

**Statement by Medicus Mundi International
to the 66th session of the World Health Assembly
on agenda item 11 WHO Reform
delivered by Alice Fabbri**

Thank you, Chair, for giving me the opportunity to address the distinguished members of the World Health Assembly on behalf of Medicus Mundi International and the People's Health Movement.

Document A66/48 states that one of the objectives of the reform program is *"enhanc[ing] the alignment of resources with outputs agreed by Member States"*. People's Health Movement supports this objective but it seems unlikely that proposed financing dialogue will achieve this.

Under the proposed arrangements, the Assembly will adopt a budget and the DG will try to persuade the donors to fund the budget. It seems unlikely that, just because of these new arrangements, the donors will suddenly reorient their perspectives and support the programs they have frozen until now. And once the gaps become evident, how will the DG fill in these gaps?

It seems inevitable that programs that the donors have refused to fund in the past - quality use of medicines, trade and health, Social Determinants of Health - will continue to be starved.

The proposed financing dialogue presumes a continued freeze on assessed contributions. This is one of the fundamental causes of WHO's disabilities. People's Health Movement urges Member States to implement a substantial increase in assessed contributions as was proposed in the extraordinary meeting of the PBAC in December 2012.

The proposed financing dialogue is in essence a pledging conference, despite claims regarding enhanced transparency and improved mechanisms to fund the entire budget. The power of donors to shape WHO's agenda is in no degree reduced by the proposed arrangements. The close involvement of the World Bank in the Secretariat paper on Universal Health Coverage illustrates this very clearly. The Secretariat says that Universal Health Coverage does not mean minimal benefit packages but the World Bank has been pushing this model for more than 20 years.

Under the heading "human resources" the Secretariat reports on a number of initiatives designed to promote a more flexible mobile workforce. However, extending the continuous service requirement from five years to ten years will have a clearly prejudicial impact on the gender balance in the WHO workforce. Because women are more likely to have discontinuous service record, they will be differentially excluded from access to permanent employment.

Under the heading, "support for Member States", the Secretariat articulates a commitment to strengthening technical and policy support to Member States. However, the specific initiatives which are described are very weak. There are structural weaknesses in WHO's country level engagement which stem from the Member States nature of the Organisation. Health development at the national level is in part a function of national politics including the interplay of government and civil society. If WHO were to cultivate a stronger relationship with civil society at the global and regional level, this could contribute to a much richer engagement in health development at the national level.

Thank you!