

Invited speakers: Mr. Bill Gates and the “decade of vaccines”

Most people would probably agree with the fact that Bill Gates' speech has been *the* highlight of day 2 of the World Health Assembly (WHA). The plenary room was full way before the scheduled beginning of the invited speakers' session, and it was not possible for many representatives of civil society to find place in the (very limited) area reserved to them. In a quite flat intervention, Bill Gates – on behalf of the Bill and Melinda Gates Foundation which he co-chairs – told the story of how he moved from the computer industry to humanitarian action in the health field, deciding to devote the accumulated wealth as well as his full time to the “fight against the inequity” which affects the world. Just like, at the head of Microsoft, he was dreaming of powerful and simple technology that could soon bring every person in the world to own a computer, he later on turned this goal into bringing health to everybody. But his interest in technology was not over, and that's how he particularly fell in love with vaccines, an “extremely elegant, powerful and easy-to-deliver” tool to protect health. Praising the successes obtained by his Foundation with the new vaccines against meningitis and pneumonia, he showed a strong optimism towards the achievement of unprecedented goals in the health indicators of low and middle income countries in the near future. He emphasised the successes in terms of vaccines' cost reduction reached thanks to agreements made with the private sector. He foreshadowed the eradication of poliomyelitis by the end of what he called “the decade of vaccines”. However, on this point his self-confidence slightly wavered, and he urged the Ministries of Health to put immunisation programmes high on the priorities (and budgets) in their countries. The speech was interrupted several times by open applauses from the audience, and everybody seemed enthusiastic to join Bill Gates on his (and Melinda's) successful journey towards a better and healthier world.

It has to be said that there are striking similarities between Bill Gates' talk and the opening speech delivered yesterday by Director General Margaret Chan, which most likely mean that there was a detailed agreement in advance. It is quite sad to see that a person who is strongly pushing for the protection of intellectual property rights – which are in turn responsible of the impossibility for hundreds of millions of people to access essential medicines – is invited (for the second time in five years!) to address the WHA as a saviour of the world. It is even more sad to see the member states (with significant exceptions) welcoming with relief the financial support that will exonerate their governments from increasing the effort and the accountability towards their commitment to serve the health of their citizens. Finally, it is extremely discouraging to see the WHO abdicating its role as the leading institution for the protection and promotion of the world's health – as a collective public good – and placing its fate (and the people's one) in the hands of one among the richest and more powerful persons of the planet.

Plenary meeting - general discussion (on non-communicable diseases, NCDs)

During the afternoon, the general discussion taking member states' statements about NCDs continued in the main plenary room. Amongst many repetitive statements, mostly restricted to health care interventions to address the need for behavioral changes for a healthy lifestyle, we were happy to hear the voice of Ecuador's delegate firmly speaking

about the social and environmental determinants of NCDs, reminding that it is very insufficient to provide health care to promote lifestyle changes. She brought up the strength of nature and cosmovision and how much we have to learn with our ancestors, where the solution is to be found.

Side meeting: collaboration among Portuguese-speaking countries

A side meeting gathering Portuguese speaking countries took place to discuss about E-Portuguese, a network conceived within the structure of the WHO to enhance the development of human resources for health in these countries. The network is being coordinated by Brazil and has been an important tool to strengthen cooperation among these countries, as well as sharing of resources for knowledge sharing and production and for training of human resources. The meeting was presided by the coordinator of the network, Brazilian Regina Ungerer, and was attended by the ministers of health of Brazil, Angola, Mozambique, Cape Vert, Guiné-Bissau, São Tomé, and Timor Leste. Each one of them said a few words about their participation in the network. The Brazilian delegates reinforced the importance of the participation of all the member states in the Conference about Social Determinants of Health, to be held in Rio in October. Dr. Paulo Buss strongly encouraged everyone to participate in the public consultation process through the website. He also reiterated that the Brazilian government is looking forward to having a strong participation of civil society organizations (but the only concrete way of participating at the present moment is through the consultation process). Finally, after all, there was no time left for discussion. For more information about the E-Portuguese network see: <http://www.who.int/eportuguese/en/>

Side meeting: Movement towards universal coverage: success and challenges

The panel was moderated by Thailand, with the participation of Rwanda, Thailand, China, Germany, as well as the WHO officer David Evans (Director, Department of Health Systems Financing, WHO) and the representative of the NGO sector from Save the Children UK. To begin with, each country explained briefly its health system, highlighting particularly the challenges of implementing universal coverage:

- Rwanda: underlined its community insurance system, based on voluntary contributions of the people (of about 2 USD per person per year); this gives access to a very limited package of basic interventions; whereas the better off opt for private insurance, or are covered by public insurance (for formally employed workers) or military schemes. This is a clear case of horizontal stratification of the health system with selective PHC for the poor.
- China: Lives of people are better off than before; however lower income people still do not have access to health care.
- Thailand: it took about 30 years to reach universal coverage.
- Germany: very confusing system, with 160 insurance schemes!

The session moved on with many questions from the floor. Provocative questions were addressed to the speakers, concerning improving the quality of health care, fragmentation of having multiple insurance schemes, sustainability of the Rwandan community system and so on. All of the questions were only superficially addressed. It was worrisome to hear the speakers say that PHC interventions and community health workers are a cheap alternative for universal coverage, giving the clear sense of poor care for the poor and not acknowledging that PHC is a comprehensive strategy requiring a strong and integrated health system if it is to be effective. Finally, the PHM watcher's (Judith Kasper) question about excessive workload of care providers and how to assure that SDH will be addressed was not answered, only commented. The moderator tagged PHM as a "barking" NGO.

See [official summary of Day 2 in Journal No3](#) (from page 8)