PHM daily briefing of the WHO 140 EB Meeting: Day 4 (January 26, 2017)

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Day 4 began with a discussion on **Item 12 - Programme and Budget Items**. As the agenda item was richly discussed in PBAC(Program Budget and Administration Committee) the chair asked the member states (MS) to have brief reiteration of the issues that had already been discussed. PBAC recommended the board to take note of the budget and recommended the board to consider 2018-19 proposal on assessed contributions, voluntary and private share in the budget.

Sub-item 12.1 - Overview of financial situation: Programme budget 2016-2017: On the financial situation for 2016-17, UK pointed that WHO's dependence on voluntary contributions with reliance on small donor base is making the organisation more vulnerable and recommends for conducting scenario planning so that they can be well prepared for shortfalls. United States of America stated that funding priorities for nations and international institutions vary in different cycles, so US can't promise for proposed increased contribution. Some of the countries like Netherlands, Burundi, DRC, Bhutan raised concern over flexible funding and praised the proposal of 10% increment in assessed contribution(ACs). China, Russia, Japan, Monaco, Spain and Ecuador asked for further consultation and discussion on the 10% increment of ACs. Thailand and Germany committed themselves for the 10% increment. Colombia suggested that WHO must carry out consultations on increased contributions, greater flexibility and good governance principles.

Responding to discussion, secretariat stated that the current budget is realistic in the current context and mentioned that financing is stretched due to larger demands and mandate for 2017, particularly Antimicrobial Resistance (AMR) and Health Emergencies. Secretariat reported that it is working hard on resource mobilization - to bridge the current gap of 400 million. As Spain pointed out WHO needs to do analysis of cost savings through the recruitment freezing and delaying some of them. Also, looking at travel and meetings to reduce, HQ aiming to reduce 10% in staff travel and as well looking for ways to make meetings in more efficient way to have cost savings. Secretariat mentioned that they track for these cost savings. For the chronically underfunded programs WHO pointed to cap these but to reformulate what these programs would do in upcoming fiscal years. Finally, report was noted with no objection.

Sub-item 12.2 - Proposed programme budget 2018-2019: (para 34 to 45). Starting the discussion USA stated that 80% of WHO funding is coming from voluntary funds and 20% from ACs and that WHO should adopt strategic approach to resource mobilization more important than ever. USA inquired more about how cost recovery policies are framed, requesting cost recovery from 2013. USA didn't support the 10% increase in assessed contributions and asked secretariat to revise proposal ahead of WHA to consider smaller increase in ACs. China drew attention on the uncertainties linked with health emergencies due to difficulties in prediction and ACs. At the same time, regional/country actual situations should be considered and countries with weak capacity to deal with emergencies, such as new communicable diseases and natural disasters. Most of the MS appreciated the priority given to health emergencies and AMR program. Finland, Norway Canada, Spain, Czech Republic, Luxemburg Germany and Philippines agreed on 10% increase in ACs. While Denmark proposed for 8% commitment. SEARO countries and Australia put their concern over decrease in funding on Health Emergencies program in their region and asked to relook back on it. Liberia and other AFRO countries asked WHO to adopt more cost saving measures especially by reducing travel related expenses. Sweden supported Brazil, Turkey, Lithuania, US, Mexico and Colombia on importance of flexible funding. Encouraged donors not willing to have increased ACs to support finding alternative funding but have asked more discourse on the issue before finalizing it. Japan, New Zealand Panama, Belgium, Monaco Australia more prioritization needed to make more realistic and further discussion

is required on proposed increase in contributions does not happen. Finland Switzerland, Zambia, Denmark, Czech Republic asked the board to focus the funding in strengthening UHC being more aligned with SDGs. Switzerland and Luxembourg highlighted the importance of good budgetary balance, transparency, strategic planning and value for money. Norway highlighted that cutting to emergency budget will negate work done on Ebola, also need to maintain AMR budget.

Assistant Director General on Management stated that being a long process it will continue until the WHA and we can have more revisions on it. ADG accepted that there may be limitations in priority setting but mentioned that WHO priority setting is done through bottom up planning with member states consultation for maximum 10 priorities, and mentioned that WHO budget is often stretched with emerging public health threats or issues that WHO needs to address when it arises and due to ongoing obligations. Secretariat draft cost recovery paper ready by May. Responding to SEARO countries concern on reduction in emergency programme they will have revisions for WHA so that priority areas in all regions are adequately captured.

Director General stated that WHO have come a long way to improve transparency, accountability, etc. Stating the increment in ACs couldn't be the silver bullet and mentioned that more discussion is required between MS to improve the financial sustainability of WHO through systematic funding. She stated that WHO budget is flat of for about 10 years now and asked for urgent action. Stating that staff cost is an important dimension for cost saving, that is why WHO have introduced mobility. DG asked MS to launch multisectoral integrated approach in health program planning and implementation to achieve the targeted 17 SDGs.

Item 13.1 Scale of assessments for 2018–2019 was discussed in one of the previous items.

Item 8.1 Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth

The Commission's report received widespread support by countries, with a few of them condemning the fact that health care workers and health facilities have been targeted in attacks. The lens through which some countries read the report of this Commission (formed by WHO, OECD and ILO members) was: "economic growth and development depends on a healthy population, and a healthy population needs strong health systems" (quote from the Philippines). Others, such as South Africa, highlighted that health systems cannot be strengthened without addressing the gap in human resources. Only Senegal raised that the high cost of university studies means very few people can be trained as health personnel, and the International Labour Organisation (ILO) asked countries to scale up their investments on health education.

The work of the Commission has been translated into the WHO grounds through a currently drafted and almost finalised five-year action plan, and countries have taken seriously the implementation of the report's 10 recommendations and 5 immediate actions. Brazil noted the contrast of this process against that of the UN High Level Panel on Access to Medicines, which has not been addressed at the WHO yet after its publication this September 2016. Linda read a statement by PHM highlighting the fact that many healthcare professionals trained in developing countries leave their country after training, and that there should be some counterbalance to this flow from developing to developed countries. The loss of workers to international recruitment was also raised by Jamaica, and they urged the promotion of decent jobs and shared benefits.

Item 8.2 Principles for global consensus on the donation and management of blood, blood components and medical products of human origin

Under this agenda item the Board was asked to note the report of the WHO Secretariat and to provide guidance on the draft framework and guiding principles in front of them. There were overall no major disagreements with the draft framework. The African region asked the WHO to set up a platform that can operate at the national level for the exchange of blood products. The big disagreement was raised by a few countries which were concerned that under principle 5 the term "financial neutrality" may open the door for financial rewards to the donation of blood or organs. France, Russia, Mexico, the Netherlands were very strict in not allowing any financial incentives to donate. France raised that these principles should be in line with the Council of Europe convention on human rights and biomedicine (also known as the Oviedo convention), and Germany sent an amendment to principle 5. China said that organ donations for transplants should only be allowed between relatives. Slovakia made a strange intervention suggesting that there are people who have no right to donate blood — although it was not explicit, this resonates with some discussions in other fora over whether homosexual people should give blood. The Saint Seige made a statement noting the ethical consideration in donations and stressing that no human should be treated as an object.

Item 8.3 Addressing the global shortage of medicines and vaccines

This is the first report of progress by the Secretariat since the Assembly's resolution, and it only addresses one area of work within shortage of medicines and vaccines. Countries felt that the planning and notification system recommended is important and helpful for countries to be able to predict and act when a stock out may happen. Some controversy arose when countries (such as Venezuela and Kazakhstan) raised that patent monopolies can be a cause of shortages which should have been looked at in the Secretariat's document and was not. Fiji highlighted that they suffer the double challenge of being a small market for pharmaceutical companies and of being remote. The African region noted that the report falls short in conducting a full assessment of the nature of shortage of vaccines and medicines, and India and Colombia brought up that the report of the UN High Level on access to medicine is very important to inform this process. Brazil further commented that "Fair pricing" discussions are already taking place in a different forum and should be presented to MS for their input (they may refer to WHO's New Fair Pricing Forum). Surprisingly, Europe said that medicines cannot be treated as ordinary goods and that financing and R&D are important.