

WHO Watch Daily Report for WHA70

Day 7, 29 May 2017

Today's meeting started with a **Plenary at 9am**, followed by the resumption of Committees A and B.

The **Plenary** discussed **Agenda Item 6 (Executive Board: Election)** and continued with discussion of **Item 8 (Draft third and fourth reports of Committee A, Draft first report of Committee B)**.

Committee A discussed items 13.6 (Member State mechanism on substandard/spurious/falsely labelled/falsified/counterfeit medical products); 14.1 (Global vaccine action plan) and 13.7 (Promoting the health of refugees and migrants) and a small part of item 16.1 (Progress in the implementation of the 2030 Agenda for Sustainable Development)

Committee B discussed NCDs (Items 15.1) and the GAP on Dementia (15.2), Public health dimension of the world drug problem (15.3) and the outcome of the Second International Conference on Nutrition (15.4)

Committee A

Firstly, New Zealand took the floor with respect to **agenda item 14.2 vector control**. It wanted member states to sit down and discuss the amendments and have an informal consultation in the afternoon.

13.6 Member State mechanism on substandard/spurious/falsely labelled/falsified/counterfeit medical products

Spain and Argentina supported the approval of the report and expressed the hope that they will continue achieving progress and that the definite report will be implemented by member states. Argentina also stressed the fact that funding remains an issue. Malaysia, China, Bangladesh, Tunisia, Ghana, Botswana, Zimbabwe applauded the new definition of the proposed SSFFC (substandard/spurious/falsely labelled/falsified/counterfeit) terminology. Argentina stressed that a clear definition and interpretation of SSFF medical products is lacking. Botswana put forward that it has implemented a SSFFC control policy and that it also conducts post marketing surveillance. Panama is currently updating the SSFFC framework, in doing so it has the opportunity to incorporate WHO recommendations.

14.1 Global vaccine action plan

Colombia and Russia highlighted that the goal of the resolution is to strengthen and provide for adequate action plan for global vaccines that will have a positive impact. China, Bahrain, India, Qatar, Angola, UK, Canada and Jamaica said that immunization and vaccination should be a priority. The UK and Chile stressed that immunization is a cost effective tool and vaccines save millions of lives, furthermore, the UK urged MS to prioritize immunization in their national budgets. Australia stressed that they feel that immunization coverage has increased marginally. The integration of national immunization within the international health systems is necessary. India wants full immunization coverage in 2019. Paraguay mentioned

the slow progress in eradicating polio and eliminating measles and rubella. Many countries have not reached coverage and in order to deal with these problems a good methodology is needed. Korea on the other hand mentioned that the importance of immunization in developing countries seem to be overlooked. Venezuela stated that immunization is an effective tool against the threat of an outbreak that has a negative effect on social and economic parameters. Ethiopia said that 47 MS urge WHO to provide leadership to non GAVI countries for help and support countries in immunization coverage and management. Canada also support the Sage report to have vaccination indicators in SDG indicators. The secretariat responded that the success of immunization is dependent on strong health systems. Furthermore it stated that the SaGE report is a wake-up call. The secretariat also reiterated that sustainable financing is necessary to obtain access to vaccines. In addition, the secretariat emphasized that they heard the plea of substantial purchasing of vaccines, new innovative methods in order to deal with it will be developed. At the end of this agenda item the resolution was approved.

13.7 Promoting the health of refugees and migrants

The decision to draft the resolution was initiated by Argentina, Italy, Philippines and Zambia.

They called for coordination amongst UN agencies to address health needs of migrants. The EU urges WHO to support MS in this shared responsibility. Senegal, who spoke on behalf of the African region, stated that universal health coverage and SDG 3 is necessary for the achieving health. Furthermore it stressed that legal protection of migrants is necessary. Portugal pushed for UHC and a Human Rights approach to these issues. Panama stated that dimensions of the issue is a global problem and therefore need large interventions. Kenya stated that it hosts two of the 3 largest refugee populations in the world and that it will remain committed to upholding national and international legal frameworks that affirm the rights of migrants and refugees, without unduly straining the national budget. The USA commends the cooperation between MS, WHO, IOM, and UNHCR with respect to migrant health and it remain committed to health needs outlined in NY Declaration. The USA stressed the need for international cooperation and WHO leadership to ensure health needs are addressed in the Global Compact on Safe, Orderly and Regular Migration, and Global Compact for Refugees. Furthermore, the USA underscores that it does not support abortion, nor does it extend financial support to organizations that support abortion. Greece stated that migration issue is complex and requires multisectoral and multidisciplinary response. Migration extends beyond national borders so a global action plan on refugee and migrant health is an absolute necessity. Iraq said that promoting migrants' health is key to health security. Furthermore, hosting community should be given specific care focusing on public health emergencies. Finally, the resolution was approved.

16.1 Progress in the implementation of the 2030 Agenda for Sustainable Development

Many countries stated that SDG3 is linked to other SDGs. Russia even said that the third goal is the most significant of all goals. SDGs should be recognized, very important. They all emphasize the importance of global health strengthening, strong health systems and the important role WHO has with respect to the implementation of SDG3. Some countries, like Paraguay, stress the importance of good indicators and national planning. The quote 'leave no one behind' is reiterated by many of the delegations. At the same time multisectoral

cooperation with respect to the SDGs is vital in order to reach the goal. In addition, the achievement of SDGs relies on data, WHO is called upon to support the statistical data at national level. Around 7.30 pm the meeting was adjourned.

Committee B

15.1 The preparations for the High Level Meeting on NCDs

In general, many countries emphasized the importance of NCDs and elaborated on the steps that they are taking in their country and region on this issue. Many MS stated the need for further support from WHO to implement country roadmaps and for a strong response to NCDs. Denmark and Monaco stated their concern about the ongoing underfunding of the NCDs programme. Most MS welcomed the updated appendices, with many specifically mentioning the draft revised appendix 3.

Regarding appendix 3, the tax on sugar-sweetened beverages was explicitly endorsed by Tuvalu on behalf of 14 MSs of the Pacific Region, by Antigua and Barbuda, and by Barbados (who introduced one in 2015). The USA on the other hand [who were the ones that had asked at the EB for additional information about the analyses behind the recommendations in the revised appendix 3], obliquely said that it still has concerns about certain interventions in the draft revised appendix 3 due to the limited evidence base. [The likely subtext here is that they are talking about the proposed interventions for taxation of sugar-sweetened beverages (SSB).] They emphasized that MS should apply interventions while considering the broader context in their country, as well as domestic and international legal obligations. They also specifically raised concerns with the use of the term 'subsidies' in appendix 3.

The USA, Kenya, and New Zealand said that interventions proposed in appendix 3 should be considered without infringing upon the sovereign rights of nations to determine taxation. France asked for a discussion of appendix 3 at the technical level, stating that there should be politicization of the debate.

Italy started by saying that at the domestic level they have formulated an action plan for food in association with industry actors. They further said that they cannot endorse appendix 3 due to the proposals for intervention on nutrition and in particular how the revised appendix 3 continues to target reduction of specific nutrients. [I think they are referring to sugar as a nutrient!] They argued that the draft appendix 3 ignores the approach of recommending that all foods can be eaten while moderating calorie intake, regarding which they argued that the Mediterranean diet suggest this is a healthy approach to diet. They articulated concern about recommendations on fiscal policies such as sugar taxes or taxing any other specific nutrient, arguing that more detailed evidence is needed to assess the fiscal impact of these measures as they may increase consumption of other junk food in lower class communities, and because they don't take into account evidence that NCDs have multifaceted causes (including behavioural causes). They expressed support for US proposals on revisions to the draft.

India said that there is more attention in appendix 3 on individual behaviour change rather than health systems strengthening and that they had submitted recommended changes in

this regard. They proposed amendments and said that they are prepared to work with WHO and other MS to arrive at consensus on the draft revised appendix 3.

Several countries mentioned the burden of alcohol-related disease in particular, including Sri Lanka. Sri Lanka mentioned the power of the alcohol industry in particular and proposed having an expert committee on alcohol as a health issue, which Norway supported. Estonia added challenges with cross-border issues of alcohol advertising and digital media. Liberia mentioned marketing and packaging of alcohol in 5 ml sacs that children were calling 'drips'. Thailand mentioned the increase in excise taxes on alcohol as the most cost-effective and feasible intervention.

Thailand, Brazil, the USA, Bangladesh and Japan emphasized the importance of multi-stakeholder collaboration and involvement of non-state actors (NSAs) in NCDs, while on the hand Ghana articulated the need to control industry efforts to block national governments from taxing health-harming commodities as a measure for financing prevention and control NCD plans. They said there is a need for continued efforts to prevent industry interference in plans to manage NCDs. Panama also stated that many MS haven't been able to advance in this area due to the asymmetric fight between trade and public health, as well as pressure and interference from commercial interests. They said that there is a need to intervene as a whole on all the factors that affect demand, supply and consumption of alcohol, tobacco and food that cause high NCD levels. Uruguay declared that NCDs are ascribed the highest priority nationally and they are strongly committed to implementing tobacco control, despite complaints from industry. They argued that strong political will is needed, and that strategies should include social and educational components along with healthcare measures.

On the register of work by NSA in NCDs, Colombia endorsed the draft plan, stating that it would allow them to support the archives of NSA information and to register them. They suggested that the Secretariat should work with the methods in the survey on capacities directed at MS as a model for the methodology for NSA self-reporting. China also said they support the registration and publication of NSA contributions, as did the International Federation of Red Cross and Red Crescent Societies (IFRC). Australia expressed appreciation for the Secretariat's efforts in this regard but recognized the lack of resources for it.

Norway, supported by Uruguay and Australia, requested that a drafting group be set up to consider the draft decision to be adopted and suggested that the item be suspended until the conclusion of informal consultations. The Secretariat acknowledged that several amendments had been proposed and announced an informal meeting on the draft decision running concurrently with the discussion. Ecuador said that they do not support the draft decision presented by India and the USA (therefore the brackets should be removed) because the EB in January accepted the draft resolution therefore it should not be changed. The Russian Federation also stated that it supports the resolution from EB140 without changes.

The discussion continued, with twelve more MS and the IFRC giving statements, before Kenya took the floor and articulated that it was unfair to have a concurrent informal drafting meeting during the discussion since some MS delegations are too small to participate in

both. Acknowledging this, the Chair suspended the discussion on agenda item 15.1 on NCDs, to be resumed later on.

15.2 Draft global action plan on the public health response to dementia

The committee had the opportunity to respond to the global action plan on dementia. In general PHM strongly supports this action. The challenge mainly remains with countries on how they implement it. Many countries stated that they had a large issue with dementia as it is linked with the general aging of the population worldwide. During their statements they mostly emphasized on what they have done in their country to address this. The concerns of countries related to report and their suggestions on the actions required are summarized below:

It was stressed by Switzerland that there should be an emphasis on research. Malta, on behalf of the EU stressed on the need for appropriate health and social care and a key role for civil society and other stakeholders. Other topics which came up were the issue and challenges of informal, unpaid caregivers. Moreover, better evaluation and documentation of the implementation of the global action plan was demanded. Norway asked for the plan to be aligned with other plans on aging. Niger stressed that there was a challenge with weaker health systems. There was also a concern expressed by Thailand that affordability of pharmaceuticals is a big challenge and that they welcomed particularly the part on prevention. Ecuador called it a quality of life and life cycle issue rather than a pharma one.

The report was subsequently adopted by the committee.

15.3 Public health dimension of the world drug problem

The Committee discussed the revised report by the Secretariat on the 'Public health dimension of the world drug problem' and the Draft decision. Most of the MSs welcomed the report and commended the public health approach to dealing with the drug issue articulated in it.

MSs suggested certain strategies in dealing with the drug issue. Togo on behalf 47 countries of African region said that the WHO should focus across the continuum i.e. prevention, treatment and rehabilitation through multisectoral mechanisms and that there was need for social action in tackling this issue. Others talked of need for evidence based policies, opening of de-addiction centres, awareness building especially among the youth, collaboration with the education system and adequate financing. A need was articulated for WHO's continued technical support to countries. Few MSs like Philippines and Jamaica talked about their legislations on medical use of marijuana, and emphasized that it was a necessary step. India said that the part on harm reduction part needs to be strengthened and that it still finds challenges with regards to HIV. Belgium emphasized the need for technical support for palliative care of cancer patients.

Thailand and Chile spoke about the need to find out more about some of the new psychotropic drugs and synthetic drugs. Thailand also said that there should be communication with the private sector to regulate these drugs. Mexico talked about further steps that needed to be taken such as preventing violence, promoting healthy lifestyle as a

preventive measure and technical assistance to support countries with lower capacity and urged all member states to be open and transparent with regards to this issue. Some MSs expressed concerns on illegal trafficking of drugs and spoke of the need for regulation. Panama and Australia pressed for ensuring global parity in access to drugs for medical use. The Russian federation suggested that the economic, social and ecological factors should be addressed. They said that harm reduction program should not be encouraged and that they did not agree with some parts and terminology of the document. China also expressed its opposition to the wording of 'harm reduction'.

The UNODC spoke about their collaboration with WHO. They expressed concern at the new problem of psychoactive substances. They spoke of a Joint global program to increase access to drugs for medical purposes (esp. Management of pain) while preventing diversion, misuse, and abuse and the need for building capacity of health care workforce.

The report was subsequently noted and draft decision approved which closed the agenda item 15.3.

15.4 Outcome of the Second International Conference on Nutrition

This item addressed the report of the second conference on Nutrition. Countries were generally positive about the global strategic action plan. A short update and the rest of the discussion will be reported in the next daily report.

Many countries suggested that food systems should be strengthened. The EMRO region and Thailand also mentioned that conflict of interest (COI) should be eliminated in national food procurement and supplies. Thailand requested WHO to support MS to strengthen nutritional professionals, in order to maximise their contributions. Moreover SEARO, recognised the double burden of malnutrition. Ecuador added that the right to food should be on the agenda more often. Japan, France and Norway raised the concerns for sustainable food systems. Security food and Nutrition were a key issues in the world and therefore there was a call to all stakeholders to endorse the 2030 agenda. Bangladesh suggested that WHO should monitor its own monitoring mechanism. The AFRO region also supported the report. The USA said it has a high priority on addressing malnutrition and encouraged countries to consider PPPs to improve nutrition programs.

The NSAs were not able to deliver their statements as the remaining discussions were postponed to 9am the next day and Committee B adjourned for the day.