WHO Daily Report for WHA70
May 26, 2017

Proceedings in Committee A

Continuation of Agenda item 12; Preparedness, surveillance and response along with sub items

In committee A, the discussion began with the continuation of **agenda item 12 Preparedness, surveillance and response** with sub items 12.2 on Antimicrobial Resistance, 12.4 on Implementation of the International Health Regulations and 13.1 on Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth.

The Member States (MS) proposed to change some wording in the conference paper on **item 12.2 AMR**. Dr. Inouye and the council noted the amendment suggested by the MS. The proposed amendments are as follows OP1 § 1:

- To remove the word "international" and to replace it with WHO guidelines.
- To have a first paragraph, which would read as: "to develop WHO guidelines, including guidelines as appropriate on sepsis prevention and management." Attention should also be given to the public health impact of sepsis including a report on sepsis describing its global epidemiology and impact on the burden of disease identifying good practices into existing health systems by the end of 2018.

There was no objection to the amendments; the resolution was approved. Dr. Inouye also spoke about the development of the stewardship framework, which was adopted in WHA68. The resolution adopted last year urges the WHO to finalize this framework. The WHO has been working closely with FAO and OIE to make a draft roadmap of the framework. The framework will be uploaded on the website after consultation with Member State. Input from Member State is also requested for the development of the roadmap.

Sub item 12.4 on International Health Regulations (IHR) resumed following suspension for informal consultation to propose a draft decision. The MSs reached a consensus and asked the DG to develop in consultation with MS, including through regional committee, a global five-year strategic plan. The Secretariat should continue to support MS for the full implementation of IHR, by strengthening the core capacities in health care. No amendments were proposed, and the agenda item was approved.

The WHA was invited to review the agenda item **13.2 Principles of the donation and management of blood, blood components and other medical products of human origin**. The member states recognized the importance of this agenda item and called for the reorganization of the blood transfusion process and centers in many countries. WHO and partners should support, monitor, establish facilities and manage center for blood donation and other components in remote areas. A regulatory framework or international guidelines developed by WHO was needed to restrict trafficking of organs and organ transplant tourism. The MS also highlighted the importance of voluntary donation and the protection of donor rights. MSs spoke of the need for an ethical framework to protect human rights. The MSs called for better surveillance services, Universal Health Coverage and voluntary donation to ensure better quality, product safety, and prevention of exploitation. They also

emphasized the importance of the health system for effectiveness and efficiency for the management of product of human origin.

In addition to this, Slovakia called on the WHO to include provisions for donor selection and the differentiation between Plasma and Plasma components. They also called for the clarification of terminology of 'blood products.' Iran called for standards to define criteria for screening test to guarantee product safety and disease prevention, cleanroom, and the establishment of a local protocol to safeguard manufacturing processes. The Dominican Republic called for the prevention, misuse, and abuse of donors. The developing countries highlighted the importance and the challenges they face dealing with this issue. The lack of resources and technical capacity makes it difficult to have a robust system to guarantees the procedures for product safety and quality. The flow of organ is from the poor to the rich, and because supply cannot keep up with demand, this practice is often associated with exploitation. Some other issues that were highlighted by them were that blood and organ donation should not be associated with financial gain and economic losses; In some countries there is a lack of blood banks, inadequate laboratory and hospital capacity for storage, testing and screening of products; There is also the lack of optimized transport system to ensure product quality and safety; and that one of the biggest challenge remains the lack of coordination among different agencies; weak regulatory mechanisms to manage blood, blood component and products of human origin. The MSs recommended support for countries with limited resources to improve health systems; laboratory and hospital capacity to ensure the safety of blood products. They called for measures to prevent human organ trafficking and the establishment of a regulatory authority to track data for the global flow of human organs. Iraq called for the improvement of services to deliver health services to migrants and refugees.

Many observers including the IFRC and Non-State Actors took the floor to address this issue. The statements by observers and NSA can be found on WHO official website. MMI-PHM also made a statement, a copy of which was subsequently requested by the Chair of the committee. The comments made were acknowledged by the Secretariat which said that these points would be considered for future interventions. The document will be finalized in consultation with Member States; the committee noted the report.

Before the discussion on sub item **13.3 Addressing the global shortage of vaccines and medicines** began, India suggested the postponement of the debate to May 30th. The USA, Algeria and Brazil etc. supported their suggestion. Suggestion to defer was to negotiate through informal dialogue with other Member States to reach a consensus to deal with the agenda item appropriately given the importance of the issues. It appears that India might have had talks with the USA, Brazil and others and the rest of the MS were happy with the deferment and requested further clarification. The chair and legal counsel intervened and requested more clarity from India on the informal process, how and who will participate and when. India said that they have had talks with a few MS and have not initiated a process but see a possibility of starting one going forward to have a consensus. Also the Netherlands, Monaco, Canada, Switzerland and Ecuador demanded information on topics for discussion during the informal dialogue. Actually these MS did not see the need for informal consultation because there is no draft decision or resolution attached to the secretariat document. For Ecuador it was important to have the talks and not postponed because their high-ranking delegates wouldn't be present on the date proposed by India. The chair haven't consulted the legal counsel defer the discussion

to 4: 00 pm without any informal process. India appreciated the patience of MS to postpone the item to the afternoon, and proposed to add this agenda item as a standing item on the agenda of the Executive Board 142 in 2018.

Malta along with many EU MS appreciated and acknowledged the Secretariat report and efforts. The shortage of vaccines and medicines are of concern to EU MS, which need urgent attention because of its impact on health system. There is a need to promote and finance R&D and ensure medicines are accessible to those in need. EU health minister met to discuss the shortage of medications and the European Union Commission will take measures to address this problem. The EU appreciated the WHO technical definitions to understand the deficit better. However, availability relies on the supply chain and every stakeholder involved. The EU member states called for the need to strengthen regulation and address fair pricing; they advocated for country ownership to deal with the problem and appreciate WHO, GAVI and other relevant stakeholders. The EU held a fair pricing forum on this issue. They said that there was a need to delink the cost of R&D from the price of medicines; drug pricing should be transparent. Qatar and many MS called for the promotion of R&D in relations to public health needs; the implementation of the GSPOA needed evaluation, which is critical to ensure access, affordability, and drug quality. There is a need for knowledge sharing between countries to address this problem. The primary challenge for many countries remains the access to newly developed drugs and the prices hikes. There was a call for implementing TRIP flexibilities, partnerships (public and private industry) and the development of a network of an innovative cluster, and a centralized procurement system. Regional cooperation is needed for the monitoring and surveillance of medicines and vaccines shortage. Argentina highlighted that Research and development are essential to address this problem, which requires sustainable and predictable funding. The use of voucher won't decrease the cost; there is a need for government involvement, a global plan, and IP management. MS acknowledged that addressing this problem is essential for the achievement of the 2030 SDG agenda. Some countries need support to transition from GAVI fund to self-financing. Regional pool procurement of commonly used vaccines and medicines will help reduce cost and timely response to stock out problems. The shortage of medication of vaccines and drug increase the chances of falsified drugs. Venezuela highlighted that shortage of medicine delay treatment, especially for chronic illness. WHO should look at the barriers of Intellectual Property rights (IPR) in relation to drug prices. IPR should not jeopardize public access to medications and vaccines. There is a need for notifications system, drug regulation and globalize purchasing between states, which will require a legal framework need. The report shows the cost of health technology is a burden for developing countries and the lack of transparency of medicines production; and also that pharmaceutical companies turn the back on the interest of the people in developing countries.

Proceedings in Committee B

First up in Committee B was **agenda item 22 on Staffing Matters**, which we did not follow. Next was the discussion on **agenda item 23 on Management, legal and governance matters, including sub-items 23.1** on Overview of WHO reform implementation, **23.2 on Governance reform: follow-up to decision WHA69(8) (2016)**. The next item was **23.3 – Engagement with non-State actors**, which included **a document on 'Criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions'** to supplement the FENSA guidelines. (Also covered were **item 23.4** –

Proposed Infrastructure Fund and item 24 Collaboration within the United Nations system and with other intergovernmental organizations, which we did not cover.)

The comments by MS on **23.1 and 23.2** overlapped. Many MS said they welcomed and appreciated the reform, acknowledging progress but also recognizing the slow pace. Many said ongoing efforts are needed and called on the new DG to continue this process. Many also said they were happy with the consensus on the increase in Accessed Contributions. Several countries requested more information about reforms and emphasized the need for bottom-up planning. Norway called for monitoring & evaluation to optimize country offices. Many MS cited the need for improvement on agenda management to limit the number of items, as well as timely publication of documents and the need to cut back on the volume of documents. Regarding agenda management Thailand stated the need to ensure that this does not undermine agenda topics of concern to developing countries. Regarding the draft decision in A70/50 on agenda management, the UK and US supported option 1, and China, Zimbabwe, Liberia, Australia, and Argentina preferred option 2.

During the discussion on **Engagement with NSAs (item 23.3)**, many MS welcomed the steps that have been taken thus far, saying that it is now important that FENSA is implemented to ensure protection from undue influence and conflict of interest. Brazil stated that FENSA has become a sort of a model; many other International Organizations are looking at the WHO. However they cited a concern on secondments: there is a discrepancy in the document and the mandate by the last WHA on "sensitive positions". Now the word « sensitive » is gone. What happened to the sensitive? It needs to be repaired somehow. It is a relevant distinction because matters can be sensitive that do not concern norms and standards settings. (Egypt later agreed on this). India said that the proposed principles say that the procedure for due diligence is not elaborated and that the document does not address conflict of interest (CoI). They said they are happy to note that the NSA register has been built and that it is being integrated in a management platform, and asked that the latter be made public. (Bolivia, Ecuador, and Somalia also stated their support for the statements by India and Brazil as well, as did Pakistan who additionally said that the report [I think the proposed criteria for secondments] has not been done in consultation with MS and the next EB should take on the issue.]

The US said that is an incredible tool but that it should be even-handed and fair, and used without any prejudice toward any kind of NSA. They stated concern that implementation would further restrict engagement with the private sector and that it is not consistent with due diligence and risk management. They also raised the issue that the guide and handbook were not published before the WHA as it was supposed to be. The Republic of Korea emphasized that transparency is a must and the need for consensus of the public. They suggested monitoring of FENSA by an NGO so that all points of engagement are carefully scrutinized. Zimbabwe mentioned the issue of the revolving door when individuals from the private sector engage with WHO, and there should be a requirement of a cooling period to mitigate this. Somalia also mentioned the need to define a cooling period, asking for more info from the Secretariat on competition and the waiver the DG has to give. They said they don't want to see secondments as a way to enter WHO without competition.

Three NSAs made statements: IBFAN, MMI, and GHC, available here: https://extranet.who.int/nonstateactorsstatements/.

In his response to comments, Ian Smith (ED on FENSA) said that there were delays in the handbook and guide and they are hoping to rollout out soon (guide currently being tested on staff and handbook being developed based on recent consultation). He said sensitive was removed because of the need to define it more clearly but he takes note of the concerns. There was some concern about noting the report because of the concerns raised and adjustments requested, but the EB Chair clarified that if the report is noted with the accompanying record of this discussion, then the Secretariat must take into account this discussion in carrying out their work on criteria and principles. The report was noted and agenda item 23.3 was concluded.

Finally, toward the end of the day Committee B started the discussion on **agenda item** 15.1 Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases, to be held in 2018 Documents A70/27 and EB140/2017/REC/1, draft resolution EB140.R7. The NCDs agenda item didn't get very far before it was adjourned until Monday therefore a full summary of this topic is forthcoming.