

# Health Action International at the 63<sup>rd</sup> World Health Assembly

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Geneva- This years' World Health Assembly (WHA) was historic. Health Action International (HAI) followed some of the most controversial issues that were up for discussion on this ambitious agenda: the debates and action around agenda items 11.3 *Global Strategy and Plan of Action (GSPA) on Public Health Innovation and Intellectual Property*, and 11.20 *Counterfeit Medical Products*. On both issues, the debate played out more or less with opposing positions taken by Northern and Southern countries.

## **11.3 Global Strategy and Plan of Action (GSPA) on Public Health Innovation and Intellectual Property**

The GSPA debate was firmly centred around the contentious process and outcomes of the Expert Working Group (EWG) on Research and Development Financing. At the presentation of the final EWG report to the Member States of the World Health Organization's Executive Board (EB) in January this year, it received a less than warm welcome from several governments and civil society organisations.

During this week's WHA, an increased number of countries expressed very critical positions on the report and the 'next steps' on the GSPA implementation, which was the subject of intense debate. The Southern countries, to a large extent represented by UNASUR, including Brazil, Ecuador and Venezuela, and SEARO, including India and Thailand, formed a united and strong front on the proposed resolution. There was severe critique on the process, transparency, conflicts of interest and incompleteness of the EWG. Member States expressed dissatisfaction with the fact that the concept of de-linking the costs of R&D from the price of medicines had not been fully explored as mandated by the GSPA, and that the end result did not meet their expectations.

The outcome of discussions, a resolution on the *Establishment of a Consultative Expert Working Group on Research and Development: Finance and Coordination* rejects the former EWG's report and demands a review of all proposals, which represents a huge step forward. A Consultative Expert Working Group will be established where Member States will nominate experts who will then be appointed by the EB. The inter-governmental element of the new group was something that the United States and EU had wanted to avoid. However, Brazil, UNASUR, India, Thailand and many more developing countries held their ground, insisting on an EWG that would avoid any perception of intransparency or conflicts of interest that could risk derailing the process again.

Along with many developing countries and civil society organisations, HAI sees the new resolution as a real chance to revive the process of exploring and implementing innovative proposals for R&D that could structurally address some of the inefficiencies and flaws of the current R&D system, which does not meet the health needs of many people in the developing world.

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## 11.20 Counterfeit Medical Products

The agenda item on *Counterfeit Medical Products* also proved difficult to resolve, and in particular the question about WHO's continued involvement in IMPACT (the International Medical Products Anti-Counterfeiting Taskforce). Again many Member States from the South, led by UNASUR and SEARO, and also Kenya criticised the continued preference for the "counterfeits" discourse over drug regulatory issues of quality, safety, efficacy; the inappropriateness of WHO's engagement with the intellectual property enforcement agenda and its involvement and role in IMPACT.

Their argument proved successful and the WHA decided to establish a time-limited and result-oriented Working Group on substandard, spurious, falsely labelled, falsified, and counterfeit medical products that will be comprised of and open to all Member States, and will reassess the WHO's partnership with IMPACT.

HAI and other civil society organisations welcome the two outcomes on agenda items 11.3 and 11.20. This WHA has made a clear stand on the problems associated with IMPACT, and on the inappropriate use of the 'counterfeits' discourse in a public health context, in general. The conflation of IP enforcement with public health objectives, such as quality and safety of medicines undermines access to medicines. This is now understood by all stakeholders and reflected in this resolution.

There was a general feeling of dissatisfaction among civil society observers regarding increased limitations on NGO participation in the World Health Assembly. Aside from the suspension of the NGO privilege to hold technical briefings, which was announced before the WHA, there also seemed to be more difficulty in participating in the committee sessions through the NGO intervention mechanism and HAI was unable to deliver its submitted interventions on either of the agenda items. HAI values its status of 'official relations' with the WHO and we hope that the ability for civil society organisations to engage fully in the WHA will be protected.

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