

**PROVISIONAL SUMMARY RECORD OF THE SECOND MEETING**

**Palais des Nations, Geneva  
Tuesday, 24 May 2016, scheduled at 09:00**

**Chairman: Mr M. BOWLES (Australia)  
later: Mr N. STEELE (Grenada) (Vice-Chairman)**

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**COMMITTEE A**  
**SECOND MEETING**

**Tuesday, 24 May 2016, at 09:20**

**Chairman:** Mr M. BOWLES (Australia)  
**later:** Mr N. STEELE (Grenada) (Vice-Chairman)

**1. NONCOMMUNICABLE DISEASES:** Item 12 of the agenda

**Maternal, infant and young child nutrition:** Item 12.1 of the agenda (documents A69/7, A69/7 Add.1, and A69/7 Add.2)

The CHAIRMAN drew attention to a draft resolution proposed by Ecuador and Peru, which read:

The Sixty-ninth World Health Assembly,

(PP1) Having considered the report on maternal, infant and young child nutrition;<sup>1</sup>

(PP2) Recalling resolution WHA68.19 (2015) on the outcome of the Second International Conference on Nutrition, endorsing the Rome Declaration on Nutrition as well as the Framework for Action;

(PP3) Reaffirming the commitments to implement relevant international targets and action plans, including the WHO 2025 Global Nutrition Targets and the WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2020;

(PP4) Recalling United Nations General Assembly resolution 70/1 of 25 September 2015, entitled “Transforming our world: the 2030 Agenda for Sustainable Development”, acknowledging the integrated dimension of the goals and recognizing that to end all forms of malnutrition and address nutritional needs throughout the life course, it is necessary to give universal access to safe and healthy food that is sustainably produced, and to ensure universal coverage of essential nutrition actions;

(PP5) Recalling that the Sustainable Development Goals and targets are integrated and indivisible and balance the three dimensions of sustainable development, and acknowledging the importance of reaching Sustainable Development Goal 2, which aims to end hunger, achieve food security and improved nutrition and promote sustainable agriculture, as well as the interlinked targets of other Goals;

(PP6) Welcoming United Nations General Assembly resolution 70/259 of 1 April 2016, entitled “United Nations Decade of Action on Nutrition (2016–2025)”; which calls upon FAO and WHO to lead the implementation of the United Nations Decade of Action on Nutrition (2016–2025), in collaboration with the WFP, IFAD and UNICEF, and to identify and develop a work programme based on the Rome Declaration on Nutrition and its Framework for Action, along with its means of implementation for 2016–2025, using coordination mechanisms such as the Standing Committee on Nutrition and multistakeholder platforms such as the Committee on World Food Security, in line with its mandate, and in consultation with other international and regional organizations and platforms;

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<sup>1</sup> Document A69/7.

(PP7) Reaffirming the commitment to eradicate hunger and prevent all forms of malnutrition worldwide, particularly undernourishment, stunting, wasting, underweight and overweight in children under 5 years of age and anaemia in women and children, among other micronutrient deficiencies; as well as to reverse the rising trends in overweight and obesity and reduce the burden of diet-related noncommunicable diseases in all age groups;

(PP8) Recalling resolution WHA65.6 (2012), endorsing the comprehensive implementation plan on maternal, infant and young child nutrition;

(PP9) Expressing concern that nearly two in every three infants under 6 months are not exclusively breastfed; that fewer than one in five infants are breastfed for 12 months in high-income countries; and that only two in every three children between 6 months and 2 years of age receive any breast-milk in low- and middle-income countries;

(PP10) Expressing concern that only 49% of countries have adequate nutrition data to assess progress towards the global nutrition targets,

(OP1) CALLS UPON all relevant United Nations funds, programmes, specialized agencies, civil society and other stakeholders:

- (1) to work collectively across sectors and constituencies to guide, support, and implement nutrition policies, programmes, and plans under the umbrella of the United Nations Decade of Action on Nutrition (2016–2025);
- (2) to support mechanisms for monitoring and reporting of the commitments;

(OP2) URGES Member States:

- (1) to develop and/or implement strategies on maternal, infant and young child nutrition that comprehensively respond to nutrition challenges, span different sectors and include monitoring and evaluation;
- (2) to consider developing, when appropriate, policies and financial commitments that are specific, measurable, achievable, relevant and time-bound in respect of the voluntary options contained in the Framework for Action in the outcome document of the Second International Conference on Nutrition;
- (3) to consider developing, when appropriate, SMART policy and financial commitments related to the voluntary options contained in the ICN2 Framework for Action;
- (4) to report on their policy and investments for effective interventions to improve people's diets and nutrition, including in emergency situations;
- (5) to report on their policy to improve nutrition by strengthening human and institutional capacities to address all forms of malnutrition through, inter alia, relevant scientific and socioeconomic research and development, innovation and transfer of appropriate technologies on mutually agreed terms and conditions;

(OP3) REQUESTS the Director-General:

- (1) to work with the Director-General of FAO:
  - (a) to support Member States, upon request, in developing, strengthening and implementing their policies, programmes and plans to address the multiple challenges of malnutrition, and convene periodic meetings of inclusive nature to share best practices, including consideration of commitments that are specific, measurable, achievable, relevant and time-bound within the framework of the Decade of Action on Nutrition (2016–2025);
  - (b) to maintain an open access database of commitments for public accountability and include an analysis of the commitments made in the biennial reports on implementation of the outcome document of the Second International Conference on Nutrition and the Framework for Action;

- (2) to ensure that WHO stays fit for purpose to provide its technical support to Member States for the implementation of the Decade of Action on Nutrition;
- (3) to continue supporting the Breastfeeding Advocacy Initiative to increase political commitment to and investment in breastfeeding as the cornerstone of child nutrition, health and development;
- (4) to support national nutrition data collection.

The CHAIRMAN drew attention to another draft resolution, proposed by Ecuador, which read:

The Sixty-ninth World Health Assembly,

(PP1) Recalling resolutions WHA33.32 (1980), WHA34.22 (1981), WHA35.26 (1982), WHA37.30 (1984), WHA39.28 (1986), WHA41.11 (1988), WHA43.3 (1990), WHA45.34 (1992), WHA46.7 (1993), WHA47.5 (1994), WHA49.15 (1996), WHA54.2 (2001), WHA55.25 (2002), WHA58.32 (2005), WHA59.21 (2006), WHA61.20 (2008) and WHA63.23(2010) on infant and young child nutrition, appropriate feeding practices and related questions;

(PP2) Further recalling resolution WHA65.6 (2012) on maternal, infant and young child nutrition, in which the Health Assembly requested the Director-General to provide guidance on the inappropriate promotion of foods for infants and young children cited in resolution WHA63.23;

(PP3) Convinced that guidance on ending the inappropriate promotion of foods for infants and young children is needed for Member States, the private sector, health systems, civil society and international organizations,

(OP1) ENDORSES the technical guidance on ending the inappropriate promotion of foods for infants and young children;

(OP2) URGES Member States:<sup>1,2</sup>

(OP2.a) to take all necessary measures to implement the guidance recommendations on ending the inappropriate promotion of foods for infants and young children, as a minimum requirement, while taking into account existing legislation and policies;

(OP2.b) to establish a system for monitoring, evaluating and, as appropriate to national context, enforcing the implementation of the guidance recommendations on ending the inappropriate promotion of foods for infants and young children;

(OP2.c) to implement the WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children, and to adopt a comprehensive approach to implementation of those recommendations, including through legislation, and other types of regulations paying particular attention to ensuring that settings where infants and young children gather are free from all forms of marketing of foods that are high in saturated fats, trans-fatty acids, free sugars, or salt;

(OP3) CALLS UPON manufacturers and distributors of foods for infants and young children to end all forms of inappropriate promotion by fully implementing the recommendations set forth in the guidance on ending the inappropriate promotion of foods for infants and young children, irrespective of whether the recommendations have been transposed into national and/or regional legislation;

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<sup>1</sup> And, where applicable, regional economic integration organizations.

<sup>2</sup> Taking into account the context of federated states.

(OP4) CALLS UPON health care professionals to fulfil their essential role in providing parents and other caregivers with information and support on optimal infant and young child feeding practices, acknowledging specific individual nutritional needs of children,<sup>1</sup> and to implement the recommendations set forth in the guidance on ending the inappropriate promotion of foods for infants and young children, irrespective of whether the recommendations have been transposed into national legislation;

(OP5) CALLS UPON the media and creative industries to ensure that their activities across all communication channels and media outlets, in all settings and using all marketing techniques comply with the recommendations set forth in the guidance on ending the inappropriate promotion of foods for infants and young children;

(OP6) CALLS UPON civil society to support ending inappropriate promotion of foods for infants and young children, including activities to advocate for, monitor and evaluate the implementation of the guidance recommendations;

(OP7) REQUESTS the Director-General:

(OP7.a) to provide technical support to Member States in implementing the guidance recommendations on ending the inappropriate promotion of foods for infants and young children and in monitoring and evaluating its implementation and impact on infant and young child nutrition;

(OP7.b) to review national experiences with implementing the guidance recommendations in order to build the evidence on its effectiveness and consider changes, if required;

(OP7.c) to assess the use and marketing impact of vitamin and mineral supplement and home fortification products, such as micronutrient powders and small quantity lipid-based nutrition supplements, and provide guidance on the inappropriate promotion of such products to the Seventy-first World Health Assembly in 2018 for its consideration;

(OP7.d) to strengthen international cooperation with United Nations organizations, most notably FAO, UNICEF and WFP, in promoting national implementation of the guidance on ending the inappropriate promotion of foods for infants and young children;

(OP7.e) to report on implementation of the guidance recommendations on ending the inappropriate promotion of foods for infants and young children as part of the report on progress in implementing the comprehensive implementation plan on maternal, infant and young child nutrition to the Seventy-first and Seventy-third World Health Assemblies in 2018 and 2020.

The representative of ECUADOR proposed that a drafting group should be established to carry out an in-depth discussion of the two draft resolutions. He suggested that the drafting group should meet at least four times before the further discussion of the agenda item by the Committee.

The representative of AUSTRALIA said that, although he supported the proposal to establish a drafting group to discuss the draft resolutions, he was disappointed that the first draft resolution, proposed by Ecuador and Peru, had been put forward and circulated so late. Moreover, having four drafting group sessions was excessive; agreement could be reached in less time.

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<sup>1</sup> WHO/UNICEF. Acceptable medical reasons for use of breast-milk substitutes, WHO, 2009.

The representative of SWEDEN said that, although he had no objection to the proposal to establish a drafting group, he was concerned about placing an additional burden on the Committee and on the Health Assembly, which were already struggling to address all the items on the agenda. He sought further clarification on the two draft resolutions, including the relationship between them, and wondered when delegations would have the time to study them before their discussion in the proposed drafting group.

The representative of MONGOLIA, outlining her country's progress in meeting the global targets relating to maternal, infant and young child nutrition and its measures to improve achievement, requested continued support from international partners to address anaemia and micronutrient deficiencies in young children and women of reproductive age. She expressed support for the draft guidance on ending the inappropriate promotion of foods for infants and young children.

The CHAIRMAN took it that the Committee wished to establish a drafting group to discuss the two draft resolutions under item 12.1, to be chaired by the representative of Ecuador.

**It was so agreed.**

(For continuation of the discussion and approval of the draft resolutions, as well as information on the financial and administrative implications of adoption of the draft resolutions for the Secretariat, see the summary record of the twelfth meeting, section 2.)

## **2. PROMOTING HEALTH THROUGH THE LIFE COURSE: Item 13 of the agenda**

**Monitoring of the achievement of the health-related Millennium Development Goals:**  
Item 13.1 of the agenda (document A69/14)

**Health in the 2030 Agenda for Sustainable Development:** Item 13.2 of the agenda (documents A69/15 and EB138/2016/REC/1, resolution EB138.R5)

**Mr Steele took the Chair.**

The CHAIRMAN recalled that the Committee had agreed to consider items 13.1 and 13.2 of the agenda together.

The representative of the REPUBLIC OF KOREA, speaking in his capacity as a member of the Executive Board, recalled that, in January 2016, at its 138th session, the Executive Board had considered the Secretariat reports on the monitoring of the achievement of the health-related Millennium Development Goals and on health in the 2030 Agenda for Sustainable Development. In their discussions, Members had focused on the possible health implications of the 2030 Agenda, and had raised a wide range of issues. The Executive Board had discussed a draft resolution on health in the 2030 Agenda for Sustainable Development, which had been sponsored by several delegations, and, as agreed at that session, informal consultations were being held to prepare a revised version of that draft resolution.<sup>1</sup> He invited the Committee to approve the draft resolution contained in resolution

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<sup>1</sup> See the summary records of the Executive Board at its 138th session, twelfth meeting, section 1 (document EB138/2016/REC/2).

EB138.R5 on strengthening essential public health functions in support of the achievement of universal health coverage.

The representative of the ISLAMIC REPUBLIC OF IRAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, recalled that the Sustainable Development Goals were about development, and not just about developing countries. More innovative, inclusive, results-oriented and responsive health systems would be required to meet population health needs, taking into consideration the social determinants of health defined under the 2030 Agenda. Monitoring progress towards achieving the Sustainable Development Goals would require national technical capacity and strengthened health financing and information systems. Indicators should be developed in consultation with Member States and in line with existing global and regional indicators, which would be a complex process given the number of indicators required. Moreover, the legitimate concern for accountability may result in too many demands for data, meaning the 2030 Agenda might fail to gain support, particularly in countries already over-burdened by existing reporting requirements. WHO must play a lead role and offer an example to other sectors on how to operationalize the 2030 Agenda. Close collaboration between United Nations agencies and international organizations would be critical in providing the necessary support to Member States, in order to ensure that efforts were not duplicated or limited resources wasted. Civil society bodies and other relevant structures would also have an important role to play in supporting governments.

The representative of JAPAN, noting that accountability had been an important aspect of the Millennium Development Goals, highlighted the critical need for high-quality data at the country level and for WHO support in that area. WHO would play an important role in achieving the Sustainable Development Goals by enhancing collaboration and harmonization between partners and stakeholders. His Government remained committed to achieving universal health coverage and sharing its experiences and knowledge to improve health systems at the national and regional levels. He supported the draft resolution on universal health coverage, of which his country was a cosponsor, and the draft resolution on health in the 2030 Agenda that was currently the subject of informal consultations.

The representative of MEXICO said that health was an essential component of the 2030 Agenda, not least because of its impact on many of the targets and Goals in addition to Goal 3. His Government was committed to global action and to the continued strengthening of universal health coverage and an intersectoral approach to provide better health services to those most in need, in line with the overarching health Goal under the 2030 Agenda.

The representative of LEBANON said that the individual nature of the targets under the Millennium Development Goal had drawn fragmented and programme-specific development assistance, while the Sustainable Development Goals required a holistic approach to financing and management, as well as strengthened health governance. Strong health systems would be required if unmet Millennium Development Goals were to be attained, and to ensure progress towards universal health coverage and resilience against epidemic diseases and disasters. Prioritizing the 13 health-related targets under the 2030 Agenda at the national level was a major challenge because of their cross-cutting nature; however, encouraging countries to adopt a national list of indicators would help in that regard. She sought WHO's assistance in maintaining and strengthening her own country's capacity to manage information, define a national list of indicators and build monitoring systems. The needs created by the ongoing situation in the Syrian Arab Republic and the resulting refugee crisis had to be addressed in order to enable continued progress towards attaining the Millennium Development Goals and Sustainable Development Goals. She endorsed the draft resolution on universal health coverage.

The representative of MONACO said that universal health coverage was fundamental to the 2030 Agenda and to achieving the Sustainable Development Goals and reiterated her country's commitment to those Goals, which were crucial for building robust and efficient health systems. WHO must take a leading role, in cooperation with other United Nations agencies and programmes, in providing Member States with guidance, strategies and technical support to help attainment of the Sustainable Development Goals and report regularly to the governing bodies. Her Government wished to be added to the list of cosponsors of the draft resolution on universal health coverage.

The representative of JAMAICA underscored the need to increase capacity for public health services, and to address the social determinants of health to achieve universal health coverage and the Sustainable Development Goals. Research had established that the family environment was the most important pillar and determinant of health and well-being throughout the life course, and that the public health and social challenges faced by many countries resulted from fractured families, often characterized by absent fathers. Therefore, the central importance of the family in health, social well-being and development must be reflected in pro-family legislation, policies and programmes, cutting across all sectors and involving all stakeholders, if the Sustainable Development Goals were to be achieved.

The representative of EGYPT outlined the steps taken by her Government to attain Millennium Development Goals 4 and 5, improve nutrition for children and pregnant women, encourage breastfeeding and implement universal health coverage through a new health insurance law.

The representative of the CONGO said that, despite encouraging results with respect to HIV, progress still needed to be made in the area of maternal, neonatal and infant health. There were significant discrepancies in attainment between Member States as a result of weak health systems, insufficient vaccination coverage, prevalent malaria and an absence of universal health coverage. International partners should support national efforts towards policy-making and health system strengthening. He called on WHO to evaluate periodically the implementation of the Sustainable Development Goals and to apply the lessons learned from monitoring the attainment of the Millennium Development Goals. He supported the draft resolution on universal health coverage.

The representative of IRAQ highlighted the importance of the full provision of primary health care, intersectoral collaboration, and community participation. National workplans, to include monitoring and evaluation, were required for the implementation of the Millennium Development Goals and the Sustainable Development Goals, with the support of WHO in collaboration with other international organizations. Efforts to implement the Sustainable Development Goals should be effective and pragmatic, and take into account local contexts and potential emergencies and disasters. Further work was needed in those areas where insufficient progress had been made in attaining the Millennium Development Goals.

The representative of SAUDI ARABIA, noting that progress in attaining the Millennium Development Goals had been uneven, drew attention in particular to the repercussions of conflict and emergency situations on the achievement of Goal 7, in respect of access to safe drinking water and basic sanitation. There was an urgent need for WHO to provide technical support and for effective coordination between United Nations agencies and all other relevant stakeholders. Political commitment was vital to ensure and facilitate the achievement of better health outcomes. Indeed, political commitment and financial resources were essential prerequisites for promoting the changes envisaged in the 2030 Agenda. There was also a need to support all Member States in their efforts to realign their strategic plans for the post-2015 period.



The representative of PAPUA NEW GUINEA said that while the targets under the Millennium Development Goals had been integrated into his country's national policies and plans, progress thus far had been mixed. However, the rollout of the national health service, free primary health care and the subsidized specialist care policy should improve access to quality health services, and the Government had taken steps to address gaps in the health workforce and health information gathering, and to develop universal health coverage. He supported the draft resolution on universal health coverage.

The representative of NORWAY stressed the need for strategic priority-setting in order for WHO to take a global leadership role in areas targeted by the Sustainable Development Goals, where it had comparative advantages in the global health architecture. WHO should set an example by working in a more integrated way on a wider range of issues. Measures aimed at health system strengthening needed to be prioritized in the light of the global burden of noncommunicable disease and mental health problems, demographic challenges and potential pandemics. He emphasized the need to develop primary health care services, strengthen the health workforce, and monitor the quality of and access to health services. As the health-related Millennium Development Goals had not been accomplished in areas of crisis or conflict, he called on WHO to give guidance and use its leadership role to align humanitarian and long-term development efforts to facilitate access to universal health coverage.

The representative of SURINAME recalled that, while the Millennium Development Goals had not been fully met, the focus on measurement had encouraged governments to achieve specific targets and improve accountability. By accelerating social, economic and environmental action, and building on lessons learned and best practices from efforts to attain the Millennium Development Goals, the 2030 Agenda could provide a more realistic and sustainable future for all.

The representative of MONGOLIA outlined the steps her Government had taken towards development planning and financing. Development cooperation remained vital for the implementation of the 2030 Agenda. Monitoring and evaluation systems needed to be further strengthened to measure the impact of government policies, programmes and projects and contribute to results-based governance. Expressing her Government's commitment to the 2030 Agenda, she emphasized that domestic and international public resources should be utilized for long-term investments in sustainable development, which would prove challenging for countries like her own, which were facing financial constraints and decreasing funding from international organizations. She called on WHO to reaffirm its commitment to focus on poor populations, including in middle-income countries, as scaling back development assistance would put them at risk and jeopardize progress towards the equitable attainment of the Sustainable Development Goals.

The representative of AUSTRALIA welcomed the recognition of small island developing States in the 2030 Agenda. Moreover, she supported the draft resolution on universal health coverage, and looked forward to the circulation of the draft resolution on health in the 2030 Agenda, as both reflected her country's priorities. Acknowledging the need to develop all sources of funding for health outcomes, she encouraged WHO to leverage the comparative advantage of other United Nations agencies and development banks, and promote diverse partnerships within the public and private sectors. It was essential that WHO's priorities and finances should be aligned to the 2030 Agenda, and she asked the Secretariat how it proposed to facilitate discussion in that regard when planning for the thirteenth general programme of work, 2020–2025. She called on WHO to support the review process for the 2030 Agenda and the further refining of indicators, and encouraged cooperation with other United Nations bodies. WHO had an important role to play in providing support to developing countries in the area of data collection. Furthermore, it should proactively seek to shape the global health architecture at all levels, including measuring the effectiveness of health governance.

The representative of CANADA said that overcoming persistent inequalities, addressing the determinants of health for the poorest and most disadvantaged populations and improving measurement and accountability were crucial for the achievement of the Sustainable Development Goals. Welcoming the importance attached to sexual and reproductive health and rights, she reiterated her Government's focus on providing international assistance in respect of the empowerment of women and girls and the protection and promotion of their rights. Given the linkages between environment and human health, she urged the health sector to scale up related activities and encouraged WHO to support efforts to meet the health-related Goals and promote multisectoral collaboration at the global and country levels, and within the Organization. She supported the draft resolution on universal health coverage and indicated that her country wished to be added to the list of cosponsors of the draft resolution on health in the 2030 Agenda for Sustainable Development that was currently being prepared.

The representative of SRI LANKA said that the increased burden of noncommunicable diseases was a major obstacle for his country's move towards universal health coverage, and a national action plan for the prevention and control of noncommunicable diseases would strengthen the health system and primary health care institutions in that regard and included actions to promote lifestyle changes. At the global level, improving health required strong and sustained political commitment, increased investment and more affordable technology. WHO must play a key role in the implementation of the 2030 Agenda. He supported the draft resolution on universal health coverage.

The representative of BAHRAIN said that his country had attained all the health-related Millennium Development Goals. In addition, it had contributed to the development of the Sustainable Development Goals, including by hosting the Second Session of the Arab High-level Forum on Sustainable Development in May 2015, and had integrated the Sustainable Development Goals into national plans and strategies. The Secretariat should continue to support Member States in the implementation and monitoring of the health-related Sustainable Development Goals.

The representative of the UNITED REPUBLIC OF TANZANIA said that the framework for the attainment of the Sustainable Development Goals provided useful guidance for Member States. In order to address the challenges affecting the health system, his country would implement the Health Sector Strategic Plan 2015–2020; develop a financing strategy to facilitate the attainment of universal health coverage; and operationalize a five-year health sector monitoring and evaluation plan. Building commitment to the Sustainable Development Goals required political will and regional and international collaboration; he supported the adoption of the relevant draft resolutions.

The representative of the NETHERLANDS spoke on behalf of the European Union and its Member States. The candidate countries Turkey, the former Yugoslav Republic of Macedonia and Serbia, the country of the Stabilization and Association Process and potential candidate Bosnia and Herzegovina, as well as Ukraine and Georgia, aligned themselves with the statement. She welcomed the ongoing discussions on the draft resolution on health in the 2030 Agenda for Sustainable Development. Health-related matters must be addressed directly through Sustainable Development Goal 3 and determinants of health embedded in the other Goals. Measures taken in the context of WHO reform should be aligned with the 2030 Agenda. The Organization should work in a more integrated and multisectoral way in order to facilitate timely and effective delivery of the health-related Sustainable Development Goals. It should enhance its leading role in the Global Health Cluster and the wider United Nations system, and strengthen global, regional and national efforts towards sustainable development through its normative and technical work.

The representative of FINLAND said that the Sustainable Development Goals had lent new legitimacy to efforts to address the wider determinants of health. WHO must provide global

leadership, normative guidance and technical support for the achievement of the health-related Goals, in particular universal health coverage. In order to achieve that, sustainable funding, social protection and essential public health functions were vital. Health promotion and disease-burden reduction at the population level must also be a priority. She invited Member States to adopt the draft resolution on universal health coverage that had been proposed by her delegation.

The representative of BELGIUM said that the multisectoral nature of the Sustainable Development Goals should not be seen as an invitation to mobilize the widest possible range of actors to individually address the largest possible range of Goals at the same time. The health-related targets should not be seen as distinct, as they all reflected the same need, namely for strong, broadly accessible, people-centred health systems. The role of WHO in the implementation of the Sustainable Development Goals must be clearly defined, identifying priorities. Such clarity could encourage donors, help assess the attainment of health-related Goals, and guide the work of the Organization, both internally and with regard to its external partners.

The representative of the REPUBLIC OF KOREA said that sustainable, innovative and effective international collaboration was needed to advance the health-related targets of the Sustainable Development Goals, drawing on the lessons learned from the implementation of the Millennium Development Goals. She therefore supported the draft resolution on universal health coverage. Achievement of universal health coverage required consistent international action, multisectoral cooperation under WHO leadership, and information-sharing at all levels. Clear national targets and assessment indicators were crucial to ensuring the active engagement of Member States.

The representative of INDONESIA supported the draft resolution on universal health coverage. The 2030 Agenda for Sustainable Development attributed common, but different, responsibilities to States. Local policies, priorities, capacities and aspirations must be identified, and regional forums used as strategic platforms for sharing information, lessons, ideas and technical assistance. Investments must be used efficiently, produce visible outcomes and support national development. Her Government had taken measures to strengthen its health system noting that health workforce distribution, capacity building and the implementation of national health insurance were key concerns. The quality of public health data should be improved through multisectoral collaboration, which would facilitate better monitoring.

The representative of the PHILIPPINES said that her country had not fully achieved all the health-related Millennium Development Goals. The adoption of the 2030 Agenda presented the challenge of moving on from pursuing attainment of the Millennium Development Goals. Targets and indicators should be streamlined to enable more accurate, effective and efficient data collection and analysis. The information management infrastructure should be improved, including by supporting capacity building on data processing. The health-related Sustainable Development Goals provided an opportunity for WHO to demonstrate its leadership, by facilitating partnerships and capacity building, with a focus on the social determinants of health.

The representative of ZIMBABWE said that the 2030 Agenda represented a paradigm shift by recognizing that all countries were responsible for development. Despite progress on the Millennium Development Goals, much remained to be done. Health systems must be strengthened, revitalizing the primary health care approach, in order to address emerging threats and priorities in a holistic manner. WHO country and regional offices should play a vital role in assisting countries during the transition to the 2030 Agenda. Predictable and reliable financing was essential. An increase in WHO assessed contributions in the forthcoming biennium, and innovative domestic financing for health, would be useful. A holistic, horizontal approach was needed to strengthen national health systems, with well-coordinated support from international partners, in order to achieve universal health coverage. She

recalled that her country had been added to the list of cosponsors of the draft resolution on universal health coverage.

The representative of JORDAN said that his country had worked hard towards achieving the health-related Millennium Development Goals, especially in the area of maternal and child mortality. It had strengthened its health system and trained health workers in the use of clinical protocols, among other things. However, mass influx of refugees from the Syrian Arab Republic had placed a heavy burden on the health sector and had slowed down progress. Challenges included the high prevalence of tuberculosis and hepatitis A in refugee camps and the cost and difficulty of providing food and, in particular, water for refugees. He invited WHO to help his country with the vaccination of refugees in order to improve the health situation in camps.

The representative of CHINA described the progress made in his country to achieve the Millennium Development Goals and his Government's plans for health promotion in line with the Health in All Policies approach. The Secretariat should summarize Member States' experiences and lessons learned, provide further technical assistance and promote the role of health-related targets under the 2030 Agenda for Sustainable Development. His country remained committed to cooperating with international organizations and other Member States in the field of health.

The representative of GERMANY noted that universal health coverage cut across all the health-related targets of the 2030 Agenda and that strong health systems were key to achieving universal health coverage. He advocated coordinated global efforts to strengthen health systems and establish comprehensive systems to protect individuals from the financial risks associated with ill health. In that regard, in collaboration with WHO, his country had launched the development of a road map for the Healthy Systems – Healthy Lives initiative, aimed at strengthening health systems.

The representative of THAILAND said that health system constraints and a lack of commitment and implementation capacity were the main barriers to ensuring access to quality health services in countries that had not achieved all the Millennium Development Goals. Greater efforts were needed to achieve the more ambitious Sustainable Development Goals, with particular regard to intersectoral action on non-health sector determinants of health; and efforts should sustain gains made and draw on the lessons learned from the Millennium Development Goals. Global monitoring was essential to accelerating progress towards the Sustainable Development Goals, and indicators for universal health coverage must include an indicator on financial risk protection. He supported the draft resolution on universal health coverage and the draft resolution on the 2030 Agenda that was currently being prepared.

The representative of the FEDERATED STATES OF MICRONESIA said that he looked forward to developing further partnerships to achieve the Sustainable Development Goals and expressed support for the health-related targets of the 2030 Agenda. He supported the draft resolution on universal health coverage and counted on the Organization's support for its implementation.

The representative of SWITZERLAND noted that, while universal health coverage was a crucial target, it should not be considered a substitute for Sustainable Development Goal 3, which was part of a set of integrated and indivisible Goals. The Organization should take on a leadership role to combat the risks of fragmentation and the multiplication of uncoordinated initiatives in the area of health and well-being, and should advocate a holistic approach to health and its determinants, bolstering its legitimacy in order to intervene in other sectors. That would require a review of competencies, internal reorganization, the allocation of resources and adequate operational and financial flexibility. The Secretariat should provide Member States with the support they needed to achieve Sustainable Development Goal 3. Strengthened efforts were needed to promote equality of

access to health resources, and ensure that monitoring took into account geographical and socioeconomic variables. He supported the draft resolution on universal health coverage and the draft resolution on the 2030 Agenda that was currently being prepared. He proposed that the Director-General should prepare a joint report on the implementation of the two resolutions, in line with the planned reporting mechanism under the Sustainable Development Goals.

The representative of BRAZIL noted that, while it was important not to lose sight of the unattained targets under the Millennium Development Goals, the 2030 Agenda with its interlinked and indivisible Goals and targets had to be unequivocally embraced as a platform for the United Nations system as a whole. The Secretariat should support system-wide efforts to attain the Sustainable Development Goals, and provide particular support in respect of primary health care and the availability of trained health workers. Universal access to medicines and health treatment was critical, and support should be offered for innovative mechanisms and funding for research and development; WHO should play a guiding role in that regard. The double burden of noncommunicable diseases and unmet health needs faced by developing countries should be recognized. It would be essential to mobilize public and private resources to achieve the Sustainable Development Goals. WHO should focus in particular on Goal 17 (Revitalize the global partnership for sustainable development), and on the means of attaining the other Goals, including target 3.b. The Secretariat should support the technology facilitation mechanism adopted under the 2030 Agenda and the Addis Ababa Action Agenda of the Third International Conference on Financing for Development.

The representative of ICELAND, noting that disorders and injuries of the central nervous system were a leading cause of disability, emphasized the importance of increasing knowledge in that area. The universal nature of the Sustainable Development Goals required Member States' participation at national, regional and global levels. He supported the draft resolution on universal health coverage, but would have preferred the inclusion, in the last sentence, of a reference to a time frame within which the Director-General should report to the Health Assembly.

The representative of ARGENTINA expressed his satisfaction that the 2030 Agenda contained a target on universal health coverage and included health as a major factor in the attainment of all Sustainable Development Goals. Reducing fragmentation and ensuring accountability were of importance; and the health-related indicators under the 2030 Agenda would highlight links between the Goals. Achievement of the Goals would depend on WHO's capacity to strengthen links within the health sector and expand its activities with other sectors. WHO's priorities and financing should be aligned with the 2030 Agenda, and options should be considered to facilitate reporting at the national, regional and global levels.

The representative of the RUSSIAN FEDERATION agreed that broad participation from WHO at the global, regional and country levels was required to achieve the Sustainable Development Goals. The Twelfth General Programme of Work, 2014–2019 allowed the Secretariat to provide coordination and technical assistance to help countries develop their national health systems. He expressed support for the Sustainable Development Goals and noted that Goal 3 was a national priority in his country, where a developed primary health care network had contributed to increased life expectancy. He supported the adoption of the draft resolution on universal health coverage.

The representative of ETHIOPIA expressed support for the draft resolution on universal health coverage, which would help to sustain the results of the Millennium Development Goals and achieve the 2030 Agenda. He described the efforts made in that regard in his country, which included a five-year plan to transform the health sector. He urged the development of health-related indicators and a monitoring and evaluation framework that took into account enhanced country ownership and

alignment towards a single planning, monitoring and reporting system. He urged the Secretariat to provide technical and financial support to help countries achieve Sustainable Development Goal 3.

The representative of SENEGAL described the progress made in her country towards achieving the health-related Millennium Development Goals, including reduced infant and child mortality. Attainment of the Sustainable Development Goals provided an opportunity to build on the lessons learned during the previous 15 years.

The representative of PARAGUAY encouraged broad participation in the preparation of sustainable development strategies, which took into account different country situations and the multisectoral impact of health. More effective planning of health programmes and policies would ensure the attainment of the Sustainable Development Goals. She supported the draft resolution on universal health coverage.

The representative of TUNISIA said that health reforms in her country sought to reduce regional disparities and improve access to health care and medicines. Health promotion and prevention was at the core of a national five-year plan on health reform, the implementation of which would require WHO support. She supported the draft resolution on universal health coverage.

The representative of NAMIBIA drew attention to the linkage between Goal 3 and the other Sustainable Development Goals. The 2030 Agenda lent itself to a multisectoral approach to health and the use of technologies to build coherent health systems. The health-related targets demanded strategic interventions that were results-oriented, focused, high-impact and efficient. Given the lack of resources, innovative approaches to developing health care, especially for the most vulnerable, should be identified. In that regard, he welcomed the Addis Ababa Action Agenda of the Third International Conference on Financing for Development to support implementation of the 2030 Agenda. He underlined the need for WHO assistance for Member States in the fields of research, innovation and technology to achieve health outcomes. He supported the draft resolution on universal health coverage.

The representative of ALGERIA highlighted the importance of reducing inequalities within and among countries to achieve the Sustainable Development Goals. In that connection, the main objective of WHO should be the provision of technical assistance for the implementation of national plans. The allocation of financial resources would be a decisive factor, especially given the limited development budgets of many countries. Non-financial resources should also be mobilized, including knowledge transfer, innovation, and new technologies.

The representative of NEW ZEALAND supported the statement made by the representative of Jamaica regarding the need to prioritize the family environment for the achievement of better health outcomes. That focus on family units and communities was crucial to improve health outcomes related to family violence, child abuse, child obesity and maternal well-being; and programmes and policies supporting women, children, families and communities were of importance.

The representative of CHILE said that the Sustainable Development Goals offered an opportunity for WHO and other United Nations bodies to develop global health financing, strengthen cross-border health security, address the causes of noncommunicable diseases and strengthen accountability. The Sustainable Development Goals constituted an integrated framework of universally-applicable objectives that emphasized equity while respecting national sovereignty and taking into account local contexts. Health system strengthening was crucial, and universal health coverage would facilitate the attainment of other health-related Goals. Measurement systems should

be improved to ensure comprehensive monitoring of progress. She strongly supported the Health in All Policies approach, which she hoped would drive the 2030 Agenda.

The representative of BARBADOS highlighted the importance of addressing noncommunicable diseases and the social determinants of health, as part of the 2030 Agenda. He urged the Secretariat to work with countries to examine alternative health financing models which would ensure quality health care based on the principles of equity, solidarity and social justice. WHO should cooperate closely with PAHO to develop monitoring and evaluation mechanisms and technical support, particularly for small island States in the Caribbean region. He supported the draft resolution on universal health coverage.

The representative of SOUTH AFRICA, speaking on behalf of the Member States of the African Region, said that the international community should ensure that health plans, resource allocation, and the organization of national health ministries contributed to the achievement of the Sustainable Development Goals. He called on the Director-General to report at the Seventieth World Health Assembly on progress made in respect of reorganization within WHO to facilitate the achievement of the Goals, and proposed that a reference thereto be included in the draft resolution on universal health coverage contained in resolution EB138.R5. It was vital to take into account the lessons learned from the Millennium Development Goals when planning the attainment of the Sustainable Development Goals, which also required political commitment. Through comprehensive intersectoral action, the social and economic factors underpinning health outcomes could be addressed. He called on the Director-General to demonstrate leadership in the drive to realize the health-related Sustainable Development Goals. Innovative resources to facilitate progress should be identified and Member States should also reconsider increasing assessed contributions to enable WHO to support actions relating to the 2030 Agenda. Allocating adequate human and financial resources in regional and country offices, and securing WHO technical support, was also fundamental. He supported the draft resolution on universal health coverage.

The representative of PANAMA recalled that political contexts, economic instability, migration and budget allocations had a bearing on the achievement of the Sustainable Development Goals. The targets related to mental and environmental health represented significant challenges under Goal 3. Strong health systems, as well as interagency and intersectoral cooperation and civil society participation, were pivotal to the success of the 2030 Agenda. She urged WHO to continue providing Member States with technical and financial support. Efforts to attain the Sustainable Development Goals would require consideration of, inter alia, cost-effective strategies to monitor the impact of hazardous chemicals and pollution, and investment in health promotion and disease prevention. Her country was committed to the 2030 Agenda, and supported the draft resolution on universal health coverage, of which it was a cosponsor.

The representative of COLOMBIA welcomed the focus on research and innovation under the Sustainable Development Goals, with particular regard to research on health policies and systems, and she therefore encouraged the transfer of technology and knowledge. Coordination of support to Member States posed a challenge to the Organization in terms of improving its internal coordination of activities and the need to adapt approaches to each country's situation. It was also important to facilitate the mobilization of financial and non-financial resources at all levels. She urged WHO to work closely with the United Nations system and to strengthen interagency cooperation.

The representative of BHUTAN welcomed the 2030 Agenda, which prioritized sustainability and equitable human development. Achieving Sustainable Development Goal 3 would be possible only if progress was made in meeting the other targets. A great responsibility had been placed on WHO and its Member States to ensure that health was incorporated into all policies. Achieving

universal health coverage and financing health actions proved a notable challenge, particularly for small countries like Bhutan. Greater emphasis should be placed on developing inclusive plans and ensuring that measurement and accountability mechanisms were in place. She called on WHO and other partners to support Member States in resource mobilization. She expressed support for the draft resolution on universal health coverage.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO said that Member States needed to work together to design integrated strategic plans and mobilize resources for the attainment of the Sustainable Development Goals. WHO should continue its leadership role in facilitating cooperation, particularly in resource mobilization, among and within countries to ensure intersectoral collaboration. He supported the draft resolution on universal health coverage.

**The meeting rose at 11:45.**

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