

GPW13 – amended version (Rev 1)

On 23 January 2018, WHO published a revised version of GPW13 to address some of member states' comments. The main changes are the following (**bold** for added words and *italic* for deleted ones):

- 1) The first strategic goal “*Advancing Universal Health Coverage*” is reformulated to “**Achieving Universal Health Coverage**”. GPW13 being implemented from 2019 to 2023, **achieving** UHC by 2023 is clearly unrealistic, and this might push further for a narrow understanding of UHC as a financial insurance.

This is further reinforced by the modification of §29: “The essence of UHC is a strong and resilient people-centered health system with primary care as its foundation. Community-based services, health promotion and disease prevention are key **components**.” By adding the word ‘components’, WHO tones down community based services, health promotion and disease prevention by describing them just as being just important elements amongst other factor, instead of being ‘key’, i.e. mandatory elements of UHC.

- 2) A sentence on SRHC has been added in two paragraphs (§36,§54) using DG Tedros’ suggestion to use SDG language to solve the controversy. This is a clear victory for European countries and others who have been very vocal to include SRHC.

“WHO will work to ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes, in line with SDG target 3.7; and to ensure universal access to sexual and reproductive health and reproductive rights, in line with SDG target 5.6.”

In addition, §68 adds: **“WHO will work to ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences”**.

- 3) §93 adds **“WHO will strengthen its normative work”**, under pressure from several MS stressing that WHO should focus on its “core function: normative work”. Similarly, Tedros’s ambition to be more political by doing advocacy for WHO programmes is diluted in §76 with the added sentence: **“WHO will advocate for health at the highest political level”**, toning down the next sentence on the promotion of health at all governance levels.
- 4) §109 disjoint the GPW13 from any financial commitment by deleting the sentence: *“The approval of WHO’s Programme budget by Member States comes with an implicit commitment to ensure full financing. However, doing so has proven to be challenging”*, confirming that GPW13 is a broad strategic plan laying out a vision that does not necessarily has to be implemented.
- 5) Several sentences have been added to highlight the role of the private sector and downplaying the notion of conflict of interest:

§14: **“The ‘triple billion’ goal is a joint effort of Member States, WHO and other partners”**

§35 **“The private sector can also contribute to UHC in service delivery, innovation, investment, and as employers”**

§80 “WHO will support private and public-sector investments in primary prevention, as appropriate, and will provide evidence-based guidance that supports healthy choices and interventions, **applying the WHO FENSA as needed** (*deleting: while appropriately managing -conflicts of interest through implementation of the WHO FENSA*).

- 6) Substantial changes have been made on the AMR platform (§72) to include AMR in national action plans, to refer to the environment, and to shift the focus from improving surveillance and research to the global level: “improving **global** surveillance **platforms** and research”

(instead of all governance levels, including country-level). In addition, WHO's ambition to *"reduce the percentage of blood stream infections due to drug resistant organisms by 10%"* has been deleted, removing the sole concrete indicator on this work.

- 7) Following Dr Tedros statement on "Global health reserve army", a sentence was added §53 **"The Organization will coordinate and encourage Member States to develop a Health Reserve Force to mobilize in health emergencies"**. This seems unnecessary as WHO is already developing and implementing the Emergency Medical Teams initiative, but highlights once again the prioritization of policies at the global level (instead of the country level) to fight health security threats.
- 8) References to breastfeeding (§54; §67), dementia (§37), indigenous people (§39) have been added.

Comparison done by Watcher Antoine de Bengy (a.d.b.puyvallee@sum.uio.no)