WHO Watch Daily Report for WHA70
Day 6, 27 May 2017

Today's short Saturday meeting (9:30 am to 12:30 pm) began with resuming the discussion on agenda item 13.3 on Addressing the global shortage of, and access to, medicines and vaccines (Document A70/20), followed by item 13.6 Member State mechanism on substandard/spurious/falsely-labeled/falsified/counterfeit medical products (Documents A70/23, A70/23 Add.1 and EB140/2017/REC/1, decision EB140 (6)).

Global Shortage and Access to Medicines
This discussion was resumed after having been initiated yesterday, Friday the 26th. During Friday's discussion India, together with the USA and Colombia, had proposed to postpone this agenda item to EB142 in January 2018 and called for flexibility to build consensus, and for a consultation process. South Africa requested to have the UN HLP on Access to Medicines report on the agenda as a separate item for 2018, which Ethiopia supported.

During the Saturday discussion, Ecuador said that they welcomed India's proposal for this to be a standing item for discussion in WHO meetings, and that this discussion must continue. Bolivia said they supported India and South Africa's proposals. Canada said that they support having this item return to the agenda next year (as did Malaysia, the UK, Botswana, and Tunisia), and also a meeting on this issue in the fall.

Many Member States (MS) cited the importance of access to medicines and emphasized that it is a priority and requires ongoing support from WHO. They highlighted the link between access to medicines challenges and UHC, health systems, and sustainable development, while raising issues such as high prices/fair pricing, global shortages, and the need to develop the pharmaceutical workforce in some contexts. Ethiopia emphasized that access to medicines is a significant issue in many African countries and that WHO needs to support them, and should consider local manufacturers in WHO pre-qualification. Yemen spoke specifically on their challenges in the current context of conflict with the country and thanked UNICEF while calling for support from WHO, UN, and other organizations at this time.

Russia discussed the need to develop local R&D in relation to the pricing of medicine, stating that comprehensive licensing is needed for drug production for countries to be able to produce medicines. Australia argued that product-development partnerships are important. Colombia said that promoting generics is important and argued that there is a need for transparency in meeting pricing and evidence-based R&D needs. Ecuador said there is a need to address the patent issue, arguing that public interest should be addressed over financial interest and IP rights, and that there is unfair distribution of medicines around the world. They further called for strong implementation of the UN HLP report.

Japan emphasized the importance of IP for access to medicines, stating that the scope of the UN HLP report is limited and it did not involve Member States. They supported India's proposal to have this item on the agenda for the next EB but argued that the discussion should not be limited to narrow IP issues but focused on access to medicines and vaccines for vulnerable populations. Along similar lines,

the UK said that they wish to promote the use of IP to address public health need and that any discussion on the UN HLP report should be alongside other WHO documents. India said that TRIPs flexibilities and knowledge sharing is needed to address the shortage issue and that better coordination on this issue is needed from agencies and countries. The USA said that the UN HLP report is not the right starting place for the discussion on access to medicines and said that dialogue with Member States is needed on this topic. They said they cannot accept any other proposals except those of India of Colombia [i.e. not that of South African to have the UN HLP report as a separate agenda item].

Following all MS statements, there were statements from several NSAs (including MMI/PHM), available here: https://extranet.who.int/nonstateactorsstatements/meetingoutline/6.

After all statements were complete, the Secretariat responded, articulating the significance of the issue, arguing the importance of delinking, and stating that the Secretariat plans to work on this issue as a priority. The Director-General Margaret Chan then spoke, stating that the topic is very important and also very complex. She acknowledged that two proposals have been put forward: 1) to address the UN HLP report as a stand-alone item at EB142, and 2) to have the report included within an agenda item at EB142. She said that it seems the Member States have indicated flexibility and have agreed to have the UN HLP report addressed within this agenda item again at EB142.

The Chair asked whether there were any objections and very quickly said that she saw none and that it was so decided. However, South Africa had raised its nameplate but had not been seen, so they were then given an opportunity to speak. They reiterated their request to have the UN HLP report as a standalone item. The DG then essentially repeated what she had said, that there would be an agenda item in which the report would be included and discussed. The Chair then again asked for objections and seeing none she closed the agenda item, much to the dismay of some people in the NSA gallery. The Chair then tried to move on to the next agenda but there was much movement and discussion in the Committee room and they had to call everyone to order a couple of times before successfully moving on.

MS mechanism on substandard/spurious/falsely- labeled/falsified/counterfeit medical products

Committee A then moved on to discuss item 13.6 on a Member State mechanism on substandard/spurious/falsely- labeled/falsified/counterfeit medical products. MS said that they welcomed the changes and universalization of the definitions of key terms. They requested WHO guidance on regulation and assistance at all levels for harmonization in MS and for support with detection and tracking of SSFFC in the supply chain, with some asking in particular for WHO to develop policies and data analysis for better information. The need for education and capacity-building was also stated by a few MS. Challenges were articulated by many MS, for example the Dominican Republic stated that it does not have the technology required to implement the framework. The meeting was adjourned around 12:30 pm and the discussion will be continued on Monday, 29 May 2017.