Seventy-second World Health Assembly / Soixante douzième Assemblée mondiale de la Santé
Palais des Nations
May 2019 / Mai 2019

Side event application / Formulaire de demande de réunion parallèle

Contact

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<th>Name/Nom:</th>
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<td>Delegation(s)/Délégation(s): India and Norway (TBC)</td>
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Concept

Description of proposed side event, including objective, expected results, proposed programme and speakers* / Description de la réunion parallèle proposée, y compris les objectifs, les résultats attendus, l’ordre du jour et les orateurs* :

BACKGROUND

Women, children and adolescents, especially those from the poorest sections of society and those who experience exclusion and discrimination, bear the greatest burden of ill health and preventable deaths. Prioritizing and meeting their needs for health care and financial protection is essential for achieving Universal Health Coverage and ensuring that no-one is left behind.

UHC is enshrined in target 3.8 of the sustainable development goals (SDGs) and is essential for reaching goal 3 on healthy lives for all by 2030. There is growing global commitment to UHC and its human, social and economic benefits. There is also growing agreement that countries can only achieve UHC equitably and effectively by increasing government investment in health care for the entire population. More efficient and targeted use of donor and domestic financing and public investment in health systems are key to improving access to services for the poorest and most vulnerable women, children and adolescents, especially at the primary health-care level — the main entry point to health systems for most families and communities. A life-course approach that includes the provision of health-care services needed before and during pregnancy, and in childbirth, infancy, childhood and adolescence is critical for ensuring the survival and healthy growth and development of everyone in the population, and is the backbone of an effective health system.

Other key elements of UHC and accountability include community participation, health workforce, and financing. Participation by community members and community-based, grass-roots and civil society organizations is essential to developing, implementing and monitoring health-care policy and delivery. The support, training and strategic deployment of the community health workforce also play a central role in the delivery of health services, especially for hard-to-reach groups. Finally, improvements in the overall financing of public health services should be based on increasing domestic resources for health, investing in health-care workers and health systems, and reducing or progressively eliminating out-of-pocket payments. Some countries with heavy burdens of preventable maternal and child mortality spend only between 1-3% of their gross domestic product (GDP) on health, well below the target of 5%, and have very high levels of out-of-pocket expenditure.

As countries are defining their basic or essential UHC service packages, addressing the full scope of women’s, children’s and adolescents’ health is critical. This event will highlight global data and evidence on the scope of women’s, children’s and adolescents’ health needs and the impact of addressing those needs; share information...
on the tool WHO is preparing for countries to guide the process of identifying key health interventions for inclusion in their national packages; feature selected country experiences and case studies on the process they have followed, and the outcomes they have achieved; and showcase the benefits of engaging all constituencies in making decisions and in accountability for commitments and progress.

OBJECTIVES

1. To build political momentum for UHC and highlight the centrality of addressing women’s, children’s, and adolescents’ health needs to the achievement of Universal Health Coverage.

2. To provide a platform for countries to understand the structure and content of the forthcoming WHO guidance tool on UHC interventions, including how it may be used to plan for the full inclusion of women’s, children’s and adolescents’ health.

3. To illustrate effective principles and processes for designing UHC packages responsive to specific country contexts and priorities.

4. To call for effective partnerships at all levels – global, regional, national and local – to advocate for effective UHC policies and to monitor progress implementation of UHC commitments, making sure that accountability mechanisms are in place to drive necessary change.

PROPOSED PROGRAMME AND SPEAKERS (TBC)

Session Co-Chairs: Representatives of the Governments of India & Norway (5 mins)

1) Introduction and scene-setting (10 minutes) – Ministry of Health and Family Welfare, India: Outline of India’s commitment to UHC and WCAH; discussion of the importance of multi-sectoral engagement; share highlights from the PMNCH Partners’ Forum, New Delhi, December 2018

2) WHO guidance on UHC intervention “menu” (15 minutes) – Director General, World Health Organization, or Assistant Director General, UHC/Life Course; or Director, Health Systems Governance and Financing: Overview of the process and proposed structure of WHO’s UHC tool

3) Country experience on WCAH and UHC (20 mins) – Options (ensuring regional representation):
   a) The Hon. Alejandro Garivio Uribe, Minister of Health, Colombia
   b) The Hon. Isaac Adewole, Minister of Health, Nigeria (GFF Country)
   c) Prof. Emeritus Piyasakol Sakolsatayadorn, M.D., Minister of Public Health, Thailand (co-Chair of the UHC HLM)
   d) Others (TBD)

4) Partnership for UHC (10 minutes) – Dr. Githinji Gitahi, CEO, Amref Health Africa and Co-Chair, UHC2030 Steering Committee: Multi-sectoral engagement in advocacy and accountability for UHC, including the role of civil society.

5) Innovative financing for UHC (10 minutes) – Private sector representative, or possibly Dr Naveen Rao, Rockefeller Foundation: Challenges and opportunities in innovative financing for UHC

6) Q&A/Discussion (15 mins)

7) Closing remarks (5 minutes) – Board Chair or Executive Director, Partnership for Maternal, Newborn and Child Health.

EXPECTED RESULTS

1. Increased awareness among key stakeholder groups (member state representatives, donors, civil society,
private sector) of the potential impact of investing in women’s, children’s and adolescents’ health as part of UHC strategies.

2. Greater understanding and acceptance of WHO’s technical guidance for recommended/approved interventions for UHC packages.

3. Recognition of the complementary roles of key constituencies and stakeholders in ensuring broad-based awareness and support for UHC, and for effective accountability approaches.

4. Demonstration of concrete tools and processes used by member states to conceptualize and prioritize their UHC strategies.

Event details / détails de la réunion

Date TBC

Time/Heure

Expected number of participants/Nombre de participants attendus : 400

Exact title of the event/Titre exact de la réunion: 

Women, Children and Adolescents: Ensuring their needs are met through Universal Health Coverage

Interpretation/Interprétation

Interpretation may be provided in the official languages and the estimated costs are as follows: 2 languages: 2568 CHF; 3 languages: 5136 CHF; 6 languages: 11985 CHF.

L’interprétation peut être assurée dans les langues officielles aux coûts estimés suivants : 2 langues-2568 CHF; 3 langues : 5136 CHF; 6 langues : 11985 CHF.

Are interpretation services requested? / L’interprétation est-elle requise ? Yes/Oui ☐ No/Non ☐

(If yes, which languages)/ (Si oui, en quelle langue) ☐

English/Anglais ☐ French/Français ☐ Russian/Russe ☐ Spanish/Espagnol ☐ Chinese/Chinois ☐ Arabic/Arabe ☐

Other language/autre langue: ☐
Room Layout/Aménagement des salles
Due to type of furniture and technical equipment in the room, the layout of the rooms cannot be changed. For information regarding the location and layout of rooms at the Palais des Nations, please see:  
http://www.unog.ch/80256EE60057CB67/(httpPages)/BAE3AF717207A5AF80256EF80049C552?OpenDocument

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*Badges/ Badges d’accès
WHA side events are for participants of the WHA and, as such, panelists and participants should be drawn from those participating in the Health Assembly.

Les réunions parallèles sont réservées aux participants de l’Assemblée; Les orateurs de ces réunions doivent donc être choisis parmi ceux-ci.

Please complete the form and send it to / Merci de remplir le formulaire et de l’envoyer à
hqgoverningbodies@who.int
by 29 March 2019