

## **PHM Policy & Press brief compilation document for the 68<sup>th</sup> Session of the World Health Assembly**

Geneva: May 2015

The policy briefs set out below have been prepared by the People's Health Movement as a contribution to Member State deliberation during the 68th Session of the World Health Assembly.

PHM is a global network of organisations working locally, nationally and globally for Health for All. Our basic platform is articulated in the [People's Charter for Health](#) which was adopted at the first People's Health Assembly in Savar in Bangladesh in December 2000. More about PHM can be found at [www.phmovement.org](http://www.phmovement.org).

PHM is committed to a stronger WHO, adequately resourced, with appropriate powers and playing the leading role in global health governance. PHM follows closely the work of WHO, both through the Secretariat and the Governing Bodies. Across our networks we have many technical experts and grassroots organisations who are closely interested in the issues to be canvassed in the WHA68 debates.

PHM is part of a wider network of organisations committed to democratising global health governance and working through the WHO Watch project. More about WHO Watch at: [www.ghwatch.org/who-watch](http://www.ghwatch.org/who-watch).

PHM representatives are attending the Assembly and will be pleased to discuss with you the issues explored below.

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## 11.2 Non-State Actors (NSA)- Press Brief

### Defend the World Health Organization from corporate takeover

May 18, 2015

At the forthcoming World Health Assembly (WHA), two key deliberations have the potential to fundamentally influence the future of the World Health Organization (WHO). The Assembly will consider the latest draft of the 'framework for engagement with non-state actors'. It will also finalize proposals for the financing of WHO for the next two years. The latter includes a critical proposal by the Director General for a 5% increase in assessed (mandatory) contributions.

We, the undersigned civil society organizations and social movements urge the Member States of the WHO to intervene in these deliberations to strengthen WHO and protect its integrity and independence.

We are concerned that rich member-state donors have been deliberately undermining the WHO and weakening its capacity to promote global health by underfunding, tight earmarking of donor funding and opening spaces for corporate influence. Partly as a response to this situation a number of Member States are driving an initiative directed at protecting WHO from improper influence through regulating WHO's engagement with the private sector entities, philanthropic foundations, academic institutions and non-governmental organizations. However, this initiative may be blocked at the WHA.

#### **The funding crisis**

Donor funds account for 80% of WHO's budget and 93% of donor funds is tightly earmarked to programs that the donors support. This prevents WHO from implementing programs that rich countries do not support, even when they are decided by the World Health Assembly. Threats of further funding cuts are held out if attempts are made to implement such programs.

The compromised ability of the WHO to intervene effectively during the 2014 Ebola crisis is a tragic illustration of the impact of the budgetary crisis on WHO's capacity to fulfill its mandate. Over the last four years WHO has been through a far reaching reform program driven in part by arguments that the freeze on assessed (mandatory) contributions should remain in place until the Organization addresses its inefficiencies. Such arguments fly in the face of clear evidence that these inefficiencies are largely a function of WHO's financial crisis brought on by the freeze on assessed contributions.

The Director-General has now proposed a 5% increase in assessed contributions..While 5% is a relatively small increment, much less than the big donors contribute as voluntary contributions, it is of huge symbolic value and a crucial step towards breaking the logjam of freeze on assessed contributions. Predictably, certain large donor countries are gearing up to oppose the increase and refuse to adopt the budget.

#### **WHO's relationship with global corporations lies at the heart of the crisis**

Threats to health and barriers to affordable health care arise due to the commercial interests of big corporations. The increasing incidence of obesity, diabetes, heart disease and stroke due to intensively marketed cheap ultra-processed foods is a stark example. Pharmaceutical

corporations clearly value shareholders' demand for profits over affordable access to essential medicines and vaccines. For WHO to fulfill its mandate it must be able to name such threats and barriers and develop and implement policies and programs to manage them.

However, rich member states, the USA and UK in particular, have repeatedly opposed WHO taking any action which might run counter to the interests of transnational corporations. Furthermore certain rich member states are seeking to force WHO to open up its policy making and decision making spaces to the transnational corporations.

Proposals for 'multi-stakeholder partnerships' would designate junk food manufacturers as partners in the task of addressing obesity, heart disease and stroke. Over the last two years WHO and its Member States have been locked in a contentious debate around the rules governing corporate influence over decision making in WHO. Rich countries are seeking to use these rules to clear the way for transnational corporations to buy influence and insert corporate staff into strategic positions within the WHO Secretariat.

The present draft of the 'framework for engagement with non-state actors' is contested and problematic. It is more important to get a good outcome than rush to adopt a document that might further legitimize corporate influence of decision making in the WHO..

A recently leaked document from the International Food and Beverage Alliance (see accompanying document) illustrates the lengths that the corporations will go to ensure that the 'framework for engagement' increases their access to policy-making in the agency and the degree to which member states can be 'persuaded' (if such persuasion is needed) to support them.

**We call upon the delegates to the 68th World Health Assembly to defend the integrity, independence and democratic accountability of the World Health Organization by**

- **supporting the increase in assessed contributions;**
- **taking such time as is necessary to achieve a robust framework for engagement with non-state actors, to protect the Organization from improper influence.**

## 13.1 Outcome of the Second International Conference on Nutrition

The food, nutrition and agricultural circumstances are very different across the world. Action on food and nutrition must be planned and implemented at the national and local levels. However, the political and economic context within which national planning takes place is strongly shaped by economic globalisation, the increasing power of transnational corporations and the drive to regulate the global economy in the interests of the TNCs through trade and investment agreements.

The outcome documents from ICN2 fail to articulate the barriers to food security and food sovereignty in current trade and investment agreements. In particular they fail to acknowledge how the inclusion of investor protection provisions (investor state dispute settlement or ISDS) in bilateral and regional trade and investment agreements can prevent effective regulatory strategies.

The outcome documents fail to acknowledge how the dumping of rich world agricultural surplus on developing country markets can devastate local agriculture and food security.

**We urge a return to multilateral negotiations** around trade in agricultural commodities to ensure the elimination of dumping and of the use by rich world countries of tariff protection and subsidies to protect corporate agriculture. WHO has a mandate (through [WHA59.26](#)) to take the lead in this work.

### **Food sovereignty as a path to food security**

There are deep conflicts between the assumptions underlying the food sovereignty movement, which envisages food and agricultural systems based on agroecological principles, in contrast to the globalised corporate industrial model of corporate agriculture and corporate dominated food systems. **PHM calls for a new Commission to be jointly sponsored by WHO and FAO to investigate and report on the role of food sovereignty in addressing the challenges of food security.** PHM urges delegates to include under OP2 the following clause:

OP2 (g) to open discussions with the FAO with a view to establishing a new jointly sponsored Commission to investigate and report on the role of food sovereignty in addressing the challenges of food security;

### **Need for new international instrument to regulate transnational corporations**

The increasing power of transnational corporations vis a vis the democratic expression of the public interest is widely recognised. There is an urgent need for new international instruments to regulate the TNCs in areas where their profit objectives run counter to public policy objectives such as food sovereignty and environmental sustainability. **PHM calls on WHO to open negotiations with the Human Rights Council with a view to exploring in more detail possible strategies for regulating TNCs.** PHM urges delegates to include under OP2 the following clause:

OP2 (h) to open discussions with the UN Human Rights Council with a view to exploring in more detail strategies for regulating transnational food and agricultural corporations;

### **The human rights perspective**

The Outcomes Documents are weak in acknowledging that access to decent food, consistent with cultural traditions, is a basic human right; the human rights perspective should permeate all policies and actions in this field. **PHM urges WHO to work with the Special Rapporteurs on the Right to Food and the Right**

**to Health in preparing an information product on the human rights dimension of food and nutrition policies**, and particularly the Outcomes commitments of the ICN2, designed to inform national nutrition planning. PHM urges delegates to include under OP2 the following clause:

OP2 (i) to work with the Special Rapporteurs on the Right to Food and the Right to Health in preparing an information product on the human rights dimension of food and nutrition policies, designed to inform the Post 2015 Development Agenda, as well as national nutrition planning;

**Trade and investment agreements should not be able to deter regulation in the public interest**

There is no reference, under monitoring and accountability, to FFA Recommendations 17-18 (regarding trade and investment agreements). **PHM urges WHO, FAO, the UNHCHR and UNCTAD to create a commission to report on the implications of trade and investment agreements for the right to food** in accordance with para 25 of UNGA resolution [A/RES/68/177](#). PHM urges delegates to include under OP2 the following clause:

OP2 (j) to open discussions with FAO, the UNHCHR and UNCTAD with a view to creating a commission to report on the implications of trade and investment agreements for the right to food in accordance with para 25 of UNGA resolution A/RES/68/177.

## 16.2 Malaria: draft global technical strategy: post 2015 - Policy Brief

At the current 68<sup>th</sup> WHA, the Assembly will consider A68/28, a Report by the Secretariat entitled “Malaria: draft global technical strategy: post 2015”, and will be asked to consider adopting the draft resolution forwarded from January 2015 EB136.R1, thus adopting the **Global Technical Strategy for Malaria 2016-2030**.

### Devising vertical technical strategies to avoid addressing core structural problems in Healthcare Systems

The WHO Global Malaria Programme (GMP) has articulated a global technical strategy (GTS) that, much like previous global malaria strategies proposed, focusses on so-called “technical” aspects, all the while providing no WHO-guidance whatsoever on strengthening healthcare systems, albeit “weak health systems” are clearly recognized in WHO's own March 2014 Concept Note for the GTS as a threat to global progress on malaria.

### Lack of WHO Technical Guidance on how to consolidate resilient health systems

The lack of WHO-guidance on tackling the problem of weak health systems seems to reflect the view that strengthening of health care systems is achievable as a mere by-product of strongly vertical programmes focussed on diseases, such as malaria. PHM disagrees on this approach of disease focussed vertical programming, as it is flawed in multiple respects. Multiplication of vertical programmes leads to poorly coordinated national healthcare systems, to the fragmenting of management, and no capacity build up for in-country stewardship of health. This also weakens disaster preparedness, as well evidenced in the recent 2014 Ebola saga.

The vertical orientation of both the GMP and RBM is a direct consequence of the involvement of private financing that does not believe in strong healthcare systems based on Primary Health Care principles. WHO's Concept Note envisions the GTS as “the technical foundation for the upcoming RBM Global Malaria Action Plan 2” (GMAP 2). That WHO technical policy offered as a global strategy to its MSs should see itself as “collaborative” or “in alignment” to a strategy developed for the Roll Back Malaria partnership which is a global public-private partnership poses a certain number of questions. Namely, to what extent WHO maintains the capacity to independently formulate policy given its' current financing structure, and WHO's resultant capacity to assume solid global health leadership.

If WHO wants to be congruent with its' vision of a malaria-free world, it must take the lead in championing health care systems based on PHC principles, and PHM urges WHO to include some technical guidance on how to build resilient health systems in the GTS. A first step in this direction would be to explicitly state PHC as being integral to Pillar 1 of the GTS (“Ensure universal access to malaria prevention, diagnosis and treatment”), and seeing malaria targets linked to clear progress on in-country application of PHC principles. In order to encourage a participatory approach and health sector leadership in the concerned countries themselves, a mechanism resembling a **WHO-led PHC Advisory Panel** could prove to be a useful tool so as to provide specific technical guidance on obstacles faced. An associated WHO-lead review mechanism would enable MSs to measure progresses achieved, identify remaining gaps in their forging of resilient health systems, and identify actions needed to further build solid health systems based on Primary Health Care principles.

*PHM's suggestion* would be to amend WHA68/28 page 28 paragraph 98 in this direction.

### **Universal coverage and universal access**

WHA68/28 page 3 paragraph 10 states that “**Universal coverage** is a key principle of the draft strategy, applying to all core interventions”, and Pillar 1 is titled “Ensure **universal access** to malaria prevention, diagnosis and treatment”.

It is important to distinguish “universal coverage” as applied to integrated vector control, and as applied to the remainder of the core diagnostic and therapeutic “malaria interventions” listed as inherent to pillar 1 of the GTS. This disambiguation is crucial to avoid confusion between an area, integrated community-based vector control, where a focussed targeted approach can be adopted, from areas of structural development where a more broad-based horizontal approach is needed (such as in building robust healthcare systems over time, staffed by healthcare workers reliably capable of delivering adequate and safe diagnostics and therapeutics). In the field of healthcare, the very nature of universal coverage is crucial to ensuring equal access to the proposed measures. While WHA68/28 page 9 paragraph 14 makes a passing reference to “the unregulated private health sector in many countries, which allows the use of ineffective antimalarial medicines or vector control products”, how this private sector articulates itself in the landscape of “universal coverage” is not specified further.

PHM would suggest to maintain **universal coverage** as terminology applied to integrated **vector control**, but would like to argue for the terms “**universal health care based on PHC principles**” as being fundamental to the delivery of malaria diagnosis and treatment.

### **Integration of malaria control into wider social and economic development**

Malaria control requires action that goes beyond vector control and good diagnostics and treatments within the healthcare sector. Elimination of malaria has historically been driven essentially by the improvement of socio-economic conditions which favourably impact habitat, diminish the mosquito-human encounters and thus lower disease transmission. Malaria disproportionately affects poor and rural communities, and effective malaria control must address poverty as a social and economic determinant of health. However, the broad based development strategies to address poverty is not reflected in the scope of highly vertical malaria control programmes.

PHM would like to see this reflected better in the GTS, and beyond wording, would like to see broad-based development better considered as a core component of malaria control.



## 17.4 Follow up of the Report of the CEWG

At the 68th World Health Assembly (WHA68), delegates will be requested to consider the proposal for a pooled fund for research and development as a follow up of the report of the Consultative Expert Working Group (CEWG) on Research and Development: Financing and Coordination (A68/34 -- agenda item 17.4). The CEWG was set up with the mandate to address structural issues related to research and development, including a consideration of alternate R&D models. The mandate of the CEWG included proposing measures to ensure both 'innovation and access', in other words de-linkage of the costs of research and development and the price of health products. The CEWG report, presented in 2012, recommended the creation of a legally binding instrument that would ensure sustainable funding and coordination of R&D to meet health needs of developing countries. Taking note of the report, the 2013 WHA resolution (WHA66.22) committed:

*"to convene another open-ended meeting of Member States prior to the Sixty-ninth World Health Assembly in May 2016, in order to assess progress and continue discussions on the remaining issues in relation to monitoring, coordination and financing for health research and development, taking into account all relevant analyses and reports, including the analysis of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination."*

**Given this background, the open-ended meeting of Member States is the appropriate place to discuss in a comprehensive manner the proposals contained in the document A68/34.**

### **Defer final decision on pooled fund to WHA69**

It is surprising that the document (A68/34), while referring to WHA66.22, does not mention the commitment to convene an open-ended meeting of member states prior to WHA69 in 2016. It is important that the open-ended group be constituted and it be provided the mandate to discuss the proposals made by the secretariat in document A68/34. A final decision on the proposed pooled fund at this stage, as articulated in the document, would make the open-ended group of member states redundant.

**We urge Member States to defer the decision on the proposed pooled fund and to task the open-ended meeting of Member States to assess progress on the recommendations of the CEWG, including a thorough assessment of the structure and modalities of the fund. We also urge Member States to postpone any decision on the proposals in A68/34 to WHA69 and direct the discussion at WHA68 towards agreeing on the terms and modalities of the open-ended meeting of Member States.**

### **Proposals in A68/34 do not reflect the recommendation of the CEWG**

The proposals contained in document A68/34 need careful consideration. This is particularly so as the proposals do not reflect the recommendation of the CEWG. The CEWG had recommended a legally binding instrument that would ensure sustainable funding for the research and development fund. The proposals described in para 10 of the document essentially pertain to voluntary mechanisms of funding. Such a fund is likely to be unsustainable. As envisaged by the CEWG, contributions to the pooled fund need to be mandatory. The voluntary nature of the proposed fund will make it vulnerable to undue influence from vested interest, including from donor countries, private entities and philanthropic organisations.

Further, para 11 of the document states: *"The pooled fund should also be able to accept voluntary, preferably unspecified funding by non-State actors such as philanthropic foundations following WHO's rules on*

*acceptance of donations*". Member States are invited to note that the WHO does not have rules on acceptance of donations.

**We urge Member States not to agree to the creation of a fund that relies on voluntary contributions, rather than on mandatory contributions governed by a binding mechanism.**

**Pooled fund should address comprehensive research and development goals**

There have recently been multiple propositions for funds targeting specific categories of disease or challenges. Para 2 of the document proposes an approach that would compartmentalize the pooled fund into funds for Type I, II and III diseases. Such an approach will compromise the ability of the fund to respond to the structural issues related to research and development from the perspective of Low and Middle Income Countries (LMICs). The pooled fund should, *inter alia*, promote basic research in areas of interest to all member states, the development of new anti-microbials, better low cost diagnostics, and independent clinical trials to evaluate the safety and efficacy of new medicines.

**We urge Member States not to agree to the creation of a fund restricted to specific disease categories, but rather insist on a broad fund for research and development that addresses the comprehensive needs of all countries, including importantly, those of LMICs.**