Thirteenth General Programme of Work 2019-2023

- The proposed 'new' vision reflects existing deficiencies in WHO's work, largely related to the donor chokehold on WHO; and the dominant neoliberal framing of health and development challenges and organisational policies
- The draft GPW is largely silent on WHO's financial crisis
- The GPW is structured around the goals of UHC and the SDGs. The new leadership would do well to make space for a more critical approach in both of these areas.
- The GPW has only one reference to the need to develop and sustain health workers, and no proposal to follow up on WHO's work on the regulation of health worker migration
- Several of the most critical issues on A2M are either ignored or referred to in the most indirect way, viz. use of TRIPS flexibilities and delinkage

## 3.2 WHO reform

- Improving managerial efficiency or better political control?
- What value for whose money?

## 3.3 Public health preparedness and response

- Increasing imprint of the 'health security' agenda
- 'external' evaluation of surveillance capacity of countries
- Upstream causes for poor capacity?

## 3.4 Polio transition planning

- About a third of WHO's funding tied to Polio
- Unsustainability of a top down structure, not integrated with health systems

## 3.5 Health, environment and climate change

- Need a clear position on power of corporate vested interests; eg the oil and mining companies
- Promote carbon tax and its linkage with financing health
- Address the North South divide

## 3.6 Addressing the global shortage of, and access to, medicines and vaccines

- Comprehensive actions proposed, should be supported
- Funding of WHO's medicines program.
- Challenges caused by powerful member states and transnational pharmaceutical corporations
- "health proofing" of future trade/investments agreements and "trade - proofing" of future national health regulations .
- Still stonewalling discussions on HLP?





## **3.8 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**

- Widening inequalities between the high income countries and the low and middle income countries with respect to disease burden.
- The significance of health system issues in the prevention and control of NCDs including access to pharmaceuticals;
- The gross underfunding of WHO's work on NCDs
- The ambivalence of powerful member States in relation to the role of corporate interests in driving the NCDs epidemic and interfering with attempts to prevent and control;
- Pharma continues to fly under the radar

## **3.9 Preparation for a high-level meeting of the General Assembly on ending tuberculosis**

- Healthy living environments, access to decent health care and management of AMR are human rights issues and should not be overshadowed by the so-called global health security agenda.

## 4.1 Global snakebite burden

- Snakebite affects the lives of around 4.5 million people worldwide every year; seriously injuring 2.7 million men, women and children, and claiming some 125,000 lives.
- Appreciative of the initiative
- decent primary health care including prompt availability of antivenoms and other treatment modalities;
- Manufacture of Antivenoms, Ensuring its availability in public systems

## 4.2 Physical activity for health

- Link to social determination of physical inactivity?

## 4.3 Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): early childhood development

- Progress report with very little on ECD
- Avoidable burden of disease
- Support the implementation the Global Strategy
- Supports freely and publically available sexual and reproductive health services in all countries
- Condemn the re-introduction of the Global Gag Rule
- The impact of patriarchy is not limited to exposure to violence but impacts access to food, education, healthcare, decent work, and social security

## 4.4 mHealth

- Sub-domain of eHealth
- Important potential but not a substitute for functioning comprehensive care services Issues regarding privacy
- Conflict of Interest – ITU mentioned as a collaborator

## 4.5 Improving access to assistive technology

- Technology Transfer needs emphasis to promote affordability
- No mention of Discrimination, particularly in/by the health system.
- Affordable assistive products!?
- Infrastructure- no mention



## 4.6 Maternal, infant and young child nutrition

- Ignores upstream causes impacting on food security and sovereignty
- Need Emphasis on the legal authority of states to regulate the private sector at national and global levels
- Ignores contradictions and tensions in pro-breastfeeding initiatives
- Emphasis on infant and child nutrition without also protecting the nutritional needs of food providers (i.e. breastfeeding women)

## 5.1 Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits

- The decision regarding the current split of partnership contributions (70% preparedness support and 30% response contingency fund) expires in February 2018 and the document seeks renewal of the mandate
- Not discussed -- Extension of framework to seasonal influenza viruses and eventually to benefit sharing of research and research products in other fields

## 5.5 Engagement with non-State actors

- FENSA treats all of actors (stakeholders (!)) as equally powerful and legitimate
- FENSA doesn't avoid the 'revolving doors' between WHO & the private sector
- Allows for-profit to engage in policy debate when they have material interests in it.
- FENSA is just about finding ways to manage this risk.
- Philanthropic Foundations are considered as independent of the for-profit institutions financing them. Ex: Blomberg; Gates

**Thank You!**