Basel/Amsterdam, 24 August 2012

## Statement by Medicus Mundi International on behalf of the Democratizing Global Health Coalition on the WHO Reform (DGH) to the sixty–second session of the WHO Regional Committee for Europe: on agenda item 5 (f) WHO Reform (i) Twelfth General Programme of Work 2014–2019

Dear Chair, dear Secretary, dear Member States delegates,

We have read with enthusiasm the comprehensive draft Twelfth General Programme of Work (GPW12) and principles for the proposed Programme Budget 2014-2015 (PB). Both documents are part of an essential element of the WHO reform, namely "program & priority setting". An excellent analysis on the current status of global health has been provided in the first chapter, as well as the implications for WHO's strategic program direction in the consecutive chapters. We see however incoherencies with other policy frameworks for health, as well as the need to add some elements of work within the 5 proposed categories.

***Firstly,*** we have noted that there is a level of inconsistency between the strong support that social determinants of health and equity have received by European countries in the Health 2020 European policy framework and the GPW12, both of which are discussed during this regional committee and cover more or less the same time period. In Health 2020 as well as during the 65th WHA, European countries agreed that "**especially health determinants and equity"** should be cross-cutting priority issues and that the WHO Regional office for Europe "will step up its role as a resource for developing policy based on evidence and examples of integrated approaches". However, although European member states consider these to be critical issues, SDH and equity are not yet given similar prominence and resources in the GPW 12 and the PB.

***Secondly,*** the GPW12 mentions that health inequities have grown and that the world is witnessing the most severe financial and economic crises since the 1930s. It also acknowledges that few of the potential solutions to tackle health inequalities, as well as epidemiological and demographic change lie within the health sector alone, and that there is a "particularly wide and multi-layered range of inter-related determinants". In its final report, the WHO commission on social determinants of health made reference to deeper structural conditions and concluded that "[a] toxic combination of bad policies, economics, and politics is, in large measure, responsible for the fact that a majority of people in the world do not enjoy the good health that is biologically possible". Therefore, we strongly believe that GPW12 should address the role of **capital flight, tax evasion and the need to regulate the global financial sector**. The banking industry is among the key culprits in the current economic meltdown and consecutive austerity measures that put severe pressure on European social security systems and financing for global health. We hence argue that **trade, finance and health** be adequately emphasised in the GPW12 and P&B with sufficient resources given to WHO to undertake activities necessary to deal with the problem.In the current stage of integrated political and economic globalization it makes absolute sense for WHO to develop **health impact assessments** of, for instance, bilateral and multilateral trade agreements, economic partnership agreements, food and land speculation, tax havens, and public sector austerity measures. WHO is the leading agency in guiding policy discussions and solutions for related public health inequities.

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***Thirdly,*** as a UN organization, the WHO has for the last decade adhered to a rights-based approach, which is a fundamental underlying principle of its **Constitution**. Although there is reference to mainstreaming of gender, equity and human rights as well as achieving **the right to health** as a main principle of WHO, we miss explanation how a right-based approach, including adequate planning, budget and results chain, will be incorporated in the 5 different categories. **The rights-based approach** enables citizens to participate and engage in the decisions and programs that shape their health, and demand accountability of those who should protect their rights. WHO needs to support and promote this approach if WHO is to regain the trust it has lost over the years.

***Fourthly,*** in the category of **health systems strengthening,** there is a reference to the principle of primary health care. This paragraph can be strengthened by making more explicit what a **primary health care** approach entails, for instance pointing to the comprehensive model of integrated primary health care as envisaged in the Alma-Declaration in 1978 as well as in the **World Health report 2008**: Primary health care, now more then ever!

***Fifthly,*** in addressing the global and growing burden of non-communicable diseases, we urge member states to explore additional treaties besides the Framework Convention of Tobacco Control. In our opinion, **binding global conventions** on alcohol control as well as on sugar, salt, saturated fats and marketing of foods and beverages to children are on the long run the **most effective tools to improve population health** on a global scale. We request member states hence to provide sufficient resources and space to the WHO secretariat in conducting its norm-setting and treaty-making functions. This includes supporting the human resources needed to collect the evidence, guide the policy discussions, as well as providing the legal basis for such multilateral agreements.

***Finally,*** implementation of the different categories of work as well as the cross-cutting issues depends on the financial resources available to the secretariat. There is recognition that more **sustainable and flexible** financing is needed for the WHO to do its work according to its mandate. We urge European member states to seriously consider increasing the **assessed contributions** (AC) for the WHO programs. Maintaining a zero-growth policy on AC reflects a geopolitical of the past with the result of undermining the multilateral essence of the organization. In addition, the proportion of **core versus specified voluntary contributions** provided by European donors could increase considerably. Unfortunately, donor –driven priorities are still chocking the WHO in progressing its member state -driven mandate. We should be frank about that.

We hope that you will be able to integrate our suggestions in a next version of the GPW12 to be discussed at the PBAC and the 132nd Executive Board in January 2013. Thank you.

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Statement by Medicus Mundi International on behalf of the Democratizing Global Health Coalition on the WHO reform and endorsed by: IBFAN, People's Health Movement, Third World Network, Wemos, Health Innovation in Practice.

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