

# The 70<sup>th</sup> World Health Assembly turns the focus back to integrated Primary Health Care



Three reasons for optimism from the WHA are highlighted by Francis Omaswa. The election of Dr. Tedros as Director-General of the World Health Organization; the return to the principles of Alma Atta for PHC; and Zambia's innovative leadership on surgical care

The 70<sup>th</sup> World Health Assembly (WHA) ended nearly one month ago and left me feeling good for a number of reasons.

The first was the election of Dr. Tedros Adhanom Ghebreyesus of Ethiopia as the first African Director-General of the World Health Organization (WHO). This was achieved in a closed session where three candidates vied for the votes of all member states by secret ballot, unlike in the past years when the Executive Board of WHO submitted one name for endorsement by the WHA. Dr. Tedros won easily in three rounds of voting and is an excellent choice. Dr. Tedros has first-hand experience in running a national health system as a very successful Health Minister in Ethiopia. As Health Minister, he was very popular among the global health initiatives where he served as chair on the Boards of these organisations such as Roll Back Malaria and the Global Fund. His current job has been Foreign Minister of Ethiopia which has further exposed him to the world of global diplomacy. I have personally worked with Dr. Tedros in my days as the Executive Director of Global Health Workforce Alliance, where Ethiopia was a grantee as one of the eight global pathfinder countries on Human Resources for Health development, and later I was a Senior Adviser to the five-year Ministerial Leadership Initiative for Global Health where Ethiopia was one of the five project countries. From this experience I can describe Dr. Tedros as human, caring and a visionary. The WHO and the global community should look forward to the future of global health with hope, and I wish Dr. Tedros every success.

Another reason I came back feeling good from the WHA is that I witnessed time and again the return of the discussions to the days following the 1978 Alma Atta Declaration where the focus was on Integrated Primary

Health Care (PHC) involving the active participation of the people themselves. Whenever I had an opportunity to speak at the WHA, I applauded this approach to health systems strengthening and prayed that we will not depart from it again as we did in the past if we are committed to the Sustainable Development Goals and the goal of Universal Health Coverage (UHC).

The third encouraging experience was to participate at the Side Event when the Government of the Republic of Zambia launched their National Surgical, Obstetric, and Anaesthesia Strategic Plan (2017–2021). The Republic of Zambia has shown exceptional leadership in this field having been a sponsor of the WHA resolution 68.1 in 2015 that recognised that essential surgery and anaesthesia are critical components of UHC, thus setting the stage for placing surgery, obstetrics and anaesthesia as key components of Integrated PHC strategy for achieving UHC that leaves no one behind. Congratulations to Zambia.

My organisation, the African Centre for Global Health and Social Transformation, also participated at pre-meetings of civil society organisation (CSOs), where the entire agenda of the WHA was dissected in detail over a two-day meeting asking the question in all cases, 'Where are the people in this agenda item?' Last year, the WHA adopted a resolution on Framework of Engagement with non-State Actors, allowing these to participate at the WHA and the work of the WHO. There are three major categories of non-state actors namely, (i) not for profit CSOs; (ii) for profit industry and commercial organisations; and (iii) philanthropic organisations. The CSOs see themselves as watchdogs making sure that the public interest is safeguarded at all times in the work of the WHO. These CSOs have established an office in Geneva under the name Geneva Global Health Hub as a watch tower for observing and responding to what is going on at this global health capital.

Finally, there was the networking which is extremely valuable as a source of learning and an enabler in forging partnerships and connections for carrying forward the work generated by and that follows the WHA.

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