



## **Outcomes of the 142nd session of the WHO Executive Board**

**By Nirmalya Syam and Mirza Alas**

The 142nd session of the Executive Board of the World Health Organization took place from 22-27 January 2018 in Geneva, Switzerland. The session was chaired by Dr. Assad Hafeez from Pakistan.

The agenda of the EB was adopted as proposed. However, Malta on behalf of the European Union (EU) pointed out that documents relevant to items on the agenda were circulated, which has hampered preparations, and regarded this as a serious governance issue.

### **Dialogue with the Director-General**

At the outset of the EB, members participated in a dialogue with the Director-General of WHO, Dr. Tedros Adhanom Ghebreyesus, on the basis of a report presented by the Director-General. The DG stressed on his vision for a transformation plan for revamping the WHO, for resource mobilization, achieving gender parity and geographic diversity in the WHO, in order to implement the general programme of work. The DG stated that the WHO has built strong political momentum on NCDs, initiatives to combat health effects of climate change, processes for engagement with the civil society, and on prioritizing universal health coverage (UHC). The DG particularly stressed on prioritizing UHC and on WHO response to health emergencies and preparedness for the same, and the role of WHO in building capacity of countries in this regard, including strengthening WHO Country offices. To achieve this, the WHO DG stated that there is need for

change in the core processes and culture within WHO.

The DG called for greater flexible and un-earmarked funding to support this transformation. The DG called upon member States to announce their commitments to universal health coverage at the World Health Assembly in May 2018, to commit globally their personnel and financial resources to respond to emergencies within 72 hours, and to commit to un-earmarked funding for the WHO to achieve progress towards the Sustainable Development Goals.

Member States generally welcomed the General Programme of Work (GPW) and sought clarifications from the Secretariat regarding areas for further strengthening WHO accountability, evaluation, transparency and the vision for strengthening Country offices. Noting the significant increase in the requisite budget to implement the GPW, Malta on behalf of the EU said it will be a major challenge for the WHO to compete for resources with other agencies for implementing the SDGs and this will require significant strengthening of the political trust in the WHO.

Algeria on behalf of the African Region stated that sustained support from WHO and its partners is necessary for member States to address their health challenges. Sweden also stressed on the need to focus on country level. Canada expressed concern that some documents for the EB were released late

### **Summary**

The 142nd session of the WHO Executive Board discussed several critical public health issues including a recommendation to the WHA to approve the General Program of Work (GPW), the adoption of important decisions relating to access to medicines and research and development and a draft resolution on the preparation of the UN High Level Meeting on Tuberculosis

and only in English, and stressed on the need to ensure documentation is prepared in accordance with existing rules.

Brazil asked how the WHO will ensure that increase country focus does not lead to incoherence within the three levels of the organization and fragmentation of resources, and how UHC can be reconciled with existing financial hardships in all countries and cope with rising prices of medicines? Brazil also asked how funding and priorities of WHO will be better aligned, taking into account that voluntary contributions form 85 per cent of WHO budget?

The US strongly emphasized on the need to adopt a multisectoral approach including engaging with the private sector. The US stated that universal health coverage is not possible without the active participation of the private sector. The US further stated that WHO advocacy work must be based on scientific evidence and not driven by ideology, and in that context, the expertise of the private sector should be included in public health policy discussions.

Portugal pointed to the need for WHO to be a political actor in the context of health challenges such as AMR and the lack of access to medicines due to high prices and the limited price negotiating capacity of countries. The UK stressed on the fact that retaining the convening role of the Regional offices with the expertise at their disposal, should not be lost when focus is placed on the Country offices.

Bolivia stressed on the importance of addressing access to medicines as a human right and the importance of the recommendations of the UN High Level Panel on Access to Medicines. Bolivia also stressed on the need to find a solution to the financial situation of the WHO, and the need to reduce the role of the private sector on standard setting and adhere to the WHO Framework of Engagement with Non-State Actors (FENSA). India called for due global focus on access to medicines as a critical issue and that the findings and recommendations of the UN High-Level Panel on Access to Medicines are discussed formally within the WHO. India also stressed on the need for a more participatory and equitable EB and said that non-member States have an equal stake in setting the agenda of the World Health Assembly. EB and

WHA should not be dissected in an artificial manner.

In his response the DG envisaged further improvements in the GPW based on the comments from member States. The DG said that working in a complementary manner with UN agencies in pursuance of the SDG will reduce competing for resources, and the WHO will also look for new additional resources through innovative ways of raising funds. The DG again stressed on moving from earmarked to un-earmarked and predictable financing. The DG clarified that the current level of funding can be sufficient if the Secretariat can use the finances in a flexible way.

## **WHO Reform**

The Chair proposed deferring the discussion on two documents containing proposals on governance reforms and on prioritization of proposals for additional items in the provisional agenda in the EB, and requested the Secretariat to convene separate informal consultations later in the intersessional period, and transmit the outcomes to the 144th session of the EB in January 2019. The Chair also suggested that a proposal relating to a revised tool for prioritization of proposals for additional agenda items be used as a pilot to prepare the agenda for the 143rd session of the EB and then report on the experience of the same. The proposal by the Chair was supported by Fiji. Tanzania supported deferment of the items but called for a decision on the revised tool for prioritization of proposals for additional agenda items to be included in the provisional agenda. New Zealand pointed to the need for further discussion on how the revised tool would be piloted and that some delegations may not be able to participate effectively in intersessional consultations. Malta on behalf of the EU proposed deferment of the items to the 143rd session of the EB in May after the World Health Assembly. The Netherlands, Canada, Thailand, Iraq, Bahrain, the Philippines and Congo supported the proposal of Malta. Brazil stressed that the approach of testing ideas without discussing them in the EB should not become a precedent. The EB agreed to defer the agenda item and discuss the item in EB 143.

The EB also discussed a report by the Secretariat on realizing value for money approach in the WHO. The Chair of the Programme, Budget and Administration Committee of the Executive Board (PBAC) provided the EB a summary of the discussions on

this report in the PBAC. The PBAC members took note of the concern raised by the independent oversight report of the risk of over-institutionalizing the approach, but agreed that the approach would be piloted and progress reported back to the member States. Brazil stressed that the core mission of WHO to save lives in every situation should not be compromised however difficult it may be to quantify its value in monetary terms.

## General Programme of Work

The EB discussed a revised draft of the thirteenth general programme of work (GPW) 2019-2023 and went through two further revisions of the draft. They adopted a resolution EB142.R2 which requests the Secretariat to finalize the outstanding work on the Impact Framework, financial estimates and investment case for consideration of member States prior to the seventy-first World Health Assembly in May 2018. The EB also recommended the Health Assembly to adopt the thirteenth GPW while noting that its approval does not imply approval of the financial estimate contained in draft GPW. The resolution also recommends the Assembly to request the Director-General of the WHO to use the GPW as the basis for strategic direction of planning, monitoring and

the seventy-fifth session of the WHA in 2022 on the potential extension of the GPW to 2025 to align it with the wider UN planning cycle.

The draft GPW was also discussed in the PBAC prior to the EB. PBAC members had raised a number of points for further discussion on the GPW in the EB: gender mainstreaming, definition of UHC, the use of TRIPS flexibilities, and agreements on public health and technology transfer. The PBAC raised questions about not attracting sufficient funding to meet new requirements under the GPW, and it noted that the GPW must be aspirational and the Programme and Budget must be realistic in terms of deliverables. The PBAC raised questions about the extent of the financial envelope, the nature of special projects, the scalable component of the budget, the budgetary impacts of organizational shifts and their impact on normative work, how the proposed efficiency target might be reached. The Secretariat had clarified to the PBAC that approval of the GPW did not amount to approval of the financial budget. The Secretariat considered early approval of the GPW as critical for a fundraising strategy. The Secretariat agreed that the Programme Budget will be realistic with scenario planning.

During the EB discussions, Malta on behalf of the EU stated that the WHO Country offices should be

### General Programme of Work

The EB recommended the Health Assembly to adopt the thirteenth GPW while noting that its approval does not imply approval of the financial estimate contained in draft GPW. The resolution also recommends the Assembly to request the Director-General of the WHO to use the GPW as the basis for strategic direction of planning, monitoring and evaluation of WHO work during the period 2019-2023.

The WHA is also recommended to request the Director-General to take into consideration the changing state of global health in implementing the GPW, and keep member States informed on progress in implementation through regular updates to the governing bodies of the WHO.

evaluation of WHO work during the period 2019-2023 and develop programme budgets in consultation with member States, based on a realistic assessment of income and WHO capacity. The WHA is also recommended to request the Director-General to take into consideration the changing state of global health in implementing the GPW, and keep member States informed on progress in implementation through regular updates to the governing bodies of the WHO. The DG is also requested to provide guidance and support to the WHO Regional and Country offices on the implementation of the GPW, and report to

strengthened based on a needs analysis and implications on offices from which resources will be shifted for the same. The EU strongly recommended the creation of an independent oversight and accountability mechanism for the WHO to increase trust in the WHO for more flexible financing. The African region had stressed on the need for full implementation of the FENSA and of the TRIPS flexibilities. Sweden pointed to the lack of reference to the WHO global action plan on antimicrobial resistance (AMR) and the UN declaration on AMR in the GPW. The UK also stressed on the need to provide greater emphasis to AMR in the GPW.

Brazil sought clarification on whether the reference to fragile and vulnerable countries in the GPW meant fragile and vulnerable countries from a health perspective? Bolivia stressed on the need for correct implementation of FENSA and to avoid any conflict of interest in the work of WHO. Morocco stated the importance of WHO supporting countries in local production of medicines through the use of the TRIPS flexibilities. Iran also emphasized the need to adhere to FENSA in any engagement with non-state actors. The US cautioned against any increased advocacy role for WHO and stated that the UHC section must acknowledge the contribution of the private sector in achieving UHC. Egypt urged WHO to pursue implementation of the UN Secretary General's High-Level Panel on Access to Medicines (UNHLP) recommendations to ensure affordable access to medicines. Egypt also asked the WHO to develop a robust conflict of interest policy. Germany urged for caution on redistribution of resources and for oversight mechanism over country Offices by the governing bodies. India supported flexible financing and increase in assessed contributions to WHO and stated that the voluntary contributions should be un-earmarked as earmarked finances influence programme prioritization. India also stated that the targets in the GPW should be framed in terms of the number of countries that have strengthened health systems for ensuring UHC by a predetermined timeline. India also said that lack of access to medicines is a major lacuna in the global health architecture and expressed concern that the UNHLP report was not mentioned in the draft GPW. India further said that access to essential and high quality medical products depend on their affordability and in this regard mentioning fair price in the GPW may be avoided as it lays focus on profit rather than affordability. India also pointed to the critical need for a comprehensive conflict of interest policy covering both institutional and individual interests.

The Secretariat stated that an accountability mechanism and an outcomes and indicators framework for the GPW will be developed as part of the Programme and Budget. The metrics will be developed in consultation with member States. The Secretariat also stated that the issues raised by member States in relation to implementation of the GPW will be addressed in course of implementation. In terms of content, the Secretariat acknowledged that addition of many elements

such as public health, UN partners, gender mainstreaming, FENSA, etc. will be relevant to the GPW.

## **Public Health Preparedness and Response**

The EB discussed and took note of the report of the Independent Oversight and Advisory Committee (IOAC) for the WHO Health Emergencies Programme, the report of the Director-General on WHO work in health emergencies, and a report by the DG on implementation of the International Health Regulations (2005) containing a draft five-year global strategic plan to improve public health preparedness and response. Zambia on behalf of the African region (Zambia) urged the WHO Secretariat to make available the TORs, membership and operating procedures of the Global Coordination Mechanism for R&D to prepare for and respond to epidemics and to strengthen and streamline due diligence processes under the FENSA framework regarding engagement with non-State actors.

The EB adopted decision EB142(1) recommending the World Health Assembly to endorse the five-year global strategic plan to improve public health preparedness and response, and that States Parties and the Director-General shall continue to report annually to the Health Assembly on the implementation of the International Health Regulations (2005). The decision also requested the DG to provide the necessary financial and human resources to support the implementation of the five-year global strategic plan, and its adoption as necessary to regional contexts and existing relevant frameworks. The DG was also requested to provide support to member States to build, maintain and strengthen core capacities under the International Health Regulations (2005).

## **Global Shortage of and Access to Medicines and Vaccines**

The EB discussed a report by the Director General on the global shortage of and access to medicines and considered a draft decision proposed by Algeria, Brazil, Chile, Colombia, Costa Rica, the Netherlands and Portugal. The report by the Director General addressed progress on implementing resolution WHA 69.25 which requested the WHO Secretariat to develop technical definitions on medicines and vaccines shortages and stock-outs, taking due account of access and affordability, and also on WHO activities on access to medicines and vaccines, including activities that can be related to the recommendations

of the UN Secretary General's High-Level Panel on Access to Medicines, with suggestions by the Secretariat on activities that could be scaled up based on their level of complexity and resource requirements.

Colombia stressed on the need to follow up on resolution WHA 67.21 on access to biotherapeutic products. Malta on behalf of the EU acknowledged the high prices of medicines as an issue and the need to address issues of transparency and fair pricing in that context. The EU also encouraged WHO to continue its trilateral cooperation with WTO and WIPO. The EU supported the proposed decision to develop a WHO roadmap for access to quality, safe and affordable medicines and vaccines. Zambia on behalf of the Africa region stated that it would be useful if the WHO could highlight what policies could lead to better access to medicines and vaccines, and also stressed on the need to fully implement the TRIPS flexibilities for facilitating access to medicines, and called for establishment of a database on prices of medicines as recommended by the UNHLP. Zambia also stated that in future the agenda on access to medicines should not be linked to the agenda on shortage of medicines.

The Netherlands stated the importance of considering interventions such as issuance of compulsory licenses but noted that countries face various difficulties, legal and political, in applying compulsory licensing and therefore exchange of experiences and guidance from WHO in this regard is needed. The Netherlands also expressed its commitment to preventing the adoption of TRIPS plus provisions in FTAs with lower income countries. The Philippines stressed on the need for WHO to assist countries in making adequate use of TRIPS flexibilities for access to medicines and secure lower prices of medicines.

The United States was critical of WHO activities relating to IP and international trade which it regarded went beyond the mandate of the WHO, and stated that the UNHLP report is not an appropriate starting point for discussion. India called for addressing the issue of global shortage of medicines separately from the issue of access to medicines. India also called for a detailed discussion on the UNHLP recommendations, and to avoid the use of the term fair pricing in the DG's report.

The EB adopted document EB142 (3) which recommended the World Health Assembly to adopt a decision requesting the Director-General to elaborate a roadmap report, in consultation with Member States, outlining the programming of WHO work on access to medicines and vaccines, including activities, actions and deliverables for the period 2019-2023, and submit the roadmap report to the 2019 Health Assembly through the 144th session of the EB.

### **Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property**

Prof. Claudia Chamas, the Co-Chair of the Expert Panel for the Overall Programme Review of the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property briefed the EB about the report of the review panel. The review panel found that though the eight elements of the GSPOA are broadly valid, the main problem is the lack of impact in its implementation. The review panel had identified 33 priority action areas, including 17 high-priority actions, with measurable indicators and deliverables. The review panel reiterated the central point of the GSPOA that countries should commit more financing to basic and applied research relevant to the health needs of developing countries as well as for promoting access in line with the goal of UHC.

The EB also considered a report by the Director-General providing an estimate of the funding requirements for the implementation of the recommendations made by the overall programme review of GSPOA, and proposing a draft decision text requesting the DG to take forward the recommendations on the basis of an implementation plan and report on progress to the Health Assembly in 2020.

Algeria on behalf of the African region, Pakistan, the Netherlands, Colombia, Brazil, the Philippines, Congo, and Thailand supported the recommendations. Colombia called for specific budgetary allocations for implementation of these recommendations. Brazil stated that resource mobilization for implementation of the GSPOA should be a priority for the DG. Portugal, Russia, Ecuador, Indonesia, Panama, Argentina, Bolivia, Kenya, India, Bangladesh also supported the recommendations of the overall programme review.

Malta on behalf of the EU stated that two recommendations of the overall programme review were not part of the original 108 recommendations of the GSPOA. Japan also raised procedural concerns regarding introduction of two new recommendations by the review panel. Japan stressed on making efficient use of available finances to support implementation of the review panel recommendations, and also underscored the need for due attention to adequate protection of IP as incentive for biomedical R&D to attract private sector investment.

Switzerland opposed the draft decision to implement the recommendations of the overall programme review as it regarded that recommendations by the review panel on IP management do not reflect the consensus view on the GSPOA recommendations, and it attributes tasks to the WHO which may be outside the purview of the WHO and would have a detrimental impact on R&D for health in the long term. The US objected to certain recommendations which it regarded as not having the consensus of member States. It regarded the recommendation for companies to calculate and disclose R&D costs to be impractical and unlikely to be effective, and could lead to the abandonment of the riskiest types of research that could be ultimately beneficial for humanity. The US also opposed any advocacy by WHO on IP issues which it regarded to be within the domain of WTO. The US objected the draft decision and urged the EB to convene a drafting group to revise the draft decision point. Japan seconded the US proposal. The UK also objected to the recommendation relating to delinkage of the cost of R&D from the price of medical products stating that in the GSPOA the recommendation relating to delinkage is limited to type II and type III diseases that disproportionately affect developing countries.

Brazil countered that the GSPOA is not opposed to IP and recalling ten years of work on the GSPOA with the consensus of WHO members, it regretted the dilatory tactics to prevent the implementation of the recommendations on the pretext of risks to the industry. Brazil rejected any proposal to delay the adoption of the decision and suggested that the recommendations to which there were no objections be adopted and a time-bound process be established to address the recommendations to which some member States had objections. Thailand expressed strong support for

the Brazilian proposal. The Netherlands also supported the suggestion by Brazil and stated that it supported all the recommendations of the overall review. Libya, Algeria, Sri Lanka, Pakistan, Vietnam, Colombia, Dominican Republic, Burundi (African region), Tanzania, the Philippines, Benin, Bahrain, Zambia, India, Angola, Iran supported the proposal by Brazil. Canada suggested that a drafting group be established to work out a process for addressing the recommendations that were objected to by some members so that a resolution could be achieved before the World Health Assembly in May. Japan, France, Sweden, Italy, UK, Germany supported the proposal by Canada for a time limited discussion on a decision point. Brazil agreed to the Canadian proposal with the understanding that only minor adjustments to the decision will be discussed and the decision will not be delayed. Brazil also suggested that the drafting group should be composed only of EB members. Iran also suggested that the progress report on implementation of the recommendations should not be delayed to 2020 but should be submitted at the 2019 Health Assembly.

Canada proposed some textual changes to the draft decision for consideration in the drafting group. The Canadian proposal requested the Secretariat to draw up a detailed implementation plan in consultation with member States and relevant international organizations, considering the recommendations of the evaluation and the overall programme review, and submit a detailed implementation plan to the 2018 World Health Assembly for member States' consideration. The proposal was supported by Japan.

Brazil disagreed with the textual proposal from Canada as prima facie it did not carry the recommendations of the overall review forward and conditioned its implementation to consultations with the risk of implementation being delayed by never ending consultations. Brazil preferred to limit the work to specific concerns of any member State on the recommendations. Turkey, the Netherlands, Congo, Thailand, Algeria supported Brazil's proposal. Brazil suggested adding a new point in the text requesting the Secretariat to engage in consultations with member States on specific recommendations from the review, with a view to their integration in the implementation plan.

After drafting group deliberations, the EB adopted a compromise decision EB142 (4) recommending the World Health Assembly to adopt a decision urg-

ing member States to implement the recommendations of the review panel that are addressed to member States and are consistent with the GSPOA, also urging member States to further discuss the recommendations of the review panel not emanating from the GSPOA, requesting the DG to implement the recommendations prioritized by the review panel that are addressed to the Secretariat on the basis of an implementation plan, and to report on progress on implementation to the Health Assembly in 2020.

The reference in the decision to recommendations of the review panel not emanating from the GSPOA, relate to recommendations of the review panel on transparency on costs of R&D, identification of essential medicines that are at risk of being in short supply and mechanisms to avoid shortages, and for countries to commit to contribute \$30 million to implement the recommendations.

### **Preparation for a high-level meeting of the General Assembly on ending tuberculosis**

The EB discussed and adopted resolution EB142.R3 on the preparation for a High-level Meeting at the United Nations General Assembly (UNGA) on ending tuberculosis (TB). The draft resolution adopted by the EB will be presented at the World Health Assembly in May for endorsement and will define the mandate for member States and the WHO Secretariat to shape the High-level Meeting during the UNGA in 2018.

The draft resolution requests the WHO Director-General (DG) to “develop a draft multi-sectoral accountability framework that enables the monitoring, reporting, review and actions needed to accelerate progress to end tuberculosis both globally and nationally to be presented at the High-level Meeting on TB.” The resolution further requests the Director-General to continue supporting the United Nations Secretary-General and the General Assembly in the preparation of the

High-level Meeting of the General Assembly on ending tuberculosis in 2018, to support the implementation of the Moscow Declaration to End TB, to urgently support high multidrug-resistant TB (MDR-TB) burden countries in their national emergency response and to address MDR-TB as a major threat to public health by supporting implementation of the Global Action Plan on Antimicrobial Resistance (AMR) including TB-specific actions in all countries. It also requests the DG to provide strategic and technical leadership, assistance, advice and support to Member States, as well as working with international institutions and all other relevant stakeholders, towards sufficient and sustainable financing and lastly to develop a global strategy for tuberculosis research and innovation taking into consideration ongoing and new efforts and to make further progress in enhancing cooperation and coordination of tuberculosis research and development, considering where possible drawing on relevant, existing research networks and global initiatives. The resolution builds on the Ministerial Declaration and commitments made during the Global Ministerial Conference on Ending TB in the Sustainable Development Era held in Moscow in November 2017.

During the discussions in the EB, Brazil on behalf of BRICS countries emphasized the need to implement the commitments of the Moscow declaration, to address the social and economic determinants as well as the consequences of TB and to promote research and development efforts through the BRICS TB research network. Tanzania, on behalf of the African region, highlighted the need to galvanize more global, regional and national commitments to step up the fight against TB and to obtain the highest level of political support. It also stressed the need to support strengthening health systems and to include access to safe, effective and affordable treatments that are patient friendly, as well as access to rapid diagnostics including for MDR-TB or other resistant strains. Vietnam underlined that TB and MDR-TB is a leading killer in the world and a threat to global health security and that technological advances are not universal and will need to be available for all

### **Preparation for a high-level meeting of the General Assembly on ending tuberculosis**

The EB adopted draft resolution EB142.R3. The resolution requests the Director-General to continue supporting the United Nations Secretary-General and the General Assembly in the preparation of the High-level Meeting of the General Assembly on ending tuberculosis in 2018, to support the implementation of the Moscow Declaration to End TB, to urgently support high multidrug-resistant TB (MDR-TB) burden countries in their national emergency response and to address MDR-TB as a major threat to public health by supporting implementation of the Global Action Plan on Antimicrobial Resistance (AMR)

people. Zambia noted that as one of the countries with the highest burden of TB in the world, it believed the response particularly to resistant TB will need to be accelerated. It further asserted that technical assistance and financing are necessary for the fight against TB. The Philippines underscored the need for multisectoral action and to address the social determinants of TB.

The Dominican Republic observed that there is a need for strong political commitment and sustainable funding particularly for diagnostics and new drugs. Problems with co-infection in the human immunodeficiency virus (HIV) and other populations at risk should also be considered. Thailand emphasized the need to put TB at the highest political attention and ensure the acceleration of action and the need for investment in health infrastructure, laboratory facilities, and manpower and that is integrated with responses to HIV and other programs. Ecuador mentioned the need to implement the objectives in the Moscow declaration and to continue extending coverage to patients emphasizing a human rights approach that would guarantee no discrimination and care to vulnerable groups. Ecuador also emphasized the need to work with efforts on HIV and AMR.

South Africa emphasized that research and development in TB is crucial and noted its involvement in the BRICS TB research network and the Life Prize that delinks the cost of medicines from production. Argentina noted the importance of prevention efforts and the need to look at TB in the context of AMR, the sustainable development goals (SDGs) and UHC. India supported Brazil on behalf of the BRICS countries and stressed the challenges that it is facing because of MDR-TB and mentioned the need for WHO support in the development of new drugs, cost effective regimes and diagnostics tools.

Japan reaffirmed its commitment to the High-level Meeting as a co-facilitator of the process in the UN and stressed the need to achieve the End TB strategy. Russia supported the contents of the document presented at the EB and recognized there are new challenges with tackling TB and reaffirmed their commitment through the Moscow declaration. The United States supported the efforts of WHO in its End TB strategy. It also pointed out that increased surveillance of MDR-

and XDR-TB has revealed AMR as the cause of many deaths.

The Director-General emphasized that the UNGA meeting would be the platform to create a successful High-Level Meeting and that it will involve different stakeholders and strengthen partnerships. He also pointed out that a working group with civil society has been established. He wanted to make sure that there is a focus on the high burden that is experienced in African countries. He also noted that WHO has a qualified team of specialists on TB.

### **Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits**

The EB adopted decision EB142 (7) stating that till the end of 2022 the current proportional division of the Partnership Contribution resources between pandemic preparedness and response (70 per cent for pandemic preparedness and 30 per cent for response activities) shall continue, and that the DG shall continue to be able to temporarily modify the allocation of these resources to respond to pandemic influenza emergencies.

The Partnership Contribution is an annual contribution to the WHO by influenza vaccine, diagnostic and pharmaceutical manufacturers who use the WHO Global Influenza Surveillance and Response System (GISRS).

### **Engagement with Non-state actors and Non-state actors in official relations with WHO**

The EB discussed a proposal to admit into official relations a number of non-State actors, to discontinue official relations with a proposed set of NSAs and to defer the admission of others until the agreed plans of collaboration are ready for the Board's consideration. The EB specifically recommended the admission of: Association Africaine des Centrales d'Achats de Médicaments Essentiels; Bloomberg Family Foundation, Inc.; Childhood Cancer International; International Society of Paediatric Oncology; IOGT International; KNCV Tuberculosis Foundation; Médecins du Monde; Osteopathic International Alliance; PATH; Public Services International; The Wellcome Trust; and United States Pharmacopeia Convention. The recommendation from the EB will be taken to the WHA where these NSAs will be granted official relations status.

The WHO Framework of Engagement with non-State actors (FENSA) that was adopted through resolution WHA69.10 consists of an overarching framework of engagement with Non-State Actors (NSAs) and four separate policies for governing the engagements with four categories, i.e. Non-Governmental Organisations (NGOs), private sector, philanthropic foundations and academic institutions. The framework regulates five types of engagements: participation, resources, advocacy, evidence, and technical collaboration. One part of the process of implementation of FENSA has been the admission into official relations of different NSAs under the new rules.

During the discussions in the EB, Congo on behalf of African region, noted that it was important to look at transparency and impact of the private sector and it explained that during discussions at the PBAC it was confirmed that engagements with NSAs should only include those who are willing to engage transparently, without the influence of the private sector and that a review process is necessary. India pointed out that a follow-up of the FENSA process is critical and that a comprehensive conflict of interest policy covering both institutional and individual conflict of interests is yet to be developed. India also observed that that FENSA framework should be expanded to include the dealings of member States with non-state actors apart from the current arrangement where it only deals with the Secretariat's engagement with non-state actors. This approach will ensure better accountability.

The United States urged the WHO to adopt neither a risk averse nor a cavalier approach in the engagement with non-state actors and noted that the management of risk is better than its avoidance since it can diminish WHO leadership and partnership opportunities in global health.

Responding to questions on conflict of interest on behalf of the Secretariat, the WHO legal adviser pointed out that the guide to staff sets out the position on conflict of interest and noted that the whole purpose of FENSA is to promote engagement with NSAs in a way that manages conflict of interest.

The Director-General commented that it was not possible to avoid risk but that risk could be managed and that the organization could not move forward if it is a risk averse organization.

He also said that engaging the private sector and civil society is a must and that the attainment of the SDGs would not be possible without unity of purpose from all sectors. He also stated that during the WHO World Conference on NCDs held in Uruguay in 2017 engagements with the food and beverage industries were allowed and were directly challenged about their practices. The DG explained that disagreements were told directly and that it helps to have those actors in the same room and exchange honest scientific ideas. The DG emphasized that there is no engagement with the tobacco industry but that there is a need to engage with others actors and to work together.

## **Main Outcomes and recommendations**

The 142nd session of the WHO Executive Board discussed several critical public health issues:

The EB recommended the World Health Assembly to approve the WHO's General Programme of Work for 2019-2023, and to endorse a five year global strategic plan to improve public health preparedness and response for 2018-2023.

The EB also adopted important decisions relating to access to medicines and research and development. The WHO Director General is requested to present to the World Health Assembly a roadmap report on WHO's work programme on access to medicines and vaccines in 2019. The DG and member States are requested to implement the recommendations of the review panel of the GSPOA. Developing countries will need to continue to actively engage with the WHO Secretariat on the activities relevant to the roadmap and provide guidance on their design and implementation.

The EB adopted a draft resolution on the preparation of the UN High Level Meeting on Tuberculosis to be held during the UNGA in 2018. The support for this meeting will be critical for developing countries.

The EB also adopted a decision stating that till the end of 2022 the current proportional division of the Partnership Contribution resources between pandemic preparedness and response (70 per cent for pandemic preparedness and 30 per cent for response activities) shall continue, and that the DG shall continue to be able to temporarily modify the allocation of these resources to respond to pandemic influenza emergencies.

For the WHO to be able to implement the range of activities as mandated by member States, financial resources need to be increased including in the form of member State core contributions to the regular budget, and member States and donors that provide special contributions should refrain from earmarking resources solely towards specific program level activities.

The WHO must ensure that all engagement with non-state actors is done in accordance with the WHO Framework of Engagement with Non-State Actors. The WHO is yet to develop a comprehensive conflict of interest policy covering both institutional and individual conflict of interests.



**SOUTH CENTRE**  
South Unity, South Progress.

*The South Centre is the intergovernmental organization of developing countries that helps developing countries to combine their efforts and expertise to promote their common interests in the international arena. The South Centre was established by an Intergovernmental Agreement which came into force on 31 July 1995. Its headquarters is in Geneva, Switzerland.*

Readers may reproduce the contents of this policy brief for their own use, but are requested to grant due acknowledgement to the South Centre. The views expressed in this publication are the personal views of the authors and do not necessarily represent the views of the South Centre or its Member States. Any mistake or omission in this study is the sole responsibility of the authors. For comments on this publication, please contact:

The South Centre  
Chemin du Champ-d'Anier 17  
PO Box 228, 1211 Geneva 19  
Switzerland  
Telephone: (4122) 791 8050  
Fax: (4122) 798 8531  
E-mail: south@southcentre.int  
http://www.southcentre.int

### Previous South Centre Policy Briefs

- No. 22, September 2015 – The WIPO Negotiations on IP, Genetic Resources and Traditional Knowledge: Can It Deliver?
- No. 23, October 2015 – Guidelines on Patentability and Access to Medicines
- No. 24, March 2016 – Five Points on the Addis Ababa Action Agenda
- No. 25, May 2016 – The Right to Development, Small Island Developing States and the SAMOA Pathway
- No. 26, June 2016 – Debt Dynamics in China – Serious problems but an imminent crisis is unlikely
- No. 27, August 2016 – The Right to Development: 30 Years On
- No. 28, September 2016 – Scope of the Proposed International Legally Binding Instrument on Transnational Corporations and Other Business Enterprises with respect to Human Rights
- No. 29, September 2016 – Tackling Antimicrobial Resistance: Challenges for Developing Countries
- No. 30, October 2016 – Approaching States' Obligations Under a Prospective Legally Binding Instrument on TNCs and Other Business Enterprises In Regard to Human Rights
- No. 31, October 2016 – A Prospective Legally Binding Instrument on TNCs and Other Business Enterprises In Regard to Human Rights: Addressing Challenges to Access to Justice Faced by Victims
- No. 32, October 2016 – Corporations, Investment Decisions and Human Rights Regulatory Frameworks: Reflections on the discussion pertaining to FDI flows and the impact of a potential International Legally Binding Instrument on Business and Human Rights
- No. 33, December 2016 – Outcome of the Assemblies of the Member States of the World Intellectual Property Organization 2016
- No. 34, December 2016 – Air pollution – the silent top global cause of death and of climate change
- No. 35, January 2017 – On the Existence of Systemic Issues and their Policy Implications
- No. 36, February 2017 – Gandhi: Walking with us today
- No. 37, March 2017 – The Need to Avoid “TRIPS-Plus” Patent Clauses in Trade Agreements
- No. 38, April 2017 – Implications of a US Border Adjustment Tax, Especially on Developing Countries
- No. 39, May 2017 – Highlights of the WHO Executive Board: 140th Session
- No. 40, June 2017 – Outcomes of the Nineteenth Session of the WIPO Committee on Development and Intellectual Property: A Critical Reflection by Nirmalya Syam
- No. 41, July 2017 – Quantification of South-South Cooperation and its Implications to the Foreign Policy of Developing Countries by Márcio Lopes Corrêa
- No. 42, July 2017 – The Asian Financial Crisis: Lessons Learned and Unlearned by Yılmaz Akyüz
- No. 43, August 2017 – The Financial Crisis and the Global South: Impact and Prospects by Yılmaz Akyüz and Vicente Paolo B. Yu III
- No. 44, August 2017 – Industrialization, Inequality and Sustainability: What kind of industry policy do we need? By Manuel F. Montes
- No. 45, October 2017 – The Value Added of the United Nations General Assembly High-Level Political Declaration on Antimicrobial Resistance by Viviana Muñoz Tellez