PROVISIONAL SUMMARY RECORD OF THE SIXTH MEETING

WHO headquarters, Geneva
Saturday, 26 January 2019, scheduled at 14:30

Chairman: Dr P. SILLANAUKEE (Finland)

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SIXTH MEETING
Saturday, 26 January 2019, at 14:30

Chairman: Dr P. SILLANAUKEE (Finland)

STRATEGIC PRIORITY MATTERS: Item 5 of the agenda (continued)

Implementation of the 2030 Agenda for Sustainable Development: Item 5.4 of the agenda (document EB144/11 Rev.1) (continued)

The representative of AUSTRALIA welcomed the progress made towards achieving the Sustainable Development Goals, but expressed concern at ongoing challenges relating to malaria, drug-resistant tuberculosis, alcohol use and air pollution. Collaboration was essential to achieving the Goals and, in that regard, her Government looked forward to participating in Member State consultations on the proposed global action plan for healthy lives and well-being for all. She welcomed the focus on developing national strategies to advance universal health coverage. Finally, she said that access to sexual and reproductive health services was critical to women’s empowerment, gender equality, and reducing maternal and child mortality, which were essential to implementing the 2030 Agenda for Sustainable Development.

The representative of JAPAN urged WHO to take advantage of the 2019 High-level Meeting of the United Nations General Assembly on Universal Health Coverage to advance implementation of the 2030 Agenda for Sustainable Development. In the light of the two indexes for monitoring universal health coverage, one within the monitoring framework of the Inter-agency and Expert Group on Sustainable Development Goal Indicators and the other within the WHO Impact Framework for the Thirteenth General Programme of Work, 2019–2023, he asked how the Secretariat planned to develop the anticipated global monitoring report on universal health coverage, which would be essential to measure progress.

The representative of FINLAND, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Latvia, Lithuania, Norway and Sweden, said that increasing resistance to fundamental health-related targets was worrying, as achieving universal health coverage, including sexual and reproductive health and rights for all, was at the heart of the 2030 Agenda. It was vital to take a multisectoral, Health in All Policies approach at the national and international levels to meet Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and the other health-related Goals. Commending WHO for its multisectoral work beyond Goal 3, she stressed the importance of developing the proposed global action plan for healthy lives and well-being for all.

The representative of CHINA commended WHO’s efforts in supporting Member States to achieve the health-related Sustainable Development Goals. His Government supported the whole-of-government, whole-of-society and Health in All Policies approaches to implementing the Goals, and the Organization’s advocacy for comprehensive and integrated national health plans and enhanced North–South, South–South and triangular regional and international cooperation. Greater coordination among Member States and regional offices was needed to establish partnerships. Member States must strengthen their monitoring of progress towards the Goals, mobilize national and international resources, and deepen cooperation to achieve the health-related Goals.
The representative of ISRAEL said that the data on air pollution were extremely alarming and commended the creation of a multisectoral forum for discussion during the first WHO Global Conference on Air Pollution and Health in 2018. National plans containing specific actions were vital in combating air pollution and other hazards, and the Organization should further develop guidelines for such plans. He noted WHO’s engagement in United Nations country teams as part of global efforts to achieve the Sustainable Development Goals. Stronger health information systems would facilitate the monitoring of WHO’s work, and its alignment with wider efforts. That required a technical package of health information standards and tools to strengthen country information systems. The idea of a seamless Organization was welcome, but the Secretariat at headquarters should provide guidance on the needs of each region. The approval of the draft proposed programme budget 2020–2021 and transformation plan would facilitate a “one WHO” approach, with greater alignment between the levels of the Organization.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that multisectoral efforts needed to be stepped up to ensure that the health-related Sustainable Development Goals were met. The Organization’s proposed global action plan for healthy lives and well-being for all was appreciated. Existing partnerships should be expanded to include humanitarian organizations and civil society to increase coverage of essential health care services. Despite the protracted conflicts and crises in the Region, many countries had created mechanisms and national action plans to achieve the health-related Goals. The regional strategy for improving systems for registering civil status and biostatistics was appreciated, but there was still a need to strengthen data collection and analysis, health information, and monitoring systems. WHO should work with the private sector and government departments for health and other areas to maintain the progress achieved on indicators.

The representative of COLOMBIA said that achieving the Sustainable Development Goals demanded strong multisectoral dialogue and efforts to address the social, economic and environmental determinants of health. The current migration situation in the Region of the Americas would have a negative impact on the health-related targets of the Goals. In 2018, his Government had invested heavily in migrant health, which had expanded access to health care and had already had an impact on national indicators on reproductive, maternal and child health, nutrition, infectious diseases, noncommunicable diseases and epidemics. As a result, his Government urgently needed the support of the international community.

The representative of SUDAN said that a multisectoral approach was needed to meet the Sustainable Development Goals. Member States must consider the health impacts of all policy decisions and work together to avoid any harmful effects. He hoped that the Executive Board would discuss the resolution on implementing the Health in All Policies approach, adopted at the sixty-fifth session of the Regional Committee for the Eastern Mediterranean, at its next session. The unprecedented scale of the emergencies in the Region and the steady increase in noncommunicable diseases were a huge burden on health systems and were likely to have an adverse impact on the gains made in health. The Secretariat and Member States urgently needed to step up efforts to strengthen health systems and increase flexibility to ensure that the Goals and universal health coverage were achieved.

The representative of VIET NAM said that a health systems approach and multisectoral collaboration were essential and would require a shared understanding of terminology, concepts, frameworks and pathways. The report should include a reference to the Secretariat’s important role in helping Member States engage with national stakeholders and development partners. Many developing countries lacked sufficient resources to incorporate the Sustainable Development Goal indicators into national reporting systems, which hindered their regular monitoring, and the Secretariat should continue providing technical and financial assistance in that regard.
The representative of HAITI, underscoring his Government’s commitment to achieving the health-related Sustainable Development Goals, urged WHO to continue transforming the Organization, mobilize resources and take all necessary steps to ensure that one billion more people benefited from universal health coverage. A participatory and inclusive approach should be taken, in keeping with the five principles of the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action. Since it was important for no one to be left behind and for all countries to be able to contribute their experiences and expertise in delivering universal health coverage, Taiwan should once again be granted observer status.

The representative of THAILAND said that firm leadership and regular monitoring and reporting were essential to achieving the Sustainable Development Goals. The Regional Committee for South-East Asia had demonstrated such leadership by adopting a decision on annual progress monitoring of universal health coverage and health-related Sustainable Development Goals. Member States should make maximum use of the results and lessons learned from progress monitoring to improve programme implementation.

The representative of INDIA, highlighting the steps taken by his Government towards achieving the Sustainable Development Goals, asked WHO to define the priority areas for increasing the technical support provided to Member States, emphasizing the importance of multisectoral cooperation and coordination, progress reports and statistical capacity-building.

The representative of FRANCE, speaking on behalf of the Foreign Policy and Global Health Initiative, said that weaknesses in health care systems remained an obstacle to achieving the health-related Sustainable Development Goals. Since civil society and the general population played an important role in strengthening health care systems and improving access to health care, he supported multistakeholder efforts to address health inequalities. Welcoming the steps taken collectively to deliver universal health coverage, he said that WHO could count on the support of the Foreign Policy and Global Health Initiative as it worked towards achieving the Goals, particularly the health-related targets.

The representative of CANADA said that it was important to proactively protect the progress already made towards the Sustainable Development Goals by, for example, ensuring a strong Global Fund to Fight AIDS, Tuberculosis and Malaria and strengthening implementation of the WHO Framework Convention on Tobacco Control. It was also essential to: address the environmental determinants of health; protect the health and rights of women and girls, including their sexual and reproductive health and rights; empower adolescents by promoting sex- and age-aggregated data and a robust research agenda on adolescent health; and afford mental health the same status as physical health. She welcomed WHO’s leadership in facilitating the proposed global action plan for healthy lives and well-being for all, which would be a useful platform for strengthening collaboration and coherence among global health actors.

The representative of ECUADOR said that the international community was still a long way from achieving the health-related Sustainable Development Goals. There was an urgent need to pay much greater attention to the social, economic, commercial and environmental determinants of health, which required enhanced political commitment and an increasingly multisectoral approach. Economic and

1 Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
2 World Health Organization terminology refers to “Taiwan, China”.
commercial interests should not take precedence over human and environmental concerns, and greater emphasis should be placed on people, rather than on targets and objectives.

The representative of BANGLADESH called on WHO to develop cost-effective, evidence-based and locally applicable ways of addressing the issue of stunted growth among children, particularly in the South-East Asia Region. In addition, the report should include an overview of the global mental health burden, and the Secretariat should continue to report on the implementation of the World Health Assembly resolutions on mental health. There was also a need for further investment in research on cost-effective drugs, vaccines and diagnostic tools for neglected tropical diseases such as leprosy and cholera. His Government was willing to explore further South–South and triangular cooperation so that it could replicate best practices for using information and communication technologies to make specialized treatment services more readily available. He urged WHO to keep up its commitment to supporting the traditional medicine sector, and asked for clarification as to how the Health Data Collaborative and the SCORE technical package to improve health data systems would further complement the WHO Impact Framework.

The representative of PARAGUAY welcomed the support provided to Member States in strengthening research, developing new tools and technologies, and facilitating enhanced North–South, South–South and triangular regional and international cooperation. In that regard, his Government was working with Taiwan to develop a medical information system to improve the efficiency and quality of medical services. Expressing his concern that half of the world’s population did not have health coverage, he called for the social determinants of health to be incorporated into the Sustainable Development Goal monitoring framework.

The representative of the REPUBLIC OF MOLDOVA said that her Government was actively engaged in promoting the 2030 Agenda for Sustainable Development at the national, regional and global levels. She called on WHO to use all available platforms to learn from and share best practices to ensure that no one was left behind.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND agreed that comprehensive access to care was important, particularly with regard to sexual and reproductive health and rights. He called for antimicrobial resistance to be included in the report, as it was integral to the achievement of a number of Sustainable Development Goals. He welcomed the progress made towards the proposed global action plan for healthy lives and well-being for all and urged WHO to ensure that the plan focused on new ways of working and included a strong accountability framework. He asked the Secretariat to provide more information on how WHO would engage with other global actors.

The representative of ZIMBABWE emphasized the importance of an intersectoral and multistakeholder approach across all regions to achieving the Sustainable Development Goals.

The representative of CHINA, supported by the representative of BURUNDI, said that the remarks made by the representatives of Haiti and Paraguay in relation to Taiwan were irrelevant to the agenda. United Nations General Assembly resolution 2758 (XXVI) (1971) and resolution WHA25.1 (1972) provided the legal basis for WHO to observe the one-China principle, and no one should make

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use of meetings of the WHO governing bodies to challenge that principle. The Member States in question should observe the rules of WHO meetings.

The CHAIRMAN asked Member States to restrict their comments to the technical items on the Board’s agenda.

The representative of UNDP said that her organization would continue to strengthen its partnership with WHO by supporting WHO’s leadership in achieving universal health coverage, scaling up collaboration on climate-related issues, and acting decisively on the non-clinical aspects of emergency preparedness and response.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that a strong and balanced health workforce was needed to achieve Sustainable Development Goal 3. Health professionals were increasingly being targeted in violent attacks, affecting their ability to discharge their duties, which had disastrous consequences for health care provision and patient safety. He called on the Secretariat and Member States to work closely with relevant stakeholders to prioritize the safety of the health workforce as a key component of national health action plans.

The representative of the INTERNATIONAL SOCIETY OF NEPHROLOGY, speaking at the invitation of the CHAIRMAN, said that tackling kidney disease required strong health systems and minimal inequality across all sectors of society. In the context of the implementation of the 2030 Agenda, she called for coordinated and effective multisectoral action, and health systems that strived to deliver integrated and comprehensive services aimed at prevention, early detection and treatment of all noncommunicable diseases and their risk factors across the life course.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS’ ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, expressed support for the promotion of a multisectoral and coordinated approach to the implementation of the 2030 Agenda. Weak health systems needed to be targeted by comprehensive national plans that considered all the determinants of health. Sustainable development required sustainable engagement with youth and civil society organizations at the local and national levels.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN and on behalf of the INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH, said that addressing oral health was a challenge that still needed to be tackled in the context of the Sustainable Development Goals. Oral diseases were the most preventable noncommunicable diseases and shared the same modifiable risk factors as the most common noncommunicable diseases. She encouraged Member States to adopt a common risk factor approach when implementing strategies for Sustainable Development Goal target 3.4 on reducing premature mortality from noncommunicable diseases and promote mental health and well-being, and include basic oral health care as part of universal health coverage.

The representative of IOGT INTERNATIONAL, speaking at the invitation of the CHAIRMAN, noted with concern that progress on several health-related Sustainable Development Goals had stalled, among them alcohol use. The Thirteenth General Programme of Work failed to address alcohol as a risk factor other than in the context of noncommunicable disease. Cross-cutting risk factors should be identified and addressed, using WHO’s SAFER initiative. There should also be a stronger focus on prevention of harmful alcohol use in public policies and evidence-based interventions.
The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS’ FEDERATION, speaking at the invitation of the CHAIRMAN, said that young people were instrumental in the implementation of the 2030 Agenda. Member States should invest in national youth employment strategies, youth engagement in policy implementation, and education.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, noted the disconnect between the 2030 Agenda and the prioritization of health at the country level. She called on WHO to advocate for increased investment in the health sector. Recalling that 2019 marked the thirtieth anniversary of the United Nations Convention on the Rights of the Child, she called on Member States to highlight the Convention during the next World Health Assembly and to examine the progress made in implementing its health-related articles. Urgent action was required to end violence against children and to address the impact of toxic stress.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIRMAN, regretted that the link between Sustainable Development Goal 5 (Achieve gender equality and empower all women and girls) and universal access to sexual and reproductive health and rights had been neglected in the report. She urged WHO to recognize sexual and reproductive health and rights as a key component of universal health coverage. She asked for more information on WHO’s initiatives to achieve the Sustainable Development Goals and the role of other stakeholders in the development and implementation of those initiatives. As 2019 marked the twenty-fifth anniversary of the International Conference on Population and Development, she called on WHO, together with UNFPA, to ensure that its agenda was meaningfully integrated into the 2030 Agenda.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that the proposed global action plan for healthy lives and well-being for all should include the growing burden of disease and the social determinants of health. She welcomed efforts to address the need for sustainable financing and domestic resource mobilization. WHO should continue to engage civil society organizations in addressing complex health challenges, and in the development and implementation of the proposed global action plan. She called on Member States to support the proposed global action plan, in conjunction with existing platforms, in order to achieve Sustainable Development Goal 3.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, recalled the past efforts of the tobacco industry to influence policy-making and highlighted the need to fully apply the WHO Framework Convention on Tobacco Control. She recommended that no government should accept money from, endorse or enter into any partnership with organizations funded by the tobacco industry.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that health should not be seen as a commodity, and that cuts in funding to health and social services and the liberalization of health services endangered the achievement of the 2030 Agenda. WHO’s long-term plan to attain the health-related Sustainable Development Goals should support Member States in their efforts towards achieving universal health coverage, including raising sufficient funding in that regard.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, expressed surprise that the report did not mention pneumonia as a leading cause of childhood mortality. Member States should ensure strong primary health care systems and nutrition interventions for the effective prevention, early diagnosis and treatment of pneumonia. Mental health and psychosocial support for children and adolescents in conflict-affected and post-conflict areas should be scaled up.
The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, noted that weak health systems affected the full implementation of national plans on cancer and noncommunicable diseases, and thus the achievement of the Sustainable Development Goals. Member States should further integrate noncommunicable diseases into universal health coverage and the corresponding financing mechanisms, and build partnerships to facilitate multistakeholder implementation. Similarly, efforts should be made to improve the data available on cancer and noncommunicable diseases to improve monitoring and guide policy-makers.

The DEPUTY DIRECTOR-GENERAL (Programmes) said that Member States had commented on the need to adopt a multisectoral approach to achieve Sustainable Development Goal 3, which aligned with the Thirteenth General Programme of Work, with particular regard to ensuring that one billion more people enjoyed better health and well-being. Member States had also stressed the need to highlight the health situation of vulnerable and neglected populations in data reporting and to strengthen health information systems and data usage and analysis at the country level. Recent discussions with Member States on the WHO Impact Framework had been useful and she said that WHO would work with development partners and other United Nations organizations to harmonize and strengthen health information systems and better use available information.

The report on universal health coverage would be ready for the High-level Meeting of the United Nations General Assembly on Universal Health Coverage, and the index approved by the Inter-Agency and Expert Group on Sustainable Development Goal Indicators would be used in its preparation. The meeting would be an opportunity to highlight the current global status of universal health coverage and to engage in forecasting and modelling to analyse the trajectories of universal health coverage in specific groups of countries, so as to identify key policy levers and interventions needed to tackle existing gaps. Thus, the Secretariat’s report would include sections on: innovative data analysis methods to identify current gaps; forecasts envisaging a world with and without universal health coverage policies; out-of-pocket expenditure; and health workforce requirements for effective coverage.

WHO was not a custodian for Sustainable Development Goal 5 and had therefore not reported on gender equity indicators in its report to the Executive Board. However, the Secretariat would explore how to work with other United Nations organizations to incorporate Goal 5 indicators into its reports. Gender equality was considered a cross-cutting issue in the Thirteenth General Programme of Work and all programme areas should analyse their data from a gender equity perspective. The WHO Gender, Equity and Human Rights Team had developed tools such as the Innov8 approach for that purpose, and the Secretariat was creating a website landing page on gender equity. WHO had exceeded the requirements of the United Nations System-wide Policy on Gender Equality and the Empowerment of Women (UN-SWAP) accountability mechanism. The Organization played a prominent role in United Nations system gender equity initiatives, in particular the High-Level Task Force on Financing for Gender Equality, an issue that would also be examined by the Secretariat in preparation for the programme budget for 2020–2021, and the United Nations development group task team on leaving no one behind, human rights and the normative agenda.

Mental health was a high priority for WHO, and a special initiative would be implemented in 12 countries to ensure that mental health was addressed as part of universal health coverage in the 2020–2021 biennium.

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines, Vaccines and Pharmaceuticals) said that the comments received from Member States reinforced the centrality of health in the Sustainable Development Goals. Countries had clearly made significant efforts to consider the Goals in the formulation of their national plans, but many challenges still needed to be overcome before 2030. In response to proposals made by the Heads of State of Germany, Ghana and Norway, WHO was working with 11 global health and development partners to coordinate the proposed global action plan for healthy lives and well-being for all. That plan was aligned with the Thirteenth General Programme of Work and the strategies formulated by each development partner, the heads of which had
already pledged their commitment to the implementation of the proposed global action plan. Health was a concrete, actionable area for United Nations reform; indeed, the United Nations Deputy Secretary-General viewed the proposed global action plan as a vehicle for reform. The Secretariat had identified seven cross-cutting work streams, known as “accelerators”: sustainable financing; primary health care; determinants of health; research and development, innovation and access; community and civil society engagement; innovative programming in fragile settings and outbreaks; and data and digital health. A three-pronged “align, accelerate and account” approach would provide an action-oriented basis for implementation of the proposed global action plan.

Phase two of preparations for the proposed global action plan would entail the development of a set of concrete, collective actions at the global, regional and country levels to be implemented primarily by global health partners, enhancing the ways in which development partners worked together in countries to achieve the health-related Goals. Space would be provided for dialogue with Member States and other stakeholders to discern the actions needed to make the activities in the proposed global action plan relevant to country needs. Phase two would take place in the months preceding the seventy-fourth session of the United Nations General Assembly, where there would likely be a high-level political forum on the Goals. Several development partners were also preparing for discussions on the proposed global action plan at a side event during the Seventy-second World Health Assembly. The Secretariat had already held two briefings in Geneva to update Member States on the progress of preparations.

Member States had called for WHO to sharpen its focus and increase its accountability. The 2030 deadline for the achievement of the Goals seemed distant, but targets would not be met without concrete action in the present. Attainment of the Goals was a global objective and not just a concern for developing countries.

The DIRECTOR-GENERAL said that the formulation of the proposed global action plan for healthy lives and well-being for all provided an unparalleled opportunity for WHO to align, accelerate and account for its actions at the global and country levels to ensure real impact. He thanked the Heads of State of Germany, Ghana and Norway for their input.

The Secretariat had begun to engage in productive discussions with several professional associations to address the issue of continuing professional development and generic training to develop innovative ways to address the unacceptable deficit in trained health workers. Sustainable Development Goal 3 could not be achieved without the health workforce. The professional associations had agreed that they would need to invest resources to increase the speed, volume and quality of training to address the human resources gap. It would be useful to benchmark models employed in certain countries to address such gaps. The Secretariat would work with the International Pharmaceutical Federation to organize a side event at the Seventy-second World Health Assembly to discuss how to fill those gaps as soon as possible. Professional development was a fundamental part of the Organization’s transformation agenda, as exemplified by plans for the WHO Academy. Further investment in training would be central to the quality of health service provisions.

WHO had decided to focus on countries with the highest burdens of certain health concerns to make the greatest impact by ensuring that resources were not spread too thinly and concentrating efforts where they were needed most. There was an unacceptable tendency among the international community to neglect diseases that caused long-term crises such as malaria, which remained a major health problem in developing countries. WHO and its partners had agreed to focus on the fight against malaria in 11 countries where more than 70% of cases of malaria had been reported. Other countries in which malaria was endemic would continue to receive WHO support. The global malaria burden would only be reduced through an aggressive, comprehensive approach: the focus should be shifted from treatment alone to vector control, health promotion and disease prevention. To address maternal mortality rates, human resources had been mobilized to address the serious challenges presented in seven high-burden countries, including improvements in maternal health services, family planning and sexual and reproductive health. It had been encouraging to see those countries demonstrate the ownership and political commitment needed to achieve results. Thirteen countries had been prioritized for efforts to
control tuberculosis, and a similar strategy would be used for noncommunicable diseases, in particular hypertension, cardiovascular diseases, chronic diseases, lung diseases and cancer. Twelve countries had been pinpointed for improvements in the mental health burden, which would require a comprehensive approach. To address the stigma of mental illness within health systems and society, it would be necessary to improve the quality of services and treat mental illnesses like any other disease, rather than view people with mental health problems as troublemakers. The prevalence of anxiety, depression and suicide was unacceptable. The United Nations Secretary-General and Member States had demonstrated their strong commitment to tackling mental health problems, and WHO needed to respond to that demand for action.

Raising awareness of the immediate health risks posed by climate change, such as the increase in childhood asthma resulting from air pollution and associated brain development problems, would help to illustrate the health dimension of global warming and convince populations of the need for action. Implementing the three pillars of the Thirteenth General Programme of Work would assist awareness-raising efforts to that end; focusing on addressing the social and other determinants of health in particular would make a fundamental difference to progress in global health.

The report of the United Nations Interagency Coordination Group on Antimicrobial Resistance was nearing completion and WHO and its partners were preparing for the next phase in the fight against antimicrobial resistance on the basis of the Group’s recommendations. Although global action to combat antimicrobial resistance should have begun earlier, a response was now vital. Accelerated, aggressive action would also be needed to hasten progress towards the achievement of the Sustainable Development Goals and the “triple billion” goals contained in the Thirteenth General Programme of Work.

The Board noted the report.

Universal health coverage: Item 5.5 of the agenda

- **Primary health care towards universal health coverage** (document EB144/12)

The REGIONAL DIRECTOR FOR EUROPE said that universal health coverage was an overarching priority for WHO as one of the three strategic pillars of the Thirteenth General Programme of Work, 2019–2023, and as a catalyst for achieving the health-related Sustainable Development Goals. It should therefore be a political priority for Member States. Universal health coverage was attainable in all countries, and each State should use available evidence and tools to determine its own path to attainment. One of the most effective ways to achieve stronger health systems and universal health coverage was through strong primary health care, in line with the Declaration of Astana on primary health care. Information on financial protection in relation to universal health coverage in several Member States of the WHO European Region had been published in 2018 in response to the question: Can people afford to pay for health care? Two overall findings from that research could be more widely applied: first, it was possible to reduce out-of-pocket payments to a level that did not hurt the people; secondly, even in the highest income countries, people with ill health suffered from financial hardship due to the high cost of medicines. Universal health coverage was a political choice, but was essential for economic productivity, health security and social stability.

The representative of FIJI said that he supported the principles of primary health care outlined in the Declaration of Astana. However, the report on primary health care towards universal health coverage did not pay enough attention to the provision of specialist services in small and hard-to-reach populations, especially emergency and essential surgical services that were timely, affordable, safe and universal. Such services were crucial to universal health coverage and primary health care, but must be tailored to the needs of populations, including small island developing nations.
The representative of INDONESIA expressed support for the draft resolution on primary health care towards universal health coverage. Focusing health systems on primary health care would accelerate progress towards universal health coverage and the health-related Sustainable Development Goals. The Secretariat should periodically evaluate the implementation of the Declaration of Astana and organize a global review forum every three years. There was also a need to develop technically sound parameters to measure primary health care. Specifically, the indicators should refer to the three components of primary health care: primary health care and essential public health functions as the core of integrated health services; multisectoral policy and action; and empowered people and communities.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that sustainable universal health coverage could only be achieved with a stronger emphasis on primary health care. He recognized the challenges outlined in the report, which could only be tackled using innovative approaches and applying lessons learned. As a priority, WHO should develop practical guidance, based on an analysis of existing international experience, to help all governments develop and implement national road maps on universal health coverage, and review the technical support offered by headquarters and the regional offices. The Framework for action on advancing universal health coverage in the Eastern Mediterranean Region encompassed the four key components of universal health coverage: governance, population coverage, health financing and service coverage. WHO should review and update that and other regional frameworks, taking into account national contexts. The Secretariat should then strengthen its capacities in identified areas of need to ensure it was able to respond to requests for technical support. All plans and road maps should also include ways to engage and regulate the private sector.

The representative of AUSTRALIA said that universal health coverage was critical to improving health outcomes and achieving the Sustainable Development Goals. Access to essential services for all people and financial risk protection were particularly important. Primary health care was the foundation for universal health coverage.

The representative of DJIBOUTI, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that all the Region’s Member States had joined the UHC2030 initiative. Family medicine and private sector engagement were essential to primary health care, and steps were being taken in the Region to address the shortage of family doctors and include the private sector in health care provision. WHO should take action to improve health system governance, including policies and regulations on prepayment for private health care providers. WHO should develop a list of priority services under universal health coverage and provide the costings for each. Member States should improve funding for primary health care. The Governments of the Region supported the Declaration of Astana and the role it could play in making sure that health systems met the primary health care needs of countries.

The representative of JAMAICA emphasized the need for WHO to assist Member States in restoring populations’ trust in primary health care services. Building partnerships and more resilient health systems through stronger primary health care would be critical to withstanding health emergencies, such as those caused by natural disasters and antimicrobial resistance. She expressed satisfaction that stronger political commitment to primary health care and universal health coverage was one expected outcome of the upcoming High-level Meeting of the United Nations General Assembly on Universal Health Coverage. She supported formalizing the participation and role of community health workers in health care delivery, and endorsed the call to renew the central role of primary health care in moving toward universal health coverage contained in the Declaration of Astana.

The representative of VIET NAM welcomed the clear vision of primary health care as a driver for achieving universal health coverage and the Sustainable Development Goals. She described the
primary health care model in Viet Nam and the challenges of funding it and adapting it to an ageing population. WHO should quickly finalize the operational framework for the Declaration of Astana so that decisive action could be taken by communities, regional and global partners and other stakeholders at the policy-making and operational levels.

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, reaffirmed the Region’s commitment to the Declaration of Astana and the principle of primary health care as a means of attaining universal health coverage. A multisectoral approach was important, as most of the determinants of health lay outside the health sector. In the African Region, investing in human resources had the potential to change the course of countries’ economies and improve people’s lives, since community health workers delivered modern medicine in a traditional setting, supported health emergency response, and played an essential role in providing palliative care to people living with HIV/AIDS. The guidelines on integrating community health workers in health systems were welcome, but the Secretariat’s definitions of their roles and responsibilities should be tailored to different countries’ contexts.

The representative of ESWATINI said that most sub-Saharan countries required urgent technical support in renewing primary health care and putting it at the centre of efforts to achieve sustainable universal health coverage, as well as in monitoring progress. He was encouraged by the technical cooperation his Government had received from the Republic of China, Taiwan, where universal health coverage had been attained by strengthening primary health care. It was essential that best practices should be shared, no matter the source. He called for a closer examination of the global health financing architecture with a view to creating a model that promoted primary health care.

The representative of the UNITED STATES OF AMERICA said that investment in primary health care was key to supporting health, stability and productivity, and could safeguard national security and strengthen resilience to public health threats, outbreaks and other shocks. His Government intended to work with the international community to find ways to make health care accessible to all through low-cost, high-impact, tailored approaches. He supported partnerships with civil society, the private sector and community- and faith-based organizations and the reallocation of resources to primary health care, so as to ensure that people could seek quality care in comfort and safety.

The representative of GERMANY said that primary health care was the most cost-effective way for countries at all stages of development to move towards universal health coverage. It should be the cornerstone of any system-wide health financing strategy and at the centre of a functioning referral system, and interlinkages with secondary and tertiary care should have been better reflected in the report. Development and training of the global health workforce should be guided by the Global Strategy on Human Resources for Health: Workforce 2030. The Secretariat should align its work with existing initiatives, including the proposed global action plan for healthy lives and well-being for all.

The representative of BRAZIL said that focusing on primary health care was an efficient and cost-effective way to organize a health system. Community health workers played a crucial role in implementing primary health care policies, identifying health issues and contributing to more effective and efficient clinical strategies. She called for the implementation of the Declaration of Astana to take into account the diverse range of health systems already in place and looked forward to the finalization of the related operational framework.

1 World Health Organization terminology refers to “Taiwan, China”.
The representative of SUDAN said that his Government was endeavouring to ensure that all segments of society benefited equally from universal health coverage. Various sectors had an important role to play in developing policies that would ensure good health for all. Partnerships were crucial to the successful implementation of rights-based health systems.

The representative of CHILE said that her Government stood ready to fulfil the commitments laid out in the Declaration of Astana. It was important to respond at the national and global levels to the challenges posed by demographic change and morbidity, and to develop strategies for addressing the social determinants of health with a view to promoting health throughout the life course.

The representative of CHINA said that the representative of Eswatini’s reference to China’s Taiwan region\(^1\) under the current agenda item was irresponsible and he urged countries not to raise political issues during Executive Board meetings. He took note of the draft resolution on primary health care towards universal health coverage. In that regard, and in line with the Declaration of Astana, WHO should strengthen its guidance to help Member States build the capacities of primary health care providers, motivate health care workers, strengthen health information systems and foster information sharing between health care facilities at different levels. In addition, the Declaration of Astana should be included on the agenda of the forthcoming High-level Meeting of the United Nations General Assembly on Universal Health Coverage so as to maximize its impact and ensure its effective implementation.

**The meeting rose at 17:30.**

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\(^1\) World Health Organization terminology refers to “Taiwan, China”.