



CHAPTER NINE

THE WORLD HEALTH ASSEMBLY (WHA)

Along with simulating the General Assembly Plenary and its First, Second, Third and Sixth Committees, AMUN will be simulating the World Health Assembly (WHA). WHA will meet all four days of the Conference, and will report on its findings to the Combined General Assembly Plenary on Tuesday afternoon. WHA's membership is open to all Member States, and as such, participation is open to one member from each delegation represented at the Conference. Requests for a second seat on this simulation should be directed to the AMUN Executive Office.

Purview of the Simulation

The World Health Assembly (WHA) is the decision-making body of the World Health Organization (WHO). The Assembly first met in 1948 and now meets annually in Geneva. All WHO Member States participate in the WHA. The World Health Assembly sets policies of the Organization, evaluates and approves the proposed budget, and elects the Director-General.

Website: <http://www.who.int/mediacentre/events/governance/wha/en/>

PUBLIC HEALTH, INNOVATION AND INTELLECTUAL PROPERTY

It is estimated that nearly 4.8 billion people, over 70% of the world's population, live in developing countries. Communicable diseases account for half of all disease in developing countries and 90% of the mortality from communicable diseases occurs in developing countries. Poverty and poor health are strongly correlated; among other factors, poverty directly reduces the ability to acquire essential medications at both the personal and national level. In order to reduce the burden of communicable disease, especially in the developing world, the World Health Organization (WHO) has promoted the development of and access to medicines while continuing to promote research and development. To address this need, WHO has developed the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property to promote innovation and increase access to medicines.

Intellectual property rights and the patent system are important incentives for the development of new health-care products because they offer the patent holder exclusive rights to market the product for up to twenty years. This restriction helps to ensure that the return on research and development investments is capitalized for the innovator. However, often patent protection leads to the concentration of pharmaceutical products to address the public health needs of the developed world, as these are the economies with the means to procure these products. Thus, the incentive has so far been insufficient to meet the need for the development of new products to fight diseases where the potential paying market is small or uncertain.

Past actions and resolutions of the World Health Assembly (WHA) have approached the topics of intellectual property, innovation and public health in a piecemeal fashion. Generally, the issue has been approached in the context of other high profile topics such as HIV/AIDS strategies, access to medication, or the role of international trade in public health. The issue has also been briefly mentioned in the Universal Declaration of Human Rights, the Millennium Development Goals, the Trade-related Aspects of Intellectual Property (TRIPS) and other United Nations documents.

In 2003, the WHA passed resolution 56/27 which called for the creation of the Commission on Intellectual Property, Innovation and

Public Health (CIPHI). The Commission was to be a time-limited body tasked with providing a report to the Executive Board and the WHA regarding the current state of health activities related to intellectual property, innovation and public health. The final report was presented to the WHA in 2006. The report focused primarily on the innovation cycle and how the WHA could work to promote such innovation in developing parts of the world. The report included several recommendations, but it did not include a strategy for creating a plan of action.

Upon completion of the report, the WHA passed resolution 59/24 which established the Intergovernmental Working Group on Intellectual Property, Innovation and Public Health (IGWG). The IGWG was tasked with drafting a global strategy and plan of action to achieve the recommendations of the Commission. Throughout 2007 and early 2008, the IGWG held three meetings. Several regional meetings were also held and the IGWG also hosted a series of web-based conferences. In May of 2008, the IGWG shared the draft global strategy and plan of action with the WHA as contained in resolution 61/9. The documents were formally adopted in resolution WHA 61/21.

The Global Strategy is comprised of eight elements: prioritizing research and development needs; promoting research and development; building and improving innovative capacity; transferring technology; application and management of intellectual property to contribute to innovation and promote public health; improving delivery and access; promoting sustainable financing mechanisms; and establishing monitoring and reporting systems. The Plan of Action is composed of over 100 specific actions organized within the eight elements of the global strategy and is currently being carried out by international organizations such as the World Health Organization (WHO) and the World Trade Organization (WTO) as well as individual governments. Pursuant to resolution WHA 61/21, the Director-General finalized specifics and timelines for the Plan of Action in 2009.

WHO is responsible for overseeing the implementation of the Plan of Action. An expert working group assists with implementation oversight. The Director-General has implemented a "quick start" program which includes global mapping of development and research activities and development of monitoring and reporting frameworks. The African Network for Drugs and Diagnostics Innovation was launched in 2008. Other actions taken by the Director-General are

outlined in the report to the WHA Executive Board in resolution EB 126/6. The World Intellectual Property Organization, the United Nations Conference on Trade and Development, and the United Nations Development Program are also engaged in implementing the Plan of Action.

Recent efforts have centered on creating a “patent pool” whereby corporations providing voluntary licenses can make medical advances available to developing countries. This approach is still in its infancy, and will require redoubled efforts to make a significant impact. WHO also developed a Quick Start Programme for immediate implementation of action items under the Global Plan for which the WHO Secretariat is responsible for. The Quick Start Programme lists mapping global research and development activities, identifying research gaps and research priority setting; promoting standard setting for traditional medicines in developing countries; developing and strengthening regulatory capacity in developing countries; and developing a monitoring and reporting framework as priorities. WHO is also focusing its efforts on developing regional and national networks for innovation, using the African Network for Drugs and Diagnostics Innovation as a model. There are also new efforts being taken to make core health technologies more accessible in resource-limited settings. Finally, WHO is promoting technology transfer as a means to increase research and development capacity.

The current Global Strategy and Plan of Action has been characterized as an immediate and medium range plan. As such, the Plan of Action is set through 2015. The Plan and Strategy will be reevaluated and necessary changes will be applied. Because the issue of intellectual property impacts nearly all research and development activities, future actions will continue to operate in a fairly decentralized manner. Many activities of the Plan of Action are just now in implementation stages, and outcomes remain unclear. Therefore, monitoring and reporting will play a vital role in the coming years to ensure that the global strategy and plan of action is implemented in an effective manner.

Questions to consider from your government’s perspective on this issue include

- Considering the broad reach of the issues at hand, should the WHA continue to promote a decentralized global approach or should the WHA establish a more centralized implementation source for the global strategy and plan of action?
- What should a reporting and monitoring framework look like for the plan of action? In particular, what is the proper balance between requiring reporting and protecting intellectual property of multinational corporations and governments?
- What incentives can be used to encourage multinational corporations and governments to make life-saving drugs more readily available to developing countries?
- What is the role of public-private partnerships in supporting innovation for public health?

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World Health Organization. “WHO activities to implement the global strategy and plan of action on public health, innovation and intellectual property, including the quick start programme”, http://www.who.int/phi/GS_implementationQS.pdf.

UN Documents

WHA 55/14

WHA 56/17

WHA 56/27

WHA 59/24

WHA 59/26

WHA 60/30

WHA 61/9

WHA 61/21 – Global Strategy and Plan of Action

WHA 62/16 (and appendices)

CIPIH Report (2006)

Additional Web Resources

www.who.int/intellectualproperty/en/ - Commission on Intellectual Property Rights, Innovation and Public Health

www.who.int/phi/en/ - World Health Organization, Public Health, Innovation and Intellectual Property

www.andi-africa.org/ - African Network for Drugs and Diagnostics Innovation (ANDI)

PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES: IMPLEMENTATION OF THE GLOBAL STRATEGY

Four major noncommunicable diseases, cardiovascular disease, diabetes, chronic respiratory diseases, and cancer, account for nearly 60% of annual global mortality and up to 80% of these deaths occur in developing countries. Even more striking are estimates suggesting that nearly one-third of these deaths could be prevented annually by eliminating their four main risk factors, tobacco use, physical inactivity, unhealthy diets, and alcohol abuse. The World Health Organization (WHO) estimates that mortality from noncommunicable diseases will increase by 17% over the next ten years and this increase will disproportionately impact developing countries.

The recognition that development is directly impacted by morbidity and mortality from noncommunicable diseases has been slow in coming from the global community. In addition to the human toll, the long duration of most noncommunicable diseases also creates a significant economic burden. Despite the burden in the developing world, the prevention of noncommunicable diseases is not addressed in the Millennium Development Goals (MDGs). WHO, however, has developed a dedicated plan of action to reduce the incidence and mortality of noncommunicable diseases globally.

In 2000, the World Health Assembly (WHA) adopted the Global Strategy for the Prevention and Control of Noncommunicable Diseases. The goal of the Global Strategy is to assist Member States in their efforts to reduce the burden of noncommunicable diseases. The overarching objectives of the Global Strategy are to strengthen health care systems for individuals with noncommunicable diseases, to reduce individual and population exposures to common risk factors, and to develop sound epidemiological data on the social, economic, behavioral, and political determinants in order to guide the development of data-driven prevention policy.

The Global Strategy also includes objectives on providing cost effective treatment and medications, decreasing exposure to environmental factors that increase the risk of disease development, and providing education on healthy diets and physical exercise as preventative measures. Following up on the passage of the Global Strategy, the WHA adopted the Framework Convention on Tobacco Control in 2003, the Global Strategy on Diet, Physical Activity and Health in 2004, and the Global Strategy to Reduce the Harmful Use of Alcohol in 2010. Together these documents provide a global framework to address the four most prevalent risk factors for noncommunicable diseases.

In May 2008, WHO adopted the Action Plan for the Global Strategy, with a special emphasis on the rapidly increasing burden in low- and middle-income countries. The plan calls for raising the priority given to noncommunicable diseases in international development work. The Action Plan covers six main objectives to be addressed between 2008 and 2013. The Action Plan also included performance indicators.

WHO launched the Global Noncommunicable Disease Network (NCDnet) in 2009 to coordinate international efforts. The NCDnet is a voluntary collaboration of leading health organizations and experts from around the world that are engaged in efforts to develop a multi-level coordinated response to the goals and objectives in the Action Plan.

During its 64th session, the General Assembly passed a resolution (A/RES/64/265) that called for a high-level session on the prevention and treatment of NCDs. The resolution also encouraged UN Member States to address the issue of non-communicable diseases at the 2010 Review Summit for the MDGs. The GA will convene the High-level Meeting on the Prevention and Control of Noncommunicable Diseases from 18-19 September 2011. The meeting will provide a unique opportunity for the international community to take action against continued prevalence of and suffering from noncommunicable diseases. The meeting will specifically address the prevention and control of noncommunicable diseases worldwide, with a focus on developmental and other challenges and social and economic impacts, particularly for developing countries.

In preparation for the High-Level Meeting, WHO is working with Member States to prepare reports on national estimates on the incidence and prevalence of noncommunicable diseases and their risk factors, and assessments of national health system capacity for noncommunicable diseases. WHO has emphasized the need to address the economic impact of noncommunicable diseases, including financial challenges, in particular in developing countries, at the High-Level Meeting and will be developing global assessments to share with the General Assembly.

The 64th WHA session addressed current progress towards meeting the goals of the Global Strategy and discussed further steps for countries to take in an effort to help treat and eventually eradicate noncommunicable diseases. However, with dedicated action from both the WHA and the General Assembly, there are encouraging signs that the global community will be able to make significant progress on reducing the global burden from noncommunicable diseases.

Questions to consider from your government's perspective on this issue include

- What tools exist to reduce the burden of noncommunicable diseases at the national, regional and international level?
- What is the role of civil society, the private sector and non-governmental organizations in supporting the Action Plan for the Global Strategy?
- What are the critical components of national policies on the prevention of noncommunicable diseases for developed and developing countries?

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- "UN-Backed Conference Adopts Declaration on Non-Communicable Diseases" *UN News Centre* (29 April 2011). www.un.org/news.

UN Documents

A/66/83

A/65/362

A/RES/64/265

A/RES/65/265

WHA53.17

WHA61.14

WHA63.12

WHA64.11

2008-2013 Action Plan for Global Strategy for the Prevention and Control of Noncommunicable Diseases

Framework Convention on Tobacco Control

Global Strategy on Diet, Physical Activity and Health

Global Strategy for the Prevention and Control of Noncommunicable Diseases

Additional Web Resources

www.un.org/millenniumgoals - The United Nations Millennium Development Goals

www.who.int/nmh/en/ - World Health Organization Programme on Noncommunicable diseases and mental health

www.guardian.co.uk/journalismcompetition/2011-theme-noncommunicable-diseases - The Guardian journalism competition

