

PHM daily briefing of the WHO 140 EB Meeting: Day 1 (January 23, 2017)

The meeting began with a briefing session on the election of the Director-General and a detailed description of the voting process. The next item was the adoption of the agenda. Thailand insisted and got approval for inclusion of 'physical activity'.

Call for discussion on UN High Level Panel Report on Access to Medicines Rejected

India raised the issue of non-inclusion of a separate agenda item in EB 140 on the report of the UN High Level Panel (UNHLP) on Access to Medicines (see India's intervention here: <http://www.keionline.org/node/2711>). SEARO had asked for this inclusion in September 2016 but the Secretariat (Sectt) had only proposed discussion in existing agenda items of EB 140 such as shortage of medicines. India's proposal was supported by Venezuela, Brazil and South Africa. Unfortunately the Sectt. ruled that this could not be allowed and that member states can discuss the UN HLP report under other agenda items on medicines access. This was very unfortunate as was the Sectt.'s rationale that they hadn't included a separate agenda point as the HLP report was contentious and consensus would not be arrived at through discussions at the EB! Taken to the logical conclusion such a contention would mean that only issues where everybody agrees upon will be discussed in the governing body meetings of the WHO.

Director General's report and report by Program Budget and Administration Committee (PBAC)

Director General (DG) Margret Chan give her report on what WHO has achieved over the past year. The chair of the Program Budget and Administration Committee (PBAC) gave a report on the discussion in the PBAC meeting (item 5), and most member states voiced their concern of WHO funding especially regarding assessed contributions. There was a proposal from the DG to increase assessed contribution by 10%. Next on the agenda was item 6, reports of the regional committee.

Health Emergencies

Further item 7 on health emergencies was discussed, which focused on preparedness, surveillance, and response in times of health emergencies. The review documents for this item were EB 140/8, EB 140/7, and EB 140/9. The Independent Oversight and Advisory Committee (IOAC) gave their first assessment report on the WHO health emergencies program. The IOAC reflected on what has been done in four months; explained the reason it was established and gave an overview of the program. Their mandate is to monitor the WHO health emergencies program, guide activities and report findings to the governing body. It was claimed that even though it is too early to assess real reform, the program is demonstrating real results. The results achieved were presented which included early detection and response to outbreak including Zika, a more structured response to a humanitarian crisis like in Syria, South Sudan and Haiti. It was reported that the program has demonstrated new responsiveness, ability to scale up rapidly and shifting professional culture or professionalized management. The program has focused on eight areas: structure, human resources, incident management, risk assessment, business processes, partnerships, International Health Regulations (2005) (IHR) and finance.

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The program has made progress in recruiting health personnel. Some member states welcomed the report and the early work of IOAC.

Based on the assessment made, it was reported that some countries haven't started to implement changes. It was articulated that the IOAC needs support and partnership with the Secretariat, as the IOAC has principally an advisory role. Some Member States complained about the report being delayed and the Director General asked member states to accept the report in four weeks instead of six weeks in advance. The Director General also requested member states to have a five-year financing plan, and said the secretariat would provide the strategic plan in 2018 executive board meeting six weeks in advance.

Concern was raised about weak health systems in many countries and this being a reason for them not being able to cope with health emergencies. In response, the DG said the secretariat would focus on three C's: country focus, cultural change, and cash. She said that the Secretariat will work to strengthen health systems, build core capacity under the International Health Regulations, strengthen country office capabilities and provide additional help. It was articulated that there is need for a cultural change within countries and in WHO, and that there should also be close working relations between ministries such as health ministry and foreign affairs. For example, the foreign ministry in consultation with the health department should be able to issue visas quickly to emergency responders from the international community to ensure smooth response to emergencies.

Concerning the contingency fund for health emergencies, member states supported the report but raised concerns about the problem of funding, coordination at country, regional and headquarters of WHO. The director general responded regarding funding and said that the program has significant funding gaps. Without the funding, the program cannot operate sustainably. The director general thanked Kuwait for their support in Syria and encouraged the need for member states to work together with the Secretariat. She also called for political and financial commitment.

Member states especially from the Africa region highlighted the necessity of the R&D blueprint and roadmaps and also applauded the progress made so far. The vulnerability of the African region was highlighted. They also stressed that products generated from R&D should be affordable, and data sharing should be ensured. A proposal was made to use the Nagoya protocol, exploration of innovative sources of finance, and the expediting of the R&D roadmap.

The session will continue on the 24th January.

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