

## **Daily report of the 3rd day of #EB142**

Wednesday 24th of January

### **Polio Transition**

The Secretariat reminded member states that transition is only possible after successful eradication, which has been achieved thanks to decades of strong commitment and work. The Secretariat will submit a detailed transition plan for the upcoming WHA.

A strong team at HQ was in place working with countries and programmatically aligned with GPW. The 16 focus countries have different priority setting and the initial transition countries need opportunities for staff.

Transition countries are in the focus, they will get support from HQ and partners, especially this is needed for a longer duration. WHO won't be able to cover all costs. Only limited new staff will be hired.

The current polio officers will transfer to other functions and these costs are subsidized through the budget.

The Secretariat announced the launch of a website for transparency on this issue.

### **Health environment and climate change**

Agenda item 3.5 was one of the topics in which a consensus between MS seemed more feasible than anywhere else. This atmosphere could be explained by the fact that various income countries have experienced disastrous events due to climate change. However, behind the cooperation spirit and various benevolent statements of understanding the burden on LIC and poorer people within countries, certain MS did seem willing to address (or, at least, name) the social and economic determinants of environmental degradation, while others not.

In this context, US delegate noted the 'complex' environmental impact to health, claiming that many reports on the issue were "mistaken", contesting the pollution transfer from North to South and emphasizing in "health security". Russia followed, asking both for appropriate use of limited resources and for "objective data". On the other hand, several MS welcomed WHO's will for greenhouse mitigation and others (Canada, Swaziland, Iraq et. al) asked a tighter connection of environmental health policy to GPW. Western Pacific RD named industrialisation and unplanned urbanization as factors of the health undermining factors, while Congo emphasized on industry pollution and deforestation, suggesting WHO to organize a symposium in collaboration with UN. On behalf of EU, Malta, as well as many African and Asian MS, emphasized in prevention strategies. Having experienced El Niño, Jamaica made both a regional and a national statement advocating health systems strengthening and underlining the devastating effects of natural disasters in health sector (just at the time the latter is urgently necessary). Jamaica stood on GDP loss due to hurricanes (2-3% over 20 last years), the need to increase knowledge and the support of cross-disciplinary and inter-sectoral partnerships. Mexico asked WHO to play a more active role in biodiversity protection, while Fiji's delegate gained wide support asking DG to prioritize small islands as vulnerable states. Ghana acknowledged report's commitment to tackle global warming, while Australia focused on the need to avoid duplication and fragmentation. DG underlined the wide consensus among MS. He referred to carbon reduction as a preventive strategy compatible with WHO principles and accepted the demand to prioritize small islands.

He also referred to memorandum with UNEP as a means to avoid duplication. He stated that financing of action plan will focus on Green Island Fund as well as on other sources.

### **Global shortage of, and access to, medicines**

Access to medicine, given TRIPS and IP barriers, was one of the agenda topics that revealed conflicts between MS and regions, rooted in contradiction between trade and public health. US delegate expressed its disappointment, criticizing WHO for “having gone beyond its mandate” on IP and trade and insisting in WHO’s limiting itself to a normative (see apolitical) role. According to US, HLP report was not an appropriate point to start the discussion and asked WHO to support convergence and common understanding, facing IP as a driving force of innovation. Following US, Japan also asked WHO to stay in its mandate, demanding clarification for the road map proposed and for the use of scaling. Canada was the third MS asking for clarity concerning the road map, while UK raised the issue of coherence to support WHO and WIPO convergence in a coordinating role.

EU tried to have an intermediary position. Several EU MS emphasized in transparency of pharma activities and in the “diversity of barriers to access to medicines”, seeing this access as a crucial factor to attain SDGs.

On the other hand, Asian and African MS noticed that shortage and barriers to access to medicine are topics being discussed since 10 years and that UHC is impossible without loosening TRIPS frame. India, particularly, asked to separate the discussion of shortage and access, adding that the use of term “fair pricing” frames the issue in terms of profit.

Brasil welcomed the report and thanked for the consideration of UNHLP, emphasizing struggle against high prices. Mexico stood on insufficient production, while Colombia framed the issue in the context of “fair access to medicines” and affordability, underlining its national measures for centralized medicines.



