

Overview of EB142 - Day 4: Thursday 25 January 2018

Today's session has been tense, exciting, and even, amusing.

It all started with discussions on the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property (GSPoA), that constituted today's red thread and took much of our dear delegates' time and patience.

Agenda item 3.7: GSPoA

GSPoA's review found that intellectual property (IP) issues are absolutely critical to achieve Universal Health Coverage (UHC); but noted that little progress has been made; funding is lacking; in brief, the reasons for developing the GSPoA still very much present. The report suggests therefore 33 action points to finally get things moving forward.

IP issues have been discussed since the late 1990s and little has concretely been achieved due to fierce resistance from several high-income countries to implementing the flexibilities included in the TRIPS agreement. The discussions between member states showed the traditional divide on the matter; but the US intervention stating in clear terms that the US would not support the draft and requiring the establishment of a working group triggered a heated debate.

For more than an hour, developing countries led by Brazil, and to a lesser extent, Congo, fought back fiercely the suggested delay in the implementation. Strong statements were made to highlight the importance of IP flexibilities to make actual and substantial progress in global health; and to denounce yet another postponing of work in this area. Watcher Peter's statement on the matter read a few moments later said nothing less (<https://extranet.who.int/nonstateactorsstatements/print/book/export/html/2665?destination=node/2665>). Two amendments to the draft decision are made orally by Canada and Brazil, which adds some confusion to the discussion.

It is finally decided to set-up a working group to lead informal discussion throughout lunch to come to a consensus. To lower the pressure that mounted during these discussions and respond to Thailand's repeated request to do physical activity during the meetings, the Chair launch a 3 minutes fitness video clip during which all delegates start 'dancing'. Amazing and unexpected moment that certainly contributed to lower the pressure in the room, and strengthened the Chair's request for MS to "come to the informal meeting with an open mind, in the spirit of Geneva"!

After lunch, Colombia and Malta inform the Chairman that no consensus was found during the informal meeting and ask for additional time to lead discussions. Brazil and Congo, again very vocal on the issue, insist on finding a solution by the end of the day – which didn't happen.

Keep tune for the next episode tomorrow!

Post Lunch- Afternoon session

Agenda 3.1 GPW (Revision and amendments).

After Iraq pointing against the use of the word '**realistic**', Germany replied that the word realistic has been in use since 2012, at that time WHO lacked about 900 million US \$ in the biennium. After a few statements by Japan on financial gaps, New Zealand on realism and

Swaziland, Panama, Thailand, Fiji and Canada on OP1,2 and3; the Secretary made the final comments.

He welcomed ambitious vision of aspiring for triple billion target and suggested the following changes in the revised version:

- **OP1-approves GPW 2019-2023.**
- **OP2-urges MS to support work towards achievement towards 13th GPW, and**
- **OP1 will become OP2- to use GPW as strategic development of programming, and to develop program budgets in consultations with MS based on realistic assessment of incomes and WHO capacities.**

The DG thanked the member states for adopting 3.1 revision 1 year ahead of schedule and explained that this will help us in preparing cleaner programme budget and mobilizing funds.

Item 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

The next item of the afternoon was 3.8, the board has noted the report. All the countries welcomed the report and commented on its importance. While Jamaica and Sri Lanka stressed about the importance of integration of NCD work with PHC, Canada highlighted a few contradictions in the report- In the discussion, the document talks about Childhood Obesity, whereas the targets are related to Obesity, and the conflict between the two targets of 40% and 30% reduction in premature mortality due to NCDs.

Interestingly Malta raised a pertinent point that model policy for funding is important, for example **ILO still takes funds from tobacco companies!** Since China organized the global health conference in Shanghai, it asked for Shanghai declaration on NCDs to be referenced in the document (pun intended)! In addition, several countries asked the WHO to include references to the Montevideo report and plan against NCDs.

As it always does, **US** made sure that it highlights the fact that there are '**evidence of positive outcomes of private sector engagement**' and that it finds ambiguity in Table 5 of the document (Table 5 highlights the obstacles and best buys at national and international levels to prevent NCDs).

The Regional Director of AMRO made an emotional appeal counting the number of deaths and why this requires urgent attention.

While, the draft was noted and closed, DG Dr. Tedros read a list of countries (33) who have ratified **Protocol to Eliminate Illicit Trade in Tobacco** and highlighted that only 5 members of EB have done so. He made an appeal that if it is 40 by summer, he will enforce it into a law. Turkey remarked that it would be number 6 (from the EB), as the assembly has passed the law.

Item 3.9 Preparation for General Assembly for ending tuberculosis

Most of the countries supported the draft resolution and welcomed the Moscow declaration and highlighted that this is important for UHC and SDGs (the latter being the more common keyword). Two high-level panel meetings are planned- one in Japan and the other in New York (regarding which Swaziland remarked about logistics problems in attending both). ADG also commented that on International TB Day, WHO SEARO in India is also hosting a lot of

high level events including meeting of Lancet Commission and urged countries to engage and was hopeful that declarations on ending TB is adopted in UN general assembly.

4.1 Global Snakebite Burden

Every year, poisoning from snakebites accounts for as many as 138 000 deaths and 400 000 cases of lasting disability; in over 2 million more people. The global snakebite burden is illustrative of many of the problems of global health: poor health systems; lack of investment in R&D for developing countries problematics; and a disproportionate burden carried by the most vulnerable – which is the message watcher Adsa delivered on behalf of MMI and PHM. Discussions were rather fast and uncontroversial, in support of the report. Only a few member states made additional suggestions, such as including scorpion bites to the agenda; or questioning the relevant of inscribing snakebite in the list of Neglected Tropical Diseases (NTDs), but did not questioned the approach undertaken by the WHO.

4.2. Physical activity for Health

Definitely the shortest and most-effective agenda item of the day (the week?!). Only 7 member states made statements, in support of the global action plan or to tease the delegation from Thailand that repeatedly brought up this agenda item the last years and in its statements during this EB. The plan is adopted at 21:00 with relief - everyone can finally go home!