



**WHO Executive Board, 140<sup>th</sup> Session, 2017**

**Agenda Item 7.1: Health Emergencies and WHO Reform: A reality check**

**Speaker: Barbara Rehbinder**

While MSF has welcomed initiatives such as the creation of the WHO Health Emergencies Program, the strengthening of the International Health Regulations and the new Blueprint for Research and Development for emerging infectious diseases, last year, the yellow fever outbreak in Angola and DRC, and the acute nutritional crisis in northeast Nigeria highlighted remaining difficulties in meeting the needs of populations affected by health emergencies.

In both cases, there has been a delayed recognition of the crisis' scale and a lack of leadership to properly prioritise needs and ensure a timely response. This resulted in unnecessary suffering and deaths.

Several factors contributed to these failures, including unclear medical leadership responsibilities between national and international health authorities, and an overreliance on surveillance mechanisms versus concrete response capacity.

With increasingly complex, frequent and severe emergencies, MSF urges Member States to support effective WHO leadership for response to health emergencies, also recognizing that WHO must be able to confront them to ensure timely and effective emergency interventions.

Member States should also empower WHO's local capacities. Effective and timely emergency response demands that recruitment at country level be expedited and prioritised.

Furthermore, the Incident Management System must be better customized and adapted according to the needs of communities; it should harness the active contribution of communities and local capacity. Space must remain for independent assessment and action to fill potential gaps and ensure that the needs of affected people are met in an effective, timely manner.

Lastly, Member States should encourage WHO's efforts to establish the Blueprint for Research and Development to allow R&D to be "de-linked, needs-driven, evidence-based, considered a shared responsibility"; thereby ensuring affordability, efficacy and equity of access to developed products. For all activities under the WHO Blueprint, important work remains to expand and encourage representation from affected countries, civil society organisations and other developing countries.



**WHO Executive Board, 140th Session, 2017**  
**Agenda Item 7.2: Antimicrobial resistance**

**Speaker: Katy Athersuch**

MSF witnesses, first-hand, the emergence of antimicrobial resistance in a wide range of our operational contexts.

MSF was invited to speak at the UN High Level Meeting on Antimicrobial resistance last year, and we welcome the commitments made by Member States that reaffirm the strategies in the 2015 WHO AMR Global Action Plan.

It is time to move from commitment, to action. Now the focus must be on fully implementing these commitments through the development, funding, and execution of national action plans, as well as normative and regulatory frameworks. This includes a global framework for development and stewardship to ensure needs-driven innovation, and affordable and sustainable access to existing and new health technologies.

The AMR response must recognise the multifactorial nature of AMR, with a public health-driven agenda that puts the needs of patients at the core of the response. In developing countries where MSF works, there is a need to improve surveillance, laboratory-diagnostic capacity, and infection prevention and control; strengthening human resources and health systems are also essential.

The needs of the most neglected shouldn't be forgotten, and we welcome that Member States have agreed to hold a UN high-level meeting on tuberculosis in 2018. We urge Member States and WHO to implement commitments to increase affordable access to vaccines, diagnostics, and drugs, which are critical to reduce antibiotic use, improve specificity of diagnosis, and ensure patients have the medicines they need in a timely fashion.

Research and development on new health technologies is crucial, but Member States must ensure affordable access on public R&D investments, with full implementation of the public health safeguards that Member States and WHO have already agreed to in the CEWG and GSPOA processes, including de-linking R&D costs from prices and sales.



**WHO Executive Board, 139th Session, 2017**

**Agenda Item 8.3: Addressing the global shortages of medicines and vaccines**

**Speaker: Rachael Hore**

Shortages and stock outs of medicines, vaccines and diagnostics continue to be a challenge that MSF encounters each day in our work. Shortages and stock outs have an unacceptable impact on patients, as their consequences can lead to poor health outcomes.

MSF welcomes the resolution passed during last year's World Health Assembly on addressing the global shortage of medicines and vaccines. However, we feel very little progress has been made. On defining stock outs and shortages, only preliminary consultations have been held, and draft definitions – which are still too complex – have been provided in the EB report.

There has been little or no progress from WHO in assessing the magnitude and nature of the issues, initiating a global notification system or supporting Member States to start working on this resolution—due to an apparent lack of funding. MSF has seen little progress from Member States in the countries where we work, to better detect shortages and stock outs, including implementation of early warning systems, to improve the reliability of supply chains and to have measures in place to respond effectively.

The resolution for WHA 70 must be broadened to include:

- Vaccines within the request for a global shortage notification system
- A response strategy for shortages and stock outs in the request for global shortage notification system
- Diagnostics, which are a critical tool for medical care and must be considered within the scope of shortages and stock outs; and
- More focus on in-country supply chain issues, which MSF sees as the main problem,

Member States also have a responsibility to fund this vital work at WHO; without it, as many low-middle-income countries transition out of donor funding, and as companies look towards more lucrative markets, the issue of shortages and stock outs will not be resolved soon.



**WHO Executive Board, 140th Session, 2017**

**Agenda Item 8.5: Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination**

**Speaker: Katy Athersuch**

MSF has keenly followed the CEWG agenda since its inception, as it seeks to find solutions to the challenges we face in our operations on a daily basis. The responsibility to address these shortcomings rests with all governments and requires concerted, collective action. We note with encouragement the work undertaken to establish the R&D Observatory. The funds secured have enabled this important progress, and we urge Member States to commit the additional outstanding funds needed to support the Observatory's operation over the next biennium.

MSF welcomes the work to develop a Terms of Reference for the Expert Committee on Health R&D. In addition to what is outlined within the proposed scope, we ask the Committee to expand its work to provide guidance on how the principles established under the CEWG can be implemented in R&D initiatives within, and beyond, WHO. Further, we would like to see a role for the Committee in overseeing the promotion of policy coherence across WHO's work on R&D, as requested in Resolution 69.23.

We welcome the proposals for an R&D fund under CEWG. We note several proposals put forward to Member States on how to raise funds for the establishment and operation of this mechanism, and we ask Member States to reflect on the political decisions they take as to where to allocate funding. With the launch of CEPI this month, it is clear that there is no shortage of funding when political will is present, yet public health needs addressed by CEWG suffer from underinvestment.

Finally, we would like to draw attention to the important recommendations of the UN High Level Panel on Access to Medicines. It is critical to advance these recommendations at the Member State level and we welcome further discussion on the report, and its implications for R&D at WHO.



**WHO Executive Board, 140th Session, 2017  
Agenda Item 9.1: Global Vaccine Action Plan**

**Speaker: Nathalie Ernout/Juliette Puret**

Médecins Sans Frontières is concerned by the slow progress towards the GVAP targets, with only a one percent increase in global vaccination coverage since 2010.

MSF acknowledges the recommendations of the SAGE, but we feel the following four issues warrant immediate attention:

- 1) Middle-income countries continue to face severe challenges in accessing new and more expensive vaccines. It is therefore particularly concerning that the WHO MICs Task Force has recently closed, and we urge reconstitution of a group led by WHO, with special efforts focused on pooled procurement, price transparency and competition to increase affordability.
- 2) While access to vaccination for crisis-affected children has improved slightly, barriers still remain. We call for accelerated efforts to implement WHO guidelines on vaccinating in emergencies, and work by partners to secure access to the lowest global prices for humanitarian actors and governments trying to protect refugees, IDPs and other crisis-affected people.
- 3) Steps need to be taken to implement existing WHO immunization recommendations. For example, children over one year of age whose vaccination schedules have been delayed or interrupted should still be offered immunization. Donors and stakeholders should work to support governments to implement this existing recommendation.
- 4) Only by increasing competition can we improve vaccine affordability. We urge WHO Secretariat to take steps to ensure that pneumococcal conjugate vaccine candidates from developing country manufacturers are prioritised for technical and regulatory support, and that Gavi facilitate the resources to bring these candidate vaccines to market.

Finally, we would like to congratulate the WHO Secretariat for the continued progress in improving vaccine price transparency through the V3P database. The number of countries sharing their vaccine price data with WHO has increased by 25 percent; this is to be commended and we encourage governments to make use of this valuable information.