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**Medicus Mundi International**

**Meeting:**
Seventieth World Health Assembly (A70/1)

**Agenda Item:**

**Statement:**

MMI would like to take this opportunity to address agenda item 12.4. The statement is supported by PHM.

We welcome WHO’s efforts to implement IHR 2005. The draft implementation plan is sensible and practical. The extended time frame for implementation and the emphasis on the need to mobilise financial support for vulnerable countries are appreciated.

However, we are concerned that the initial idea of IHRs has become increasingly interpreted as a matter of global health security. This interpretation is particularly focused on the protection of wealthy countries from outbreaks spreading from LMICs. Such an interpretation, however, results in an additional and unfair burden on LMICs, who face different opportunity costs due to their already fragile health systems.

We would like to remind the WHO and Member States that IHRs should be based on principles of solidarity. Instead of a narrow focus on surveillance, the implementation of IHRs should be accompanied by measures to strengthen the capacity of health systems in LMICs. Fragile health system should not be further undermined through onerous conditions placed on them as a requirement for the implementation of IHRs. IHRs need to be viewed as global public goods and their implementation needs to include support to LMICs, including financial support and technology transfer, directed at building capacity of health systems. The proposed ‘conceptual framework’ on the links between IHR capacity building and health system strengthening will be very useful.

The rapid sharing of information, as envisaged in the global implementation plan needs to be accompanied by benefit sharing mechanisms. Finally, it is a matter of concern that WHO’s Health Emergencies Program continuous to be seriously underfunded and the major donors of the WHO need to address this urgently.

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