Health for All Now!
People's Health Movement

Daily Brief - Day 6 of WHA76
Thursday, 26 May 2023

The 6th day of WHA76 was divided into two Committees with Plenary sessions at the start of morning and afternoon meetings. The day was organized around the discussion of the following agenda items:

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· Item 13.3: Substandard and falsified medical products
· Item 13.4: Strengthening rehabilitation in health systems
· Item 13.5: Draft global strategy on infection prevention and control

· Item 15: (Pillar 2) Review of and update on matters considered by the Executive Board [continued]
· Item 15.3: Global Health for Peace Initiative [continued]</td><td>· Item 22.3: Global strategies and plans of action that are scheduled to expire within one year [continued]
o WHO global action plan on promoting the health of refugees and migrants, 2019–2023
o WHO traditional medicine strategy 2014–2023

· Item 23: (Pillar 4) Update on the Infrastructure Fund
o Geneva buildings renovation strategy
o Update on information management and technology

· Item 24: (Pillar 4) Participation of Member States in WHO meetings
o Voluntary Health Trust Fund for small island developing States (terms of reference)
o Current practices for funding participation of Member States in WHO meetings

· Item 26: (Pillar 4) Collaboration within the</td></tr>
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	United Nations system and with other intergovernmental organizations · Item **27.1**: Progress reports [*Postponed*] *o Pillar 1: One billion more people benefitting from universal health coverage* A. Strengthening local production of medicines and other health technologies to improve access (resolution WHA74.6 (2021)) B. Health in the 2030 Agenda for Sustainable Development (resolution WHA69.11 (2016) and decision WHA70(22) (2017)) C. Global action on patient safety (resolution WHA72.6 (2019) and decision WHA74(13) (2021)) D. Antimicrobial resistance (resolution WHA72.5 (2019)) E. Eradication of dracunculiasis (resolution WHA64.16 (2011)) F. Global action plan on the public health response to dementia (decision WHA70(17) (2017)) *o Pillar 2: One billion more people better protected from health emergencies* G. The World Together: Establishment of an intergovernmental negotiating body to strengthen pandemic prevention, preparedness and response (decision SSA2(5) (2021)) H. Smallpox eradication: destruction of variola virus stocks (resolution WHA60.1 (2007)) *o Pillar 3: One billion more people enjoying better health and well-being* I. The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond (decision WHA74(25) (2021)) J. WHO global strategy on health, environment and climate change: the transformation needed to improve lives and

	well-being sustainably through healthy environments (decision WHA74(24) (2021)) K. Decade of Healthy Ageing 2020–2030 (decision WHA73(12) (2020)) L. Water, sanitation and hygiene in health care facilities (resolution WHA72.7 (2019)) M. Prevention of deafness and hearing loss (resolution WHA70.13 (2017) and decision WHA74(17) (2021)) N. Plan of action on climate change and health in small island developing States (decision WHA72(10) (2019)) and paragraph 29 of document A72/16 *o Pillar 4: More effective and efficient WHO* providing better support to countries O. Global strategy on digital health (decision WHA73(28) (2020)) P. Eleventh revision of the International Classification of Diseases (resolution WHA72.15 (2019))

Plenary

In the Plenary, elections were held for ten members to sit on the Executive Board (EB) for the coming three years. This process usually involves electing – without voting – EB members who are recommended to the Assembly by the General Committee, which themselves are based on suggestions by Member States decided in processes at the level of the WHO regions. One of the Member States recommended for an EB seat this year is Ukraine, a suggestion that **Russia** took issue with:

> *Ukraine is not a consensus candidate of the Euro region [...] It has actually paralyzed the work of the EURO Regional Bureau because Ukraine was actually the one that initiated the closing of the GDO in Moscow on NCDs.* ***If Ukraine is to join the EB then it will continue its destructive action.*** *[...]* ***Therefore if elected Ukraine will continue its work to destroy the agenda of the Organisation.***

Ukraine pushed back against Russia's argument:

> *We will resist the hostile actions by the Russian Federation in the WHO just as we resist the Russian attacks on the health facilities in Ukraine. Last night, Russia launched a rocket attack on a clinic in the city of Dnipro. [...] Ukraine will continue to work in the WHO and nominate its candidacy which was supported by the regional bureau within the procedures that were implemented in this regional bureau and we call upon member states not to fall into the trap of the Russian lies and disruptive actions which are aimed at disrupting the work of the WHO.*

Without consensus on the candidates – which would typically lead to their election by acclamation – the elections for the EB were held by secret ballot.

Ten candidates were presented for the Executive Board, including *Australia, Barbados, Cameroon, Comoros, Democratic People's Republic of Korea, Lesotho, Qatar, Switzerland, Togo,* and *Ukraine*. The Chair suggested proceeding with the election without voting, but **Russia** objected, arguing that Ukraine was not a consensus candidate for the Euro region and couldn't represent the entire region. **Sweden** proposed voting for all ten candidates together, following the tradition of approving all nominees at once. **The UK** criticized Russia's objection as disruptive theater instead of focusing on global health matters. **Monaco** referred to Rule 83, stating that the Assembly must adopt or reject the entire list of candidates, leaving no other choice. Russia maintained that, as they were not part of the

General Committee, they couldn't object to Ukraine's candidacy before the Assembly. They offered Ukraine the option to withdraw from the candidacy to avoid a vote.

The Assembly moved forward with a secret ballot vote. A total of 177 members were eligible to vote, with 35 being absent, 13 abstaining, and 6 null/void ballots. Out of the members present and voting, there were 123 individuals, surpassing the required threshold of 62 votes needed for a vote to pass. Therefore the group of 10 candidates, including Ukraine, proposed by the General Committee were elected to become members of the Executive Board.

Photo of the Day: A free and fair ballot

In Plenary, staff hold up transparent ballot boxes prior to the vote to elect new members of the Executive Board – the first such vote since the 1970s – to demonstrate to Member States that the boxes are empty prior to the secret ballot

Committee A

Morning Session

The Chair opened the meeting at 11:52 to continue the discussion on Agenda items **13.1** and **13.2**, which had been suspended Thursday evening. The relevant documents discussed were **A76/6, A76/7 Rev.1, EB152/2023/REC/1, decisions EB152(3), EB152(4), EB152(5), EB152(6), A76/7 Add.1 Rev.1,** and **decision EB152(11)**. While discussing **13.1 Universal Health Coverage**, many Member States endorsed primary health care as the foundation of universal health coverage (UHC). **Pakistan**, for example, said that "reorienting the health system toward primary health care is crucial." Several Member States raised the importance of integrating specific issues or considerations into UHC packages. **Tonga**, for example, requested the inclusion of accessible surgery care to be included, while **Ethiopia** flagged the need to embed emergency critical and operative care services into UHC packages. **Niger** raised the issue of ensuring UHC adequately provides sexual and reproductive health services for women.

Moving away from the topic of services to include in UHC, Member States also raised concerns with progress on this agenda item. **Vanuatu** reflected that Covid-19 had severely impeded progress on the SDG-3 target related to UHC, and **Ghana** and **Zimbabwe** raised concern about the increase in catastrophic out-of-pocket health spending. This latter concern prefaced the statement made by **People's Health Movement/Medicus Mundi International** on this matter, which encouraged the WHO to:

"not to fragment healthcare into discrete, cost-effective products that are easily billable by insurance schemes, but that fail to provide holistic patient-centered care and to address the social and commercial determinants of NCDs."

Turning to agenda item **13.2 (NCDs)**, Member States echoed many of the sentiments raised during the prior session on Thursday, 25 May. This included **Ethiopia**, **Portugal**, and **Turkey** expressing appreciation for the menu of so-called "Best Buys," which are an updated list of policy options and cost-effective interventions to address NCDs. Mental health continued to be a big theme among Member States. They supported Denmark's yesterday's remarks to request for the WHO to focus more on mental health issues in its programming. Particular attention was given to the need for interventions that reduce the stigma and discrimination surrounding mental illness, especially to reduce barriers for accessing mental health services. Some countries called for swift implementation of the WHO's action plan on obesity.

During the discussions, several important points were raised by different delegations. **Botswana** emphasized the significance of primary healthcare (PHC) as a cornerstone in achieving UHC. They highlighted the disproportionate impact of non-communicable diseases (NCDs) on low- and middle-income countries (LMICs) and expressed concern over the inadequate investment in addressing these challenges at the required scale. **Egypt** acknowledged the importance and value of public-private partnerships in advancing healthcare. They emphasized the need to collaborate with the private sector to enhance healthcare delivery and promote innovation in the sector. **Sudan** shared the dire situation in their country, explaining that their delegation was currently besieged and trapped in their own homes due to the conflict. They highlighted the devastating consequences of the conflict on the Sudanese population, including the loss of 1000 lives, 5000 injuries, and the displacement of 400,000 children. Sudan also expressed gratitude towards neighboring countries for providing refuge to their people but highlighted the strain it puts on the healthcare systems of these host nations. Sudan called for urgent support to ensure the continuity of basic health services and provide necessary care to those affected.

In **People's Health Movement**'s floor statement (with **Medicus Mundi International**), we called for Member States to use September's UN High-Level Meeting on UHC to *"acknowledge that decades of structural adjustment and austerity have shaped existing UHC gaps, and to reaffirm the importance of vibrant public health systems centered on Comprehensive Primary Health Care in the tradition of Alma Ata."*

Afternoon Session

The afternoon session commenced with a brief discussion of agenda item **15.3, the Global Health for Peace Initiative**. This initiative was amended by Switzerland. **Pakistan** and Egypt proposed steps in implementation, such as a review mechanism for the roadmap and the establishment of a committee to include interested MS in further implementation. **Switzerland** noted that they would take these considerations along for the implementation process, once the document was adopted. **Russia** demanded more time to vote upon the resolution. The agenda item was therefore suspended.

After hearing from all Member States and non-state actors, the WHO Regional Directors and Assistant Director Generals addressed and noted these comments. Committee A then turned to a discussion of agenda items **13.3. Substandard and falsified medical products**, **13.4. Strengthening rehabilitation in health systems**, and **13.5 Draft global strategy on infection**

prevention and control (IPC). The relevant documents include Documents **A76/7 Rev.1** and **EB152/2023/REC/1**, decision **EB152(9)**, decision **EB152(10)**, and decision **EB152(7)**.

On agenda item **13.3**, Member States were in agreement about the importance of the WHO conducting an evaluation of the Member States mechanism on substandard and falsified medical products. Reflecting the spirit of this consensus, the **Maldives** emphasized that although the issue of substandard and falsified medical products is a particularly pressing public health concern for some LMICs and small import-dependent countries, it is ultimately a danger to all countries. Another frequent request was for the WHO to provide more support with creating regulatory frameworks and strengthen the existing ones, including by ensuring greater linkages between regulatory authorities at national, regional, and/or international levels. Referencing the contaminated cough syrup accident, **Solomon Island** asked the WHO to strengthen post-marketing surveillance.

On agenda item **13.4**, Member States raised several points. **Sweden**, on behalf of EU Member States, supported the resolution and added that rehabilitation services should be comprehensive, not limited to assistive technologies, and there should be synergies between rehabilitation services and social services. Relatedly, **Bahrain** and **Oman** commented on the tendency for rehabilitation services to be fragmented across the health sector, and for Member States and the WHO to support further integration of these services. **The Bahamas** underlined the importance of building accessible rehabilitation services as part of the continuum of medical delivery, not only in acute but especially in chronic conditions. On a similar note, Oman noted that rehabilitation services are important for the whole population, not solely those with disabilities or physical impairments. **Slovakia** affirmed that all Member States must ensure that rehabilitation is part of UHC in order to avoid creating financial disruption for families that rely on these services and encouraged the inclusion of all professional service providers to rehabilitation programs.

Finally, on the agenda item **13.5**, Member State comments were heavily focused on justifying the importance of this issue for its role in addressing and preventing the significant concern of antimicrobial resistance (AMR). **Denmark** made the point that IPC is important not just in hospitals, but also in primary health care settings. **Germany** linked IPC to patient safety, and ultimately to resilience of health systems. To meaningfully address this issue, the **United Kingdom** said that multisectoral approaches are needed that take water, sanitation and hygiene-related actions. For their part, **Kenya** called to address this issue through investment in human and technical resources at national and local level, and not just during emergencies.

The day ended with Switzerland asking to resume on agenda item **15.3 (Global Health Peace Initiative)**, after the consultations of the afternoon. This meant that the statements of NSA's on agenda items 13.3, 13.4 and 13.5 will be postponed to 27 May. The **Russian Federation** however stated that the 15.3 document was of such importance that it would be better to note the report and continue consultations. **Oman** and **Switzerland** who had facilitated the process expressed their deception, and called for a **vote on Tuesday, 30 May**. After some discussion, the chair of Committee A agreed to that.

*This issue of the Daily Brief does not include a report on the discussions held in Committee B on Friday, 26 May 2023.