

PROVISIONAL SUMMARY RECORD OF THE THIRD MEETING

**Palais des Nations, Geneva
Tuesday, 24 May 2016, scheduled at 14:30**

Chairman: Mr M. BOWLES (Australia)

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COMMITTEE A

THIRD MEETING

Tuesday, 24 May 2015, at 14:45

Chairman: Mr M. BOWLES (Australia)

PROMOTING HEALTH THROUGH THE LIFE COURSE: Item 13 of the agenda (continued)

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

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

The representative of TURKEY said that Millennium Development Goals and Sustainable Development Goals had guided Turkey's health transformation programme. Implementation of the global indicators framework would be essential in order to complete the work of the Millennium Development Goals and the improved health conditions and closer cooperation realized to date would be augmented by finding ambitious ways of achieving universal health coverage. She supported continuation of reporting and data sharing through the follow-up and review mechanism. Provision of essential medicines in developing countries, intellectual property rights issues and the pricing of medicines were obstacles to achieving the Goals.

The representative of the UNITED STATES OF AMERICA welcomed efforts to align the work of WHO with the health targets of the Sustainable Development Goals and urged the Organization to support completion and implementation of the global reporting mechanism. The role of WHO in "governance for health" should be further defined since the parameters in the context of the revised global indicators framework remained unclear. Stronger collaboration between WHO and its global partners should be the primary strategy used to push forward policy issues. His delegation had worked closely with others in formulating the draft resolution on universal health coverage and stood ready to resolve any remaining concerns on the compromise text.

The representative of the DOMINICAN REPUBLIC said that a comprehensive approach would be needed to attain the Sustainable Development Goals. To that end, the Dominican Republic had implemented social and economic policies to encourage sustainable economic growth, fair distribution of wealth and poverty reduction, while promoting universal education, integrated health care, nutrition and food security. Effective epidemiological management and early warning and rapid response systems were crucial to meet the goals of lower health costs, improved quality of care and decreased malpractice. He endorsed the draft resolution on universal health coverage.

The representative of CHAD said that the challenges experienced in implementing the Millennium Development Goals, including the need for a coherent programme that took into account the social determinants relating to economic and environmental factors, should be considered when implementing the Sustainable Development Goals. It would be helpful for Member States to receive a clear definition of the targets and to align them with a schedule of deadlines up to 2030. Regional peer

review workshops, with technical support from WHO, would allow Member States to consolidate their programmes and minimize delays in implementation.

The representative of BANGLADESH said that the Sustainable Development Goals placed emphasis on reducing inequities among and within countries and care should be taken not to rely on averages that disguised those that were left behind. WHO and its international partners needed to create new models to ensure the effective implementation and monitoring of the new Goals. Technical assistance provided by WHO would be instrumental in helping governments to strengthen health systems and make progress towards universal health coverage. The Ministry of Health and Family Welfare of Bangladesh had created an eHealth infrastructure that would enable reporting on the progress of the Goals in real time. His Government was committed to achieving the Goals, with continued technical support from WHO. He endorsed the draft resolution on universal health coverage.

The representative of NIGERIA said that it would be important to establish sustainable financing of the Sustainable Development Goals and to measure their implementation in order to ensure accountability. Indicators related to data and information management systems would be critical in evaluating the Goals, including the key indicator of access to quality essential medicines. Implementation of universal health coverage was underway in Nigeria and 10 000 primary health-care facilities would be strengthened over the coming two years.

The representative of the MALDIVES said that, although most Member States in the South-East Asia Region had made strides towards the Millennium Development Goals, significant disparities persisted within Member States. WHO should address the need for more integrated ways of working, as achieving Sustainable Development Goal 3 on good health and well-being was tied to progress made in other goals. Furthermore, reporting on the Sustainable Development Goals would involve more work than reporting on the Millennium Development Goals. Therefore, WHO should support national target-setting exercises and strengthen national health systems. National information systems and accountability mechanisms should be used to report on the ground covered. Financing would be a challenge for Member States, requiring the support of WHO and other key partners to mobilize resources.

The representative of NEPAL said that the role of WHO should be redefined to move forward the health agenda of the Sustainable Development Goals at all levels and across all sectors. That would require strengthening WHO capacity in order to mainstream and contextualize a health-related Sustainable Development agenda. As intersectoral engagement was required to achieve the Goals, a multisectoral coordination mechanism should be developed to harmonize and synthesize information and decision making.

The representative of URUGUAY outlined the progress made towards meeting the Millennium Development Goals in Uruguay, particularly those related to poverty reduction and maternal and child mortality. Efforts were being made to improve the health situation by reducing inequalities in access to health. Strategic objectives had been set, aimed at promoting healthy lifestyles and lowering the risk of noncommunicable diseases.

The representative of TOGO recommended that the Organization should provide technical assistance for the achievement of the Sustainable Development Goals through interventions targeted to improve the information management capacity of countries, facilitate knowledge sharing and national cooperation mechanisms, and develop new ways of promoting intersectoral partnerships.

The representative of FRANCE said that the intersectoral approach required to achieve the Sustainable Development Goals presented a challenge for WHO in the international sphere, as well as for ministers of health at national level. Therefore, the Organization should position itself to be able to intervene in other sectors. In this respect, WHO should diversify the range of organizations with which it worked directly. In addition, health issues should be incorporated into the actions of a wide range of international organizations and financial institutions. Working with non-State actors would be more necessary than ever to implement the health policies of WHO and Member States, and increase their capacity to act. A conference on intersectoral action in health would be held in Paris later in 2016.

The representative of the BAHAMAS said that the shortfalls of the Millennium Development Goals should be channelled into strengths when implementing the Sustainable Development Goals. Achieving the targets would hinge on individual country capacity to collect data and monitor and evaluate the Goals. WHO's influence with governments and donors must be leveraged to ensure that health financing structures would be directed towards supportive and preventive measures in order to reap the long-term and upstream result of reduced needs for curative and palliative care.

The representative of UNFPA said that further collaboration was required to achieve Millennium Development Goal 5 on improving maternal health. Regarding Sustainable Development Goal 3 on ensuring healthy lives and promoting well-being for all at all ages, it was paramount to guarantee universal access to sexual and reproductive health services as part of universal health coverage. Prevention should be an integral component of those services. Adolescents who were covered by their parents' health insurance should be able to access confidential sexual and reproductive health services without parental permission. Investment in human resources for health care was essential to ensure functional, robust and resilient health systems.

The observer of CHINESE TAIPEI outlined some of the achievements made in Chinese Taipei with regard to universal access to reproductive health services, the Health in All Policies approach and the Sustainable Development Goals, including a reduction of the adolescent fertility rate and a decline in the prevalence of obesity. Concerning the Goal indicators, she called for the meaningful and effective use of data, and public reporting of progress with relevant comparisons and public communication through scientific journals and press releases. Relevant benchmarking and ranking were necessary to maintain global political momentum and external support could be provided for those that found it difficult to make progress. Strengthening surveillance systems, including capacity building and provision of technical and financial support, was a matter of urgency.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that countries should prioritize humanitarian and fragile settings when undertaking commitments relating to the Sustainable Development Goals and developing universal health coverage plans. Experience had shown that communities living in such settings were resourceful and could significantly contribute to reducing mortality rates when empowered and provided with essential commodities and training.

The representative of the INTERNATIONAL LACTATION CONSULTANT ASSOCIATION, speaking at the invitation of the CHAIRMAN, welcomed the report on the Monitoring of the achievement of the health-related Millennium Development Goals, but said that momentum needed to be maintained. The issue of deaths among children aged under five years of age due to undernutrition should be addressed urgently as part of Goal 4 on reducing child mortality. It was vital for WHO to strengthen the International Code of Marketing of Breast-Milk Substitutes.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIRMAN, said that, in order to achieve the Sustainable Development Goals, it was crucial to

provide for the right to health. Members States should therefore seriously consider the proposed framework convention on global health. The Director-General should establish a working group, with strong civil society participation, to examine and report back on the potential benefits, principles and parameters of the framework, and the Health Assembly and Executive Board should take swift action on the process.

The representative of the INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS, speaking at the invitation of the CHAIRMAN, stressed the need to accelerate the achievement of Goal 3, target 3.8, which gave Member States a golden opportunity to work together to create patient-centred health systems worldwide. He endorsed the recommendation that the Health Assembly should adopt the draft resolution contained in EB138.R5.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that the role of nursing in achieving the Sustainable Development Goals was of utmost importance. The work on Goal 3 should be connected with that on many other Goals. System-wide investment in universal health care, with a focus on health promotion and prevention of illness, was also essential. WHO and governments should continue to actively involve nurses in planning and and decision-making on all relevant policies and strategies.

The representative of MEDICUS MUNDI INTERNATIONAL (INTERNATIONAL ORGANIZATION FOR COOPERATION IN HEALTH CARE), speaking at the invitation of the CHAIRMAN, said that, under Goal 12 on responsible consumption and production, Member States should ensure that the 2030 Agenda included drivers that would compel all actors to contribute to changing unsustainable consumption and production patterns. Goal 8 on decent work and economic growth, and Goal 17 on partnerships for the goals, were particularly concerning, as they suggested that the same economic policies that had caused global ecological and financial crises were a solution to sustaining social development, and that all countries would benefit equally from free trade regimes. The strategies addressing unfair trade, unstable finances, global tax and investment regimes and intellectual property laws needed to be credible. For the least developed countries to achieve the Sustainable Development Goals, debt relief other than debt financing should be a key strategy. A more coherent plan, which was not based on even higher levels of economic liberalization and free trade, was needed to address equity concerns.

The representative of OXFAM, speaking at the invitation of the CHAIRMAN, expressed concern that some countries had reintroduced user fees and urged ministers to seek other options for financing health care. Donors should help to provide free health care for countries that had had to resort to fees. Health ministers should call for Goal 3, Indicator 3.8.2 to be changed, as it risked dictating the path for countries to take to obtain universal health coverage. She supported the indicator proposed by WHO. Measuring financial barriers and ensuring their removal was key to achieving universal health coverage.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, said that the focus on health systems in the 2030 Agenda should include individual health security. Political commitment was needed for progress to be made and universal health coverage strategies should prioritize groups that were left behind. Reproductive, maternal, newborn, child and adolescent services should be a priority and be available free of charge at the point of use in every community. To increase investment in public services, national tax systems should be made more efficient and tax evasion and illicit financial flows must be addressed at the global level. The prices of vaccines and medicines should be lowered. Coverage of services and financial protection should be tracked through the right indicators, and accountability mechanisms for universal health coverage were required at all levels.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, welcomed the resolution and agreed that the 2030 Agenda could not be achieved without proper funding, an effective monitoring system and true health governance. It was important to tackle the unfinished business of the Millennium Development Goals, including, universal health coverage and noncommunicable diseases, but that could not be done without addressing the social determinants of health. The role of physicians, especially primary care doctors, in health promotion, disease prevention and health security, was also crucial. She appreciated efforts to revisit current WHO priorities, align budgeting and finance with the new agenda and enhance capacity building, knowledge transfer and technical support, but further intersectoral collaboration would be necessary to reach the 2030 Agenda.

The representative of the WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that public health systems were often fragmented, variable and incomplete. Therefore, the World Federation of Public Health Associations had developed A Global Charter for the Public's Health, in line with the Sustainable Development Goals, which included succinct and practical implementation guidelines allowing public health associations to work with other nongovernmental organizations, training and research institutions, civil society and governments to better plan and implement health strategies across the globe. He called on the Director-General to adopt a WHO action plan on public health based on that charter.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, called on Member States to promote a Health in All Policies approach and ensure policy coherence across the Sustainable Development Goal agenda. It was also necessary to agree on a robust and comprehensive follow-up and review framework that would ensure accountability at all levels, support progress and address challenges. Indicators for progress must be aligned with existing indicators such as those in the NCD Global Monitoring Framework. In addition, Member States should deliver on the commitments made in the Addis Ababa Action Agenda of the Third Conference on Financing for Development, including that of increased domestic resource mobilization. Finally, Member States should promote meaningful engagement of civil society at all levels of implementation.

The representative of the WORLD ORGANIZATION OF FAMILY DOCTORS, speaking at the invitation of the CHAIRMAN, said that primary care teams worldwide contributed greatly to the Sustainable Development Goals. As a result, national governments needed to be ambitious in measuring progress towards strengthening primary health care. Indicators used should be based on principles such as equity, community participation and prevention. Monitoring should measure the elements that made primary health care services successful, including comprehensiveness, coordination and person-centred care. Health financing indicators should track government expenditure on primary care and provide information on the economic accessibility of primary care services. Indicators on the make-up and distribution of the primary care workforce were also crucial.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIRMAN, noted with concern that the report placed Goal 3, target 3.8 on universal health coverage above all others, although it had originally been put on a par with other targets. Indeed, some targets required programmatic interventions that went beyond universal health coverage. For instance Goal 3, target 3.3 on ending HIV/AIDS required outreach programmes that tackled stigma and discrimination. Furthermore, if the high-level political forum was to play a primary role in overseeing the follow-up and review process of the 2030 Agenda, it must forge strong links with the World Health Assembly and all health targets must be part of the overall implementation, follow-up and review process. There should also be an effective, integrated data

collection process with an emphasis on data disaggregation, especially for vulnerable and marginalized groups.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that civil society involvement and intersectoral collaboration were key to achieving the Sustainable Development Goals. The involvement of youth was also vital since they would be the driving force behind the 2030 Agenda. WHO should, therefore, forge stronger partnerships with youth-led organizations. A rights-based approach to sustainable development with people-centred policies, such as a commitment to universal health coverage, was equally important. The International Federation of Medical Students' Associations was fully committed to the implementation of the 2030 Agenda and called for stronger collaboration between all stakeholders and solid governance.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, affirmed the importance of leadership in health governance to achieve the health targets of the 2030 Agenda including universal health coverage. In his report to the 2016 UN High-Level Meeting on Ending AIDS, the United Nations Secretary-General had encouraged the international community to consider a comprehensive framework convention on global health which would establish standards, processes and mechanisms of health governance. She urged the Director-General and Member States to commence negotiations for such a convention.

The representative of WATERAID, speaking at the invitation of the CHAIRMAN, highlighted the critical linkages between Sustainable Development Goal 6 on water, sanitation and hygiene and Goal 3 on health. Despite being a separate goal, access to water, sanitation and hygiene must be measured in terms of its contribution to health outcomes since, without joint financing, monitoring and reporting, the integrated vision of the Sustainable Development Goals would have limited impact. Water, sanitation and hygiene must be prioritized as a component of health systems strengthening since they were at the heart of resilient community and health systems, infection prevention control and prevention of antimicrobial resistance, despite fewer than half of health facilities in developing countries having sustained access to them.

The ASSISTANT DIRECTOR-GENERAL (Health Systems and Innovation), responding to points raised, acknowledged a wide range of national and global achievements on the Millennium Development Goals and noted the lessons learned such as the importance of establishing specific targets and regular assessment of progress. There was still, however, a need to continue the unfinished business of the Millennium Development Goals in the coming fifteen years. Although the Sustainable Development Goals were very broad, delegates' interventions had pointed to a small number of common themes for the future: they included the centrality of health in the Sustainable Development Goal agenda and the importance of linkages between health and the economic, social and environmental dimensions of society. She noted the request for a clear WHO strategy on how to engage with the 2030 Agenda and the first steps had been taken in that regard.

The Committee noted the reports.

The draft resolution contained in resolution EB138.R5 was approved.¹

¹ Transmitted to the Health Assembly in the Committee's first report and adopted as resolution.

The CHAIRMAN noted that the Committee would resume discussion of item 13.2 following the preparation of the draft resolution on health in the 2030 Agenda for Sustainable Development.

(For continuation of the discussion and approval of the draft resolution on health in the 2030 Agenda for Sustainable Development, see the summary record of the thirteenth meeting, section 3)

Operational plan to take forward the Global Strategy for Women's, Children's and Adolescents' Health: Item 13.3 of the agenda (document A69/16)

The CHAIRMAN drew attention to a draft resolution on committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health, proposed by the delegations of Albania, Bangladesh, Canada, Chile, Colombia, Ethiopia, India, Kenya, Monaco, Liberia, Mozambique, Netherlands, Norway, South Africa, Sweden, Turkey, United States of America, Uruguay, Zambia and Zimbabwe, which read:

The Sixty-ninth World Health Assembly,

PP1 Having considered the report on the operational plan to take forward the Global Strategy for Women's, Children's and Adolescents' Health;¹

PP2 Welcoming the launch by the United Nations Secretary-General of the new Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) that envisions a world in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies;

PP3 Recognizing that the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) provides a road map for attaining these ambitious objectives, and that it will contribute to the implementation of the Sustainable Development Goals related to women, children and adolescents' health;

PP4 Acknowledging the importance of country actions and leadership, and of the need to prioritize the updating of national health and financing policies, strategies and plans to reflect the 17 targets included in the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), in order to advance the health and well-being of women, children and adolescents;

PP5 Recognizing the need for an equity-driven, gender-responsive life course approach, and for multistakeholder and multisector partnerships including the private sector and civil society, such as the Every Woman Every Child movement, in implementing the Global Strategy for Women's, Children's and Adolescent Health (2016–2030);

PP6 Emphasizing the crucial role of accountability at all levels, including the important role of data and information systems, and noting the work of the Independent Accountability Panel to synthesize an annual global report on the state of women, children and adolescents' health,

INVITES Member States:

(1) to commit, in accordance with their national plans and priorities, to implementing the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), to end the preventable deaths of women, children and adolescents, to improve overall health and well-being and to promote enabling environments in a sustained and effective manner, supported by high-level commitment and adequate financing, including, as relevant, actions identified under the nine areas as proposed by the Global Strategy for

¹ Document A69/16.

Women's, Children's and Adolescents' Health (2016–2030) and its operational framework;

(2) to strengthen accountability and follow-up at all levels, including through monitoring national progress and increasing capacity building for good-quality data collection and analysis, upon their request;

(OP) 1. INVITES relevant stakeholders, as appropriate, to support the effective implementation of national plans and contribute to the accomplishment of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) and its milestones;

(OP) 2. REQUESTS the Director General:

(1) to provide adequate technical support to Member States in updating and implementing national plans and relevant elements of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), including good-quality data collection and analysis;

(2) to continue to collaborate with other United Nations agencies, funds and programmes,¹ and other relevant partners and stakeholders, to advocate and leverage assistance for aligned and effective implementation of national plans;

(3) to report regularly on progress towards women's, children's and adolescents' health to the World Health Assembly, through the Executive Board.

The representative of URUGUAY, introducing the draft resolution on behalf of its cosponsors, said that it invited Member States to commit to the Global Strategy for Women's, Children's and Adolescents' Health in accordance with national priorities. Recognizing the leadership role of WHO and the technical support it provided to Member States, she recommended that the Health Assembly should track implementation of the Global Strategy and provide a regular space for debate on the health of women, children and adolescents. She urged the Health Assembly to support the draft resolution.

The representative of RWANDA, speaking on behalf of the Member States of the African Region, said that reaching all 17 health-related targets of the Sustainable Development Goals was directly linked to the improvement of women's, children's and adolescents' health, and would require special attention to countries with high burdens of maternal and child mortality and harnessing the power of partnership through commitment and collaboration at all levels and with all stakeholders. The Member States of his Region were fully committed to the implementation of the Global Strategy for Women's, Children's and Adolescents' Health.

The representative of KENYA said that her Government was committed to implementation of the Global Strategy for Women's, Children's and Adolescents' Health and had made significant progress in developing robust national plans and priorities that would lead to realization of Sustainable Development Goal 3. Her Government had embraced innovative partnerships that would increase sustainable financing and recognized the urgent need to address inequities and reproductive health rights. Strong partnerships between governments, development partners and the private sector were crucial to providing quality, accessible and affordable health care.

¹ The Global Health Partnership H6: UNAIDS, the United Nations Entity for Gender Equality and the Empowerment of Women (UNWOMEN), UNFPA, UNICEF, the World Bank and WHO.

The representative of BAHRAIN said that the health of women, children and adolescents was a high priority for his Government and that Bahrain had succeeded in reducing maternal mortality to 14.3 per thousand live births in 2014. His country had also adopted a number of strategies to reduce infant mortality. His Government stood ready to provide technical assistance to other countries in the region and share best practices.

The representative of LEBANON said that her Government had incorporated the 17 health-related targets of the Global Strategy for Women's, Children's and Adolescents' Health into its own national plan with a focus on addressing inequities in maternal and child mortality. She welcomed the Global Strategy's emphasis on community engagement and emergency response as well as harmonization of global reporting through the Independent Accountability Panel. Collective action and stakeholder involvement were also vital to effective implementation. Since half of maternal, newborn and child deaths occurred in humanitarian or fragile settings, more help should be given to countries in crises and to those hosting refugees. Technical and financial support from the H6 partnership could help countries to strengthen their data management systems.

The representative of the PHILIPPINES said that more effective and efficient collaboration of committed stakeholders in development processes was vital to taking forward the Global Strategy for Women's, Children's and Adolescents' Health and the operational framework would provide the necessary guidance to countries in achieving its aims. She supported the proposed timetable for Member States to develop their national plans with the appropriate investment in health that would ensure robust implementation of the Global Strategy. National plans should also address inequities in health services.

The representative of the UNITED REPUBLIC OF TANZANIA said that his Government had developed a national road map and strategic plan in line with the Global Strategy for Women's, Children's and Adolescents' Health. The under-five mortality rate had been reduced to fewer than 54 per 1000 live births in Tanzania by the end of 2015, but similar progress had not been made in reducing newborn mortality rates. There had been a slight decline in maternal mortality in the ten years to 2015 and child immunization coverage was among the highest in Africa. The country had taken measures to strengthen civil registration and health information systems.

The representative of BANGLADESH said that the positive effects of social justice, human rights and equity were of special value to the lives of women and children: if a woman was registered at birth she would be more likely to attend school and less likely to marry at a younger age, thus leading to more successful outcomes for her children. All children registered at birth stood a better chance of enjoying civil rights equitably. The Government of Bangladesh had introduced universal registration of births, an electronic list of voters and a commission on information and accountability for women's, children's and adolescents' health. An individual tracking system to monitor every mother and every child had been recognized as an effective model which his Government stood ready to share with lower middle income countries in collaboration with WHO. He endorsed the draft resolution.

The representative of the UNITED STATES OF AMERICA said that Member States should prioritize the key recommended actions for updating and aligning national plans with the 17 targets of the Global Strategy for Women's, Children's and Adolescent's Health. Developing evidence-based, national health financing strategies aimed at increasing domestic resources and advancing universal health coverage would also be important to achieving the vision of the Global Strategy.

He commended the commitment of the H6 partnership to strengthen coordination when supporting country implementation of the Global Strategy. Success required greater coordination from all stakeholders and commitment from bilateral and multilateral development agencies. Consideration

should be given to linking the goals of the Global Strategy with the draft global strategy and plan of action on ageing and health in order to strengthen a life course approach to health. He endorsed the draft resolution.

The representative of JAPAN welcomed the proposed milestones for the implementation of the Global Strategy for Women's, Children's and Adolescents' Health, which Member States could use to monitor and evaluate progress. His Government was committed to strengthening service delivery, to improving the health status of women and to promoting their active role in society. The sustainable implementation of the Global Strategy would require strong political commitment and stable financial resources; Member States should increase investment through domestic resource mobilization in the context of universal health coverage and ensure good health for women and children throughout the life course.

He welcomed the Global Financing Facility in support of the Every Woman, Every Child initiative and hoped that it would enhance the effectiveness and efficiency of programmes to improve women's children's and adolescents' health. In that light, Japan committed to contributing US\$ 190 million to the Facility. He endorsed the draft resolution.

The representative of NORWAY welcomed the Global Strategy for Women's, Children's and Adolescents' Health and noted that its successful implementation would require multisectoral investment and participation.

The Global Strategy responded to women, children and adolescents everywhere, including in humanitarian settings and conflict situations and placed emphasis on human rights and addressing inequities in access to health services. The inclusion of adolescents was commendable since young people must be directly involved in defining needs and solutions, while access to reproductive and sexual health services were vital to girls' health, education and job opportunities. Ensuring an end to unsafe abortion and expanding safe abortion services would require adjustment of national policies and laws in line with the regional and international agreements such as the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (the Maputo Protocol).

Country ownership and increased domestic financing were necessary to make health financing more sustainable. She encouraged additional donors to participate in the Global Financing Facility, which would help to close the financing gap in high-burden countries. Her delegation wished to be included in the list of sponsors of the draft resolution.

The representative of AUSTRALIA supported the Global Strategy for Women's, Children's and Adolescents' Health and its emphasis on coordinated, multisectoral action and encouraged Member States to work with global, regional and national partners to implement the five key recommended activities. She was pleased that the monitoring processes would be harmonized with initiatives such as the Sustainable Development Goals monitoring framework which would reduce the reporting burden on Member States.

The representative of IRAQ said that his country had undertaken measures to promote women's, children's and adolescents' health. A strategic workplan on reproductive health and maternal and child health had been incorporated into a national development strategy and designated as a priority by the Ministry of Health. The private sector was being urged to focus on women's and children's health while adolescent health was being promoted through school health services.

A specific workplan on neonatal health care had been developed, with an emphasis on neonatal screening and on surveillance and response, in order to reduce the rate of newborn mortality. The possibility of integrating maternal mortality and child mortality surveillance and response systems was currently under consideration.

The representative of INDIA said that the Global Strategy for Women's, Children's and Adolescents' Health was a welcome initiative that would address the unfinished agenda of the Millennium Development Goals; its implementation would require leadership and ownership from every country. He welcomed the references in the Global Strategy to focus on specific populations, improving equity and the quality of healthcare, and to the need for multisectoral action. The Government of India was committed to ending preventable deaths and had achieved an accelerated pace of decline in mortality which exceeded the average global rate of decline. It had also instituted an ambitious immunization plan, which would see 90% of children receiving full immunization coverage by 2020. He supported the draft resolution.

The representative of the REPUBLIC OF KOREA welcomed the Global Strategy for Women's, Children's and Adolescents' Health as an important contribution to the achievement of the Sustainable Development Goals and to addressing the needs of the many women, children and adolescents who still lived in unsafe circumstances. She agreed that development projects and efforts to ensure health and well-being in line with the Global Strategy would require a multifaceted approach. The Government of the Republic of Korea was due to launch an initiative to promote the health and education of girls in 15 developing countries and to enhance their future opportunities and capabilities.

The representative of GERMANY welcomed the operational plan to take forward the Global Strategy for Women's, Children's and Adolescents' Health and endorsed the nine areas for action set out in the Strategy, in particular, the focus on humanitarian and fragile settings, as all mothers and children required support in precarious or life-threatening situations; health system resilience, since they would help to safeguard women, children and adolescents and ensure universal health coverage; and accountability, which would strengthen data availability and use and promote multistakeholder engagement. The Government of Germany had high hopes for the Global Strategy, as it was lamentable that so many still died from easily treatable or preventable diseases. She wished to be added as a cosponsor of the draft resolution.

The representative of CHILE said that maternal and child health policies in Chile were implemented through integrated health, family and community-based primary care and the Government supported strategies and activities to promote the health and well-being of individuals, families and the most vulnerable. She welcomed the Global Strategy for Women's, Children's and Adolescents' Health, which focused on areas that had previously been insufficiently addressed. Her country had already achieved the mortality rate targets set in the Global Strategy, although regional gaps needed to be addressed and accountability mechanisms enhanced.

Chile's national health strategy focused on reducing the rates of infant mortality, child development disorders, and teen pregnancy and suicide as well as on strategic goals relating to communicable and noncommunicable diseases. She called on all Member States to endorse the operational plan for implementing the Global Strategy and to support cooperation at both the regional and global levels to achieve that end.

The representative of COLOMBIA said that multisectoral action, country leadership and community participation were the means to improving the health and well-being of all women, children and adolescents. The Global Strategy for Women's, Children's and Adolescents' Health and the Every Woman, Every Child initiative would contribute greatly to fighting inequality, ensuring fairer, more inclusive, sustainable and peaceful societies, and advancing gender equality and the empowerment of women and girls.

Her Government had committed to reducing the prevalence of chronic malnutrition in children, to increasing the use of modern methods of contraception and to improving women's sexual and reproductive health. Nevertheless, challenges remained with respect to implementation in humanitarian and fragile settings, situations of armed conflict and marginalized areas and there was a

need to adopt policies that were equity-driven, gender-responsive and human rights-based. Technical assistance was vital to effective implementation of the Global Strategy and the development of appropriate national plans.

The representative of TOGO welcomed the operational plan for taking forward the Global Strategy for Women's, Children's and Adolescents' Health and, in particular, the objectives of ending preventable deaths, ensuring health and well-being and expanding enabling environments. There were new challenges to be faced, however, in taking into account inequities among and within countries and on the need to address environmental and social determinants of health.

The mechanisms for implementation of the operational plan in different countries would depend on national needs and priorities. Each Member State must develop plans that were sustainable and had robust financing strategies. Effective monitoring and evaluation of plans would ensure that progress under the Global Strategy could be measured at the national, regional and global levels.

The representative of PARAGUAY said that women's, children's and adolescents' health was a priority issue for her Government, which had adopted strategies and plans on the prevention of preventable deaths, reduction of maternal and child mortality, and the promotion of adolescent health and sexual and reproductive health. Her Government was counting on technical assistance from WHO to support the implementation of those strategies and plans, and to assist in the promotion of a human rights-based and multisectoral approach. Strong investment in the health workforce would also be essential.

The representative of COSTA RICA said that Member States should continue to strengthen their national strategies in respect of women's, children's and adolescents' health, using the relevant aspects of the Global Strategy for Women's, Children's and Adolescents' Health to inform actions at the national level, while keeping in mind the importance of a human rights-based approach and the principle of universal health coverage. A multisectoral approach was also crucial for the successful implementation of such strategies.

The representative of the PLURINATIONAL STATE OF BOLIVIA said that her Government had taken measures to develop national policies and plans, as well as stepping up activities at the community level. New legislation had been adopted to guarantee health care for pregnant women, breastfeeding mothers and children aged less than five years. Maternal and child health had a prominent position on the national development agenda. Her delegation supported the draft resolution, in particular operative paragraph 2 on the provision of adequate technical assistance to Member States, collaboration with other United Nations agencies and regular reporting on progress.

The representative of SOUTH AFRICA said that implementation of the Global Strategy for Women's, Children's and Adolescents' Health was central to attainment of the 2030 Agenda for Sustainable Development and the Sustainable Development Goals. Given the importance of ensuring a sustainable, evidence-based health financing strategy, the Director-General should refine the methodology available for Member States in order to produce a robust investment case for women's, children's and adolescents' health and to ensure that sufficient funds were allocated to that area of public health. Implementation plans should be Member State-led with support from partners where requested, and should follow the "Three Ones" key principles, the Paris Declaration and the Accra Agenda for Action. The Secretariat should finalize the indicator framework for the Sustainable Development Goals as soon as possible, in consultation with Member States.

The representative of INDONESIA said that her Government still had an unfinished agenda with regard to Millennium Development Goals, 1, 4 and 5, which had been included, along with objectives for implementation of the Global Strategy for Women's, Children's and Adolescents'

Health, in a national development plan. The plan aimed to reduce maternal and child mortality, improve family planning, strengthen nutrition and enhance communicable and noncommunicable disease control. The drafting of an integrated strategic plan on reducing maternal and infant mortality was also under way. Provision of access to quality services for communities, in particular those living in poverty, was the key to implementing the national development plan and to reaching the Sustainable Development Goal targets by 2030. Efforts were being made to achieve universal health coverage and to strengthen primary health care.

The representative of the MALDIVES said that improved access to essential health interventions and services, in particular with regard to family planning, antenatal care, delivery in health care facilities and skilled birth attendance, had been the key to reducing maternal and child mortality rates in the Maldives. The increase in the burden of noncommunicable diseases remained a challenge, however, which could only be addressed by building resilient health systems. Holistic health policies and education programmes on prevention of injury, self-harm and violence, the prevention of noncommunicable diseases, and the promotion of reproductive health were essential to ensure the health and well-being of adolescents and the protection of their human rights. To support implementation of the Global Strategy for Women's, Children's and Adolescents' Health, the operational framework should include actionable milestones and realistic timelines. It should also contain clear performance indicators to monitor progress and specific actions to ensure accountability at all levels.

The representative of the FEDERATED STATES OF MICRONESIA welcomed the operational plan and draft resolution, which provided valuable guidance for Member States. Implementation of the Global Strategy for Women's, Children's and Adolescents' Health would not be easy for many countries and technical support and donor assistance would therefore be essential as Member States continued to develop their national activities in line with the Sustainable Development Goals. Support from WHO and its partners would be crucial.

The representative of CANADA expressed her Government's commitment to women's, children's and adolescents' health and rights and said that implementation of the Global Strategy for Women's, Children's and Adolescents' Health would be essential for attaining all the health-related Sustainable Development Goals. She highlighted the role of the Global Financing Facility in support of Every Woman Every Child, as a key mechanism for the implementation of the Global Strategy and a catalyst for leveraging domestic resources.

The representative of FRANCE said that despite the progress made since the adoption of the Millennium Development Goals, considerable challenges to maternal and child health persisted. Each year, around the world, 6.3 million children under the age of five, 1.3 million adolescents and nearly 300 000 pregnant women died of preventable or treatable causes. The adoption of the Global Strategy for Women's, Children's and Adolescents' Health in 2015 had therefore been particularly timely, and its implementation was crucial. She was pleased to announce that France would be contributing a further 10 million euro to the Muskoka Fund in 2016. That renewed financial commitment would contribute both to reducing maternal, child and adolescent mortality, and to reaching the ultimate goal of universal health coverage.

The representative of ARGENTINA expressed her Government's commitment to the Every Woman Every Child Movement and to implementation of the Global Strategy for Women's, Children's and Adolescents' Health. Challenges remained with regard to aspects of the Millennium Development Goals that had not been met, and must be carried forward with the implementation of the 2030 Agenda for Sustainable Development. Her Government had adopted strategies and policies with regard to sustainable development and the promotion of health, which included all 17 targets under the

Global Strategy. Efforts were being made to foster a multisectoral approach in order to ensure coherence in policies for the provision of health care and the continued strengthening of the health system.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed the operational framework for the Global Strategy for Women's, Children's and Adolescents' Health, which addressed some important and controversial issues such as sexual and reproductive health and rights. Her Government was committed to improving reproductive, maternal, newborn, child and adolescent health, in particular through broadened family planning coverage, as a means of bringing an end to preventable maternal and infant mortality. Her Government was providing significant funding to maternal and child health initiatives in the form of foreign direct investment into international funds, and at the national level to enhance training and provide equipment to prevent stillbirths, neonatal and maternal deaths. A new life chances strategy was being developed, which included measures to fight disadvantage. A ban on smoking in private vehicles had been introduced to protect children against passive smoking. Considerable efforts were being made to improve mental health services for children and adolescents.

The representative of MEXICO said that implementation of the Global Strategy for Women's, Children's and Adolescents' Health was essential for all countries, in order to attain the Sustainable Development Goals. His Government recognized the importance of cross-cutting issues, such as health systems strengthening, universal health coverage and the establishment of a sustainable and efficient health workforce, to underpin implementation of the Global Strategy. The operational plan underscored challenges with regard to certain population groups: innovative actions were required to ensure that all adolescents received sexual and reproductive health coverage. Pregnancy was a particular risk to the life and health of adolescents in Mexico, and a national strategy had been adopted to tackle that issue.

The representative of the UNITED ARAB EMIRATES said that her Government had made considerable progress with regard to improving maternal and child health and had succeeded in reducing maternal and child mortality to levels seen in developed countries. The national health system had been strengthened, with emphasis on primary health care, preventive care, complementary care and rehabilitation, and care throughout the life course. A national action plan to increase breastfeeding had been elaborated and children's hospitals had been established in cooperation with UNICEF. Legislation had been adopted to regulate the marketing of food products for children. Mandatory medical examinations had been introduced for couples before marriage, and efforts were being made to ensure testing for genetic conditions and foetal examinations. Vaccination campaigns for rotavirus and poliomyelitis were also under way.

The representative of THAILAND said that the unified framework for global accountability for the Global Strategy for Women's, Children's and Adolescents' Health would require good quality data and Member States should therefore enhance their data collection capacity to support decision-making. Her delegation welcomed the proposed milestones, which set actions, targets and timelines for implementation of the Global Strategy. She proposed two amendments to the draft resolution: to insert the phrase "and the milestones 2016–2017 and 2018–2020 in Annex 2 of document A69/16" between "the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)" and "to end the preventable deaths of women ..." in operative paragraph 1; and to delete the words "upon their request" from the end of operative paragraph 2.

(For continuation of the discussion, see the summary record of the eighth meeting, section 2.)

The meeting rose at 17.35.

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