Medicus Mundi International

**Meeting**:

142th Executive Board Meeting (EB142)

**Agenda Item:**

3.3. Public Health Preparedness and Response

**Statement:**

MMI would like to take this opportunity to address agenda item 3.3. The statement is supported by PHM.

WHO’s draft five-year global strategic plan to improve public health preparedness and response is guided by 12 principles. We welcome the focus on ensuring “WHO’s leadership and governance”, “community engagement”, “consultation”, and “focus on countries with greatest risk of emergencies and outbreaks”.

PHM urges the WHO and Member states to consider the implications of framing the issue of emergency preparedness as a ‘Health Security’ issue. Such framing could advance a position that more developed nations should prioritize protection of their citizens from being affected by outbreaks in poor countries, rather than act in a spirit of solidarity towards affected countries.

The strong focus on mobilizing “domestic financing” can result in an unfair burden on LMICs, who face different opportunity costs due to their already fragile health systems and lack of human resources. The strengthening of IHR core capacities should be realized based on global financial solidarity.

We are concerned that the only indicator proposed to assess the success of building and strengthening IHR (2005) core capacities is the “*Number of countries supported annually in the development or updating of their national action plans*”. We advocate incorporation of a target on global funding commitments. These should aim to strengthen health systems that addresses people’s health needs and constitute the basis of an emergency response.

We regret that WHO’s Contingency Fund of Emergencies has received only 45% of its planned US$100 million funding as a consequence of tight earmarking of donor contributions.

Finally, we are concerned by the rise of PPPs for global health security such as the Global Health Security Agenda and the Coalition for Epidemic Preparedness Innovation. These can potentially undermine WHO’s leadership and confer undue influence to the private sector.