

**Statement by Medicus Mundi International  
to the 66th session of the World Health Assembly  
on agenda item 12.2 General Programme of Work  
delivered by Marianna Parisotto**

Thank you, Chair, for giving me the opportunity to address the distinguished members of the World Health Assembly on behalf of Medicus Mundi International and the People's Health Movement.

Priority-setting is fundamental to organisational effectiveness, but without a financing mechanism whereby resources can be directed to priorities, priority setting remains abstract. The donors have criticised WHO for ineffectiveness and have demanded more systematic priority setting but their tight control over the budget continues as a consequence of frozen assessed contributions.

The proposed financing dialogue will not prevent the distortions of resource allocation arising from donor interests. Important areas of WHO's work which do not attract donor funding will continue to be starved of funds.

Responding to criticisms about inefficiency and lack of cost-effectiveness, WHO has reworked its monitoring and evaluation practices. Unfortunately the 'results chain' framework is not coherently developed and several outcomes and indicators are not matched by robust plans for intervention.

The eight impact goals inadequately represent the breadth of WHO's work. While eradication of polio and dracunculiasis are important, there is no cause for complacency as huge challenges exist regarding disease conditions that contribute heavily to the global burden of disease.

Impact and outcome targets are arbitrary, and often unrealistic. There is no coherent program logic linking the outcome indicators and targets to the activities through which those targets are to be achieved. Importantly, there is no recognition of the many external forces and contingencies which will determine whether the strategies yield the intended results.

Targets in the GPW are often singularly unambitious. For example the indicator selected on 'health systems, information and evidence', is reduced merely to "the number of countries that report cause of death information using the International Classification of Diseases". Even for such a limited indicator the target set is that by 2015 four additional countries will report such information.

The 'outcome' of WHO's work in the area of 'Social Determinants of Health' is to be measured in terms of "increased intersectoral policy coordination" with just two indicators: 1. net primary education enrolment rate; 2. the number of slum dwellers with significant improvements in their living conditions by 2020. It is proposed that 100 million urban dwellers will live in improved conditions resulting from WHO's work in intersectoral policy coordination. Not only is such target setting unambitious, it also lacks credibility.

In sum, apparently intimidated by donor demands of 'value for money' WHO has responded with an evaluation strategy which lacks coherence and credibility.

We urge that Member States who are not big donors, but represent the majority of the world's citizens, not be intimidated by big donor pressure, and instead address the core problem, namely the freeze on assessed contributions and donors' inordinate power.