

Medicus Mundi International

Meeting: Seventy-first World Health Assembly (A71/1)

Agenda Item: 11.1 Draft thirteenth general programme of work, 2019–2023

Statement:

Thank you chair for this opportunity to address the WHA on behalf of MMI, supported by PHM.

We commend the recognition of the role of CSOs in strengthening health systems in the GPW, and its emphasis on the role of women in WHO's work.

However, we would like to underline a few aspects, which call for additional explication. The draft GPW does not adequately address the severity of the financial situation WHO is facing. This would mean that the current state of donor chokehold on WHO's normative work will continue. We urge MS to lift the freeze on ACs and un earmark their voluntary contributions.

GPW13 has numerous references regarding cooperation with NSAs. This refers mainly to entities from the private sector and the GPW draft proposes that management of conflict of interest will take place through the application of FENSA. WHO should address the fact that many such private entities, especially TNCs, have a negative influence on people's health, and FENSA's ability to effectively manage Conflict of Interest is untested.

It is disappointing that the GPW does not adequately address the barriers posed by IP rights on access to medicines and we urge MS and WHO to attend to this area in the GPW.

The importance of resolving the health workforce crisis, including massive migration of health care workers from LMIC to high-income countries, is very cursorily addressed. A projected shortage of 18 million health workers until 2030 will be worsened by differences in distribution of health workers globally and within countries. Health worker gaps primarily affect the poorest populations, obstructing health equity. We urge WHO and MS to create binding mechanisms for ethical forms of recruitment of health workers, in order to build strong, well-staffed public health systems capable of achieving health for all.