

Distinguished Members of the Executive Board of WHO,

On behalf of the People's Health Movement and a number of affiliated networks we submit the comments and suggestions included below regarding some of the items appearing on the agenda of the WHO Executive Board. We hope that you may find time to read and consider these comments before the relevant discussions at the EB. We hope that you find them useful.

PHM is a global network of organisations working locally, nationally and globally for 'Health for All'. Our basic platform is articulated in the People's Charter for Health which was adopted at the first People's Health Assembly in December 2000. More information about PHM can be found at www.phmovement.org.

PHM is committed to a stronger WHO, adequately funded, with appropriate powers and playing the leading role in global health governance. PHM follows closely the work of the WHO, through the governing bodies and the secretariat. Across our networks we have technical experts and grass roots organisations with close interests in many of the issues coming before you over the next week.

Over the last week members of the PHM WHO liaison group have been working through the EB Agenda with the assistance of high level experts from a number of collaborating networks and NGOs. This workshop was part of our Global Health Governance Initiative which involves both watching and advocacy. In the course of these discussions we have prepared the following comments on some of the key issues coming before you. (You can follow the analysis in detail at www.ghwatch.org, and specifically for this EB meeting at: <http://www.ghwatch.org/who-watch/eb132>

Members of the PHM WHO liaison group will be following the discussion at the EB over the next week and would be keen to discuss these comments with you during this week.

PHM Comments on Various Agenda Items

3. Reports of the Programme, Budget and Administration Committee of the Executive Board

Secretariat Note

The Board will receive at the opening of its session the report of the second extraordinary meeting of the Programme, Budget and Administration Committee, which will be held on 6 and 7 December 2012 and the seventeenth meeting of the Programme, Budget and Administration Committee, which is scheduled to be held on 17 and 18 January 2013.

PHM Comment

The Programme, Budget and Administration Committee of WHO's Executive Board (PBAC) has discussed in its extraordinary meeting proposals to improve WHO's financing. Financing is a fundamental challenge of the organisation. The proposals now presented are a good first step towards a decent funded WHO.

We have three remarks regarding the PBAC report and the financing proposals.

Firstly, we note that the PBAC-meeting, under its revised terms of reference, has become an important moment to advise on crucial policies for the organisation, such as the Programme of Work and the financing of the programme budget. Seen the enhanced relevance of the PBAC, we ask member states to be seriously involved in its proceedings. It will be similar relevant to open the PBAC to observing non-state organisations, as to improve the transparency and accountability of WHO's governing bodies.

Secondly, The proposed **financing dialogue** is in essence a **pledging conference**, despite all its transparency and improved mechanisms to fund the entire budget. The dialogue will lead to a further institutionalization of what is called "**multi-bi financing**". This refers to the practice of donors choosing to route non-core funding earmarked through multilateral agencies. It reflects a desire by participating governments, and others, to control international agencies more tightly.

Multi-bi financing leads to an increased competition between WHO and other global health actors for funding to implement short-term, cost-effective, targeted programs. Short-term funding will erode the knowledge capacity of the WHO, which has been build-up over the last decades.

We recommend that the financing dialogue not only indicates how member states and non-state agencies fund the WHO budget, but also to what extent they fund other relevant multilateral global health institutions. This **extended** transparency, that provides a broader picture on financing for global health, will bring more coherence and clarification what WHO's core role is in relation to other global health actors.

Finally; we suggest the EB to install **a working group** to explore *if* and *how* a mechanism to increase WHO's core budget can be implemented. This could be via an increase in assessed contributions, and perhaps also via innovative financing mechanisms, such as a financial transaction tax or other taxation regimes. An increase in core, predictable, funding is crucial to secure WHO's essential functions in the long term.

5. WHO reform

Secretariat Note

Following the requirements of decisions WHA65(9) and EB131(10), and the proposals for reporting made in document A65/5, the Secretariat has prepared reports covering the several topics requested by Member States, including: WHO's hosting arrangement of health partnerships; considerations for draft policy on WHO's engagement with nongovernmental organizations; methodologies of work of the governing bodies; scheduling of governing body meetings; shifting the financing year; streamlining national reporting; global health governance and alignment between global, regional and country offices; external evaluation; a report of the extraordinary meeting of the Programme, Budget and Administration Committee on financing; and the implementation of WHO reform. Discussion of the draft general programme of work and the Proposed programme budget 2014–2015 will take place under the relevant items. EB132/5 Add.2_Key issues for the development of a policy on engagement with nongovernmental organizations.

PHM Comment

Summarised below are our comments on document **EB132/5 Add.1** (WHO's arrangements for hosting health partnerships and proposals for harmonizing WHO's work with hosted partnerships)

The partnership policy defines only "formal partnership and includes all arrangements with or without a legal personality but with a governance structure (for example, a board or steering committee that takes decisions on direction, work plan and budgets)". This clearly contradicts provisions of the Partnership Policy approved by the 63rd WHA (63.10). Paragraph 10 of the policy clearly states that for formal partnerships hosted by the WHO, the overarching considerations include: "ensuring that the overall mandate of the partnership and its hosting are consistent with WHO's constitutional mandate and principles and do not place additional burdens on the Organization, that it minimizes transaction costs to WHO, adds value to WHO's work, and adheres to WHO's accountability framework".

The partnership policy in Para 20 further states that "As an exception to the above, a small number of formal partnerships exists in which WHO's role in respect of governance is not exclusive, but where the partnerships concerned contribute directly and fully to the achievement of the Organization-wide expected results and indicators as set out in the Programme budget". This clearly shows that some of the partnerships are reflected in the WHO budget.

2. The total value of the partnership listed in the document is only USD 730 million. According to the programme budget for 2010 -2011 822 million is shown under the

heading Special programmes, partnerships and collaborative arrangements. Further for the budget period 2012-13 USD 863 million is allocated. Further, the 2012-13 budget and excluded seven partnerships from the budget. Hence the document does not provide a clear picture of partnerships currently existing in WHO and their financial implications.

In the document **EB132/5 Add.2** the Secretariat seeks guidance from the Board in relation to key issues for the development of a policy on engagement with nongovernmental organizations (NGOs). While recognizing the efforts of the Secretariat in drafting this policy paper, we would like to raise some concerns:

- There is no clear position articulated by the Secretariat regarding the differentiation of nongovernmental organizations between those that have a commercial interest and those that do not. WHO should take a clear position on this issue -- it cannot be tackled on a case-by-case basis as proposed in the document. Procedures and criteria need to be established to address this issue so as to clearly address conflict of interest issues ;
- The proposal in paragraph 22 to limit the accreditation of NGOs to individual meetings of governing bodies, could lead to fragmentation of contributions by NGOs and prevent civil society from fully participating and contributing to the broad debates within WHO;
- The "24 hours rule" on NGO's statements (where NGOs have to present proposed statements for approval, 24 hours prior to the agenda item) seriously restricts participation by NGOs in discussions in governing bodies of WHO and we urge member states to consider amending this rule;

The document **EB132/5 Add.3** (Streamlining of the work of the governing bodies and harmonization and alignment of the work of regional committees) contains several proposals for tighter discipline on the methods of work of the governing bodies.

While appreciating the need for more discipline in managing the submission of resolutions, there remains a concern about the negative consequences of curtailing the right of Member States to propose resolutions on matters they consider important.

Concerning the five criteria that should guide the assessment of the added value of proposals for the agenda of the Board (par.23), we are concerned about the implications of the fifth criteria ("*comparative advantages of WHO*"). A strict application of this criteria would favour the adoption of 'technical' positions while neglecting WHO's mandated political role in matters of global health.

The proposal entitling the Officers of the Board to evaluate supplementary agenda items referred directly to the WHA (par.29), might entail the risk of reducing the plurality and the democratic nature of the organization.

Document **EB 132/5 Add.7** (Modalities for the independent evaluation of the WHO reform: stage two) provides information on the modalities of the second stage of the evaluation of the WHO reform implementation strategy and the Organization's preparedness to implement the reform process.

It should be noted that in the first stage of the evaluation process, the External

Evaluator failed to address its terms of reference. The Evaluator was asked to review the existing information with respect to finance, staffing and internal governance, but this was not done. Instead the team presented a very positive evaluation of the WHO Reform Program as implemented at that point on time. Therefore it would be extremely important to monitor, in this second stage, the adherence of the evaluators to the established terms of reference.

Concerning the selection of the evaluation team, it is important to guarantee the transparency of the process, by making publicly available the criteria applied.

11. Programme and budget matters

11.2. TWELFTH WHO GENERAL PROGRAMME OF WORK - draft for discussion by the Executive Board in January 2013 (EB132/26_DRAFT)

Secretariat Note

A revised draft of the twelfth general programme of work has been prepared, following review and discussion by the regional committees, for consideration by the Board.

PHM Comment

The purpose of the document is to provide a strategic vision for the work of WHO for the period 2014-2019.

PHM wants to share its concern with member States regarding the decision to keep the key topics of priority setting and WHO's financing mechanisms out of the reform agenda.

Moreover, although WHO's financing crisis was earlier seen to be at the core of the reform process, in this document the analysis of this issue is limited to few paragraphs at the end of the priority setting exercise, without any innovative recommendations.

Concerning priority setting, we appreciate the introduction, among the strategic priorities, of the social determinants of health conceived as a means of reducing health inequities within and between countries. However, the whole exercise of priority setting is not sufficient alone to solve the problem of budget allocation if it is not associated with a discussion on new sustainable financial mechanisms. The success of any new mechanisms for prioritisation will depend upon addressing the distortions of resource allocation arising from tied donor funding.

Moreover, the proposed mechanism to connect the priorities with the budget allocation is insufficient and would not prevent distortions of resource allocation arising from donor interests. There is no clear explanation offered of how the remaining financial gaps will be filled. There is thus a clear risk that certain key areas of WHO's work which do not attract donor funding will continue to be poorly financed.

Finally, despite the fact that several Member States had asked for an increase in assessed contributions during the last WHA, this issue is not addressed in the present document. Without making any commitment to a real increase of assessed contributions

- whose falling share in WHO's budget was and is a major driver of the financial crisis facing the WHO - any proposal of reform will remain ineffective.

We urge Member States to argue for sustainable financial mechanisms that ensure adequate untied funding of WHO. This implies creating mechanisms not merely relying on voluntary contributions, but also based on an increase in assessed contributions and the conversion from specified into flexible voluntary contributions.

11.3. Proposed programme budget 2014–2015

Secretariat Note (EB 132/27)

A revised draft of the Proposed programme budget 2014–2015 has been prepared, following review and discussion by the regional committees, for consideration by the Board.

PHM Comment

The document lacks transparency. It simply provides the broad allocation of resources under various subheads within six categories. However, it does not provide any details of the proposed allocation of resources in various activities falling under each subheading. For instance, the subheading termed 'access to medical products and strengthening regulatory capacity' does not provide any details of the resource allocation for activities falling within this category. There are 7 subdivisions within the department of Essential Medicine and Health Product viz. medicine evidence and information policy, medicine access and rational use, traditional and complementary medicine, health products, medicine program coordination, quality and safety of medicine and prequalification of the medicine. However, the budget document does not provide information regarding the specific allocation of resources in each of the above-mentioned activities (except for a footnote which states that the budget includes WHO/UN programme on prequalification of Medicines).

Further, the proposed program and budget does not show the proposed allocation of resources from the assessed and voluntary contributions. In contrast the the program and budgeted document for 2010 -2011 clearly shows the allocation of resources from assessed and voluntary contributions under each category.

Further, many of the baselines as well as targets/indicators are yet to be finalized, including outcome indicators for social determinants of health.

6. Noncommunicable diseases

6.1 Draft comprehensive global monitoring framework and targets for the prevention and control of non-communicable diseases

Secretariat Note (EB 132/6)

In response to subparagraph (8)(5) of decision WHA65(8) and in fulfilment of the recommendations relating to paragraphs 61 and 62 of the Political Declaration of the

High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, a formal meeting of Member States was held between 5 and 7 November 2012 in order to conclude the work on the draft comprehensive global monitoring framework, including indicators, and a set of global voluntary targets for the prevention and control of noncommunicable diseases. The report of the outcomes of the meeting is transmitted by the Director-General to the Board for its consideration.

PHM Comments

Integrated into comments in the next sub-agenda

6.2. Draft action plan for the prevention and control of non-communicable diseases 2013–2020

Secretariat Note (EB 132/7)

In response to subparagraphs 2(4) and 2(6) of resolution EB130.R7 and subparagraph 3(4) of resolution WHA64.11, the Secretariat has prepared a draft action plan for the prevention and control of non-communicable diseases for 2013–2020 for consideration by Member States. The draft action plan was developed taking into account the outcomes of informal and formal consultations with Member States and United Nations bodies which took place in August 2012 and November 2012, as well as the views received from relevant nongovernmental organizations and selected private sector entities during a web-based consultation. The Board is invited to note the work under way to develop the action plan, and to provide guidance on a number of strategic issues listed as decision points.

PHM Comment

We summarise below some key issues to seek that require attention by member states:

Lack of a Social Determinants of Health approach: while the document recognizes – at least generally – that the factors that shape the NCD epidemic lie outside the reach of health policy and that most health gains in terms of prevention will be made by influencing domains such as social position, income, education, occupation, gender and ethnicity, there is weak application of these principles in the action plan. In particular, the action plan adopts a narrow “risk factors” approach based on interventions aimed to change individual behaviours that might prevent the adoption of broader measures aimed at modifying the social context. NCDs are viewed as problems mainly resulting from harmful individual behaviours and lifestyle choices, often linked to victim-blaming, while the influence of socioeconomic circumstances on risk and vulnerability to NCDs and the impact of health-damaging policies are underestimated. This vision is mirrored in the comprehensive global monitoring framework, where the SDH are only weakly embedded. The document makes a little mention of the issues of distribution of resources and money, trade and industry practices.

Vertical Approach: following the path defined in the previous global strategy (2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases), the action plan focuses on four disease, namely CVD,

diabetes, chronic respiratory diseases, and cancer. Even though importance of an integration of non-communicable disease programmes is mentioned in the final paragraphs, there is a huge risk that the narrow focus on specific diseases would contribute to a vertical approach rather than a more broadly integrated primary care approach. The strategy create an artificial fragmentation between chronic conditions. This is demonstrated by the choice of addressing NCDs, mental health and visual impairment through different action plans (listed as agenda items 6.3 and 6.4). We urge Member States to propose an integration of all action plans concerning the prevention and control of NCDs.

Boost to partnerships: the Action Plan explicitly calls for the involvement of the private sector as one of the international 'partners'. While the tobacco industry is explicitly excluded and there is a growing awareness - as Dr Chan highlighted - that "*many of the threats to health that contribute to NCDs come from corporations*", there is no mention of an effective management of potential conflict of interests arising from the engagement with corporations representing agribusiness, beverage and pharmaceutical industries. In particular we are concerned about the influence pharmaceutical industries might have in shaping the research agenda and the public health strategies. In this regard it is fundamental for Member State to carry out independent analyses and evaluations of the efficacy, safety, cost-effectiveness and feasibility of public health measures – including pharmaceutical interventions - in their own contexts.

The proposed action plan **bypasses and undermines** the recommendation of the CEWG on R&D: financing and coordination. The CEWG linked the key elements of priorities, financing, coordination and access into a concerted global framework for health R&D. The action plan should explicitly include work to form a global convention on health R&D to address access to essential health technologies for non-communicable diseases particularly in developing countries.

The action plan completely ignores many operative sections of the [Political declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases](#). For example, the UN declaration recommended in the context of access to medicines and technologies, "Promote access to comprehensive and cost-effective prevention, treatment and care for the integrated management of non-communicable diseases, including, inter alia, increased access to affordable, safe, effective and quality medicines and diagnostics and other technologies, including through the full use of trade-related aspects of intellectual property rights (TRIPS) flexibilities;". The action plan is silent on this aspect.

Further para 52 of the UN declaration urges "relevant international organizations to continue to provide technical assistance and capacity-building to developing countries, especially to the least developed countries, in the areas of non-communicable disease prevention and control and promotion of access to medicines for all, including through the full use of trade-related aspects of intellectual property rights flexibilities and provisions.." However the action plan is silent on the role of WHO in providing technical assistance to use of TRIPS flexibilities.

7.1 Monitoring the achievement of the health-related Millennium Development Goals (EB 132/12)

Secretariat Note

The annual report by the Secretariat on the status of progress made in the achievement of the health-related Millennium Development Goals (requested in resolution WHA63.15) is supplemented by information on prevention and treatment of pneumonia and the work towards universal coverage of reproductive, maternal, newborn and child health care, as requested in resolutions WHA63.24 and WHA58.31.

Health in the post-2015 development agenda

At the request of a Member State the Secretariat will report on application of the Rio+20 outcome document: health and sustainable development objectives, in conjunction with an account of work being undertaken to develop the new generation of health-related development goals.

PHM Comment

With just about two years to the deadline set for the achievement of the Millennium Development Goals (MDGs), the United Nations (UN) initiated global consultations regarding the future of health in the post MDGs period.

The MDGs were a response to a an unsustainable iniquitous situation at the global level, brought about by continued transfer of resources from south to the north through debt repayment, unfair trade and investment regimes, and the role of 'intellectual property protection in the denial of access to medicines at the height of the AIDS epidemic.

We share the view that future goals should be framed in a manner that take account of current global challenges and in a manner that elicits shared solutions involving all societies, and in a more consultative manner; hoping that it will not be business as usual, but one in which both developed and developing countries will honour their commitments. In this regard, we wish to acknowledge the parallel processes on the post 2015 health framework initiated by the UN in the past year.

While we appreciate the process and progress towards developing a health framework for after 2015, we wish to raise the following critical concerns on the subject:

- We are concerned that the focus is on universal 'coverage' instead of universal healthcare. Universal health coverage has a great potential to foster the interest of the private sector, thereby compromising both quality of care and ethical standards of care.
- The post MDGs agenda must work towards new approaches to national and global decision making, based on popular participation, direct democracy, solidarity, equity and development; not a repeat of the top down approached in which the MDGs were conceived, defined and implemented
- MDGs have been critiqued for focusing on ends while being silent on the means to

achieve them. This has been recognized as a lost opportunity to provide guidance on how to address the root cause of poverty and the unmet need for basic needs. It is hoped that the post 2015 global health framework will include realistic provisions that will address the means and ends questions.

- We appreciate the political recognition of the societal and economic impact of non communicable diseases. We wish to submit that non communicable diseases be prioritized in the post 2015, but not as a replacement for other health priorities.

7.3. Social determinants of health

Secretariat Note

This report describes the progress in implementing resolution WHA65.8, including the support provided to Member States in implementing the Rio Political Declaration on Social Determinants of Health. The Board is invited to note the report.

PHM Comments

PHM welcomes the progresses in the implementation of the Rio Political Declaration and in the engagement with other bodies of the UN system in a "health in all policies" approach. Despite that, we find that there are few advances in the discussion on social determinants of health. The report also fails to identify the causes of health inequities and avoids suggesting future actions and policies to address such inequities. Finally we are concerned about the real commitment towards implement of the Rio Declaration. Europe, for example, represents the contradiction between the policy framework for health and well-being proposed in Health 2020 and the recent austerity measures that are driving the privatization of universal health systems and the dismantling of the welfare state.

8.1. Implementation of the International Health Regulations (2005) (EB 132/15)

PHM Comments

PHM urges Member states to note that International Health Regulations continue to be conceived in disregard of fragile health systems in developing and least developed countries. Health systems must be strengthened to support IHR implementation.

8.3. Poliomyelitis -- Intensification of the global eradication initiative (EB 132/17)

Secretariat Note

In resolution WHA65.5, the Health Assembly declared the completion of poliovirus eradication a programmatic emergency for global public health and requested the development and rapid finalization of a comprehensive polio eradication and endgame strategy through 2018. This paper reports on progress in, and challenges with, implementing national polio emergency action plans, and introduces the new six-year

polio eradication and endgame strategic plan, including a planning process for ensuring the broader legacy of the Global Polio Eradication Initiative. The Board is invited to note the report and the new polio eradication and endgame strategic plan 2013–2018.

PHM Comments

This document is an update on the progress made and challenges experienced in implementing the global and national emergency action plans against poliomyelitis, as well as the new six year polio eradication and endgame strategic plan (in response to the resolution WHA65.5 to complete the eradication of poliovirus). The report states that 'new performance monitoring systems have been put in place (i) to track whether supplementary immunization activities using oral poliovirus vaccine were reaching the vaccination coverage thresholds required to interrupt transmission and (ii) to guide rapid corrective action'. The majority of the report is focused on initiatives to expand vaccination, including withdrawal of the oral vaccine for the injectable vaccine, and negotiation of reduced prices for injectable vaccines.

Highlighting the need to withdraw the type 2 component of oral poliovirus vaccine, in 2012 it was detected that five outbreaks of poliomyelitis were due to circulating type 2 vaccine-derived polioviruses. The outbreaks left 37 children paralysed in Chad, Democratic Republic of the Congo, Kenya, Nigeria, Pakistan and Somalia. Two of these outbreaks, in Nigeria and Somalia, involve the continuing transmission of a type 2 virus for a period exceeding 36 months.

The report neglects attention to basic sanitation and clean water, as noted similarly in the draft proposal on neglected tropical diseases. It also operates a vertical programme outside public health systems, and can draw resources away from the public system -- it is conceived in neglect of fragile health systems – similar to the International health regulations.

9. Communicable diseases

9.1 Global vaccine action plan (EB132/18)

Secretariat Note

The report will outline the process and the content of the proposed Monitoring and Accountability Framework for the Global Vaccine Action Plan. The Monitoring Framework will include baseline data on the indicators for which data sources currently exist. The Board is invited to note the Monitoring Framework and provide further

PHM Comment

Concerning the introduction of new vaccines in national immunization strategies, we recall the importance to undertake independent evaluations of efficacy, safety, cost-effectiveness and feasibility of those strategies in their own countries as well as, especially for L&MICs, the need to retain sovereign control over their immunisation schedules and not have them imposed through global standards or marketing strategies.

9.2. Neglected tropical diseases, Prevention, control, elimination and eradication (EB 132/19)

Secretariat Note

This Secretariat report outlines the work being done to sustain the drive to overcome the global impact of neglected tropical diseases. As requested by Member States participating in the technical briefing on neglected tropical diseases during the Health Assembly in 2012, a draft resolution has been prepared for consideration by the Board.

PHM Comment

This report on neglected diseases is centred on the first WHO roadmap (2010) and the London Declaration on Neglected Diseases (2012). It recommends five interventions; preventative chemotherapy, intensified case-management, effective vector control, the provision of safe drinking water, basic sanitation and hygiene and involvement of veterinary public health. It also 'praises' the pharmaceutical companies for their drug donations.

The draft resolution urges member states to properly manage national programmes, advocate for international financing, to ensure prompt diagnostic testing and treatment, expand preventative chemotherapy and provide safe drinking water, basic sanitation, vector control and public health. It asks partners including the private sector to assist in ensuring funding, harmonise support to countries, ensure universal access to preventative chemotherapy, encourage new initiatives for the development of new medical technologies, and collaborate with WHO to support member states.

It does not provide a clear mechanism to boost much needed R&D for neglected tropical diseases in contrast to the recommendations of the CEWG report that explicitly linked innovation in health R&D with the need for affordable access to the outcomes of innovation.

As a supplement to this draft resolution, the second report of the WHO roadmap was released on the 16th of January 2013. This report emphasises mass treatment and vector control in its report on progress towards seventeen neglected diseases. It also states that the partners in the London Declaration - the multinational pharmaceutical industry, "have been crucial to the successes achieved: they have donated resources, expertise, time and energy to deliver and expand interventions".

The recent WHO report states that the consequences (and infers causes) of neglected diseases for women and children – referred to as biological, socio-cultural and stigma. What is missing here are the socioeconomic determinants that significantly contribute to the causes of the disease (and the consequences) beyond biology, culture and stigma, including lack of access to sanitation and water, lack of income and employment, and poor housing among others.

The draft resolution explains the challenges to implementation as a lack of expertise in the management of programmes in countries, unavailable and poor quality medicines,

and the need to estimate costs to expand programmes. In the recent WHO report, further obstacles to achieving the targets are stated as 'conflicts, population growth, vector control, resistance to medicines, insufficient capacity for scaling up, inadequate support for research and climate change'.

Again what is missing here is that if member states do not seek to improve socioeconomic conditions, such as access to clean water and sanitation, then the targets will not be addressed.

In fact the 2nd WHO report finds that in 2010, 780 million people did not have safe drinking-water, and 2.5 billion were without adequate sanitation, which is recognised as a critical determinant of many neglected tropical diseases. Forty per cent of people without access to quality water live in sub-Saharan Africa, where many neglected tropical diseases are prevalent. It also notes that the present indicators used to count water sources do not provide any absolute information on the safety of this water.

However, in this draft resolution, the need for safe drinking water and sanitation appears in one line. The draft resolution should be strengthened to reflect the equal attention to the five much needed health interventions – in particular the fact that 35% of the world's population still lack access to basic sanitation.

In addition, vertical programmes create an overlapping of resources and efforts. The draft resolution should recognise the importance to addressing these through a primary health care approach.

As in the recent WHO neglected tropical diseases report and this draft resolution, the private sector is sought as key partners. To what extent should the multinational pharmaceutical industry be considered WHO's key partner for neglected tropical diseases? This is somewhat counter to the recommendations of the CEWG for a binding member state global convention.

10. Health systems

10.2 Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination (EB132/21)

Secretariat Note

This report will summarize the proceedings of the Open Ended Member State meeting to take place 26–28 November 2012 including recommendations for further action. The Director-General will transmit the report of the meeting to the Board.

PHM Comments

The draft resolution, achieved by consensus, urges member states to strengthen R&D capacities, increase investment in health R&D for diseases disproportionately affecting developing countries, promote capacity building, technology transfer and the production of health products in developing countries, to establish national health observatories to track and monitor information on health R&D, and to continue consultation. It also

requests the DG to 'develop norms and standards' for classification of health R&D, to support member states, to establish a global health observatory within the WHO secretariat to 'monitor and analyse relevant information on health R&D, building on national and regional observatories and existing data collecting mechanisms' and to 'explore and evaluate existing mechanisms for contributions to health R&D'.

It proposes the next open ended meeting in May 2016 as well as or the DG to 'report on the review of existing coordination mechanisms, as well as on the evaluation of existing mechanisms for contributions to health R&D to the sixty – seventh WHA (through EB 134th), to report on the implementation of health R&D demonstration projects to the sixty-eight WHA (through EB 136th and to transmit the report of the open ended meeting of member states to the sixty ninth WHA in 2016.

The CEWG report represents a milestone in global efforts to address multiple problems inherent in the commercially driven biomedical health R&D system, including insufficient R&D for diseases predominantly affecting developing countries, unsustainable financing, fragmentation, and a lack of access to the outcomes of essential health R&D. These were identified over two decades ago in the 1990 Commission on Health Research for Development.

The CEWG report explicitly linked innovation in health R&D with the need for affordable access to the outcomes of this innovation. It linked the key elements of priorities, financing, coordination and access into a concerted global framework for health R&D into Type II and Type III diseases, and the specific needs of developing countries related to Type I diseases.

This draft resolution represents a minimalist piecemeal description of the CEWG recommendations. It does not reflect the clear link between priorities, financing, coordination and access. Nor does it conceive of the outcomes of publicly funded R&D as global public goods.

The draft resolution does not include access, equity or affordability in its urge to member states, nor in the request to DG.

We support the resolution statement of the need for transparent decision making processes (p12) but there should be explicit commitment to transparency of R&D funding flows, clinical trial data, costs of trials, subsidies for R&D, prices and revenues of new products, as well as transparent management of intellectual property rights including patent status, landscapes and license terms.

The outputs of publicly funded R&D should be considered global public goods and thus open management of IPR and sharing of knowledge should be used to ensure access and reduce prices.

10.3 Universal health coverage

Secretariat's Note

Resolution WHA64.9 requested the Director-General to provide a report on measures taken and progress made in the implementation of resolution WHA58.33, especially in regard to equitable and sustainable health financing and social protection of health in Member States. The Board is invited to note the report.

PHM Comments

We urge Member States to consider asking the WHO Secretariat to clarify its understanding about Universal Health Coverage. The shift in terminology from Universal Health Care to Universal Health Coverage embodies within it a shift in perception of the role of governments in making available comprehensive, good quality health care to all. Universal health coverage is a shift towards provision of a minimum package of services through insurance mechanisms. It further clears the path for deeper penetration of the private sector in health care provisioning, even in situations where a large proportion of the services are funded through public resources. Such a system then becomes a method of strengthening and sustaining private medical systems – often at secondary and tertiary levels – through public finances.

This shift is evident in the progress report presented in the document. The progress report says: "The plan of action to support Member States in moving closer to universal health coverage has been finalized". The plan referred to is titled: "Health systems financing: the path to universal health coverage, plan of action". This clearly shows the tendency to reduce public health to an issue of financing, with no real regard for the quality, rationality and comprehensiveness of care or the principles around which health systems are to be designed.