

PROVISIONAL SUMMARY RECORD OF THE FIRST MEETING

**Palais des Nations, Geneva
Monday, 20 May 2019, scheduled at 14:30**

Chairman: Dr S.P.V. LUTUCUTA (Angola)

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COMMITTEE A

FIRST MEETING

Monday, 20 May 2019, at 16:10

Chairman: Dr S.P.V. LUTUCUTA (Angola)

1. OPENING OF THE COMMITTEE: Item 10 of the agenda

The CHAIRMAN welcomed the participants.

Election of Vice-Chairmen and Rapporteur

Decision: Committee A elected Dr Yasuhiro Suzuki (Japan) and Dr Mohammed Assai Ardakani (Islamic Republic of Iran) as Vice-Chairmen and Ms Laura Bordón (Paraguay) as Rapporteur.¹

Organization of work

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, recalled that, following an exchange of letters in 2000 between WHO and the European Commission, the European Union had participated in the Health Assembly as an observer. He requested that it should again be invited by the Committee to participate, without vote, in the deliberations of the meetings of subcommittees, drafting groups and other subdivisions dealing with matters falling within the competence of the European Union.

It was so agreed.

2. STRATEGIC PRIORITY MATTERS: Item 11 of the agenda

Implementation of the 2030 Agenda for Sustainable Development: Item 11.4 of the agenda (document A72/11 Rev.1)

The representative of the BAHAMAS, noting that the 2030 Agenda for Sustainable Development addressed essentially the same challenges as the Millennium Development Goals, said that continued variations in Member States' health information systems resulted in an unclear picture of global health. The Secretariat should identify and prioritize resource mobilization mechanisms to address those variations, which compromised States' ability to report on indicators and to obtain timely information. While the role of quality health care was clearly crucial, social empowerment had a cross-cutting impact as a determinant of health and should be stressed in WHO language and actions. Given the report's finding that the majority of suicides were men, he called on the Director-General to produce a strategy and plan of action specifically focused on men that would include models for creating effective support networks.

¹ Decision WHA72(3).

The representative of BAHRAIN, after outlining national progress on monitoring targets and indicators under the health-related Sustainable Development Goals, said that noncommunicable diseases were a major global obstacle to achievement of the Goals. They were the leading cause of death in many countries and represented a growing financial burden on health care. She thanked the Director-General for his efforts to promote achievement of the Goals, as reflected in the Thirteenth General Programme of Work, 2019–2023, support national health plans and strengthen the ability of Member States to ensure universal access to and implementation of health services.

The representative of SAUDI ARABIA said that his Government was implementing comprehensive changes across all sectors to achieve sustainable development, with an emphasis on the health sector. He expressed support for the efforts of the WHO Regional Office for the Eastern Mediterranean to devise a comprehensive universal health coverage plan.

The representative of CANADA observed that work remained to be done with regard to, for example, malaria and drug-resistant tuberculosis, implementation of the WHO Framework Convention on Tobacco Control and measures to address the environmental determinants of health. It was also vital to combat gender inequality, empower women and girls, and protect their health and rights, including their sexual and reproductive rights. Furthermore, while adolescents were poorly understood and largely underserved, their health and empowerment were key to sustainable development. There was therefore an urgent need for data disaggregated by sex and age and a robust research agenda on adolescent health.

Mental health must be accorded the same importance as physical health if many of the health-related Sustainable Development Goals were to be met. Her Government welcomed WHO's leadership in facilitating the Global Action Plan for healthy living and well-being for all, which had the potential to strengthen collaboration and coherence among global health players and produce ambitious, concrete and collective results at the country level, enhancing support for national priorities.

The representative of INDIA, noting her country's efforts to meet the Sustainable Development Goals, said that some of its targets were more ambitious than those set out in the Goals.

The representative of CHINA, remarking that some indicators in the document appeared to need updating, said that monitoring of those targets needed to be better aligned with the Thirteenth General Programme of Work. The Secretariat should continue to help Member States build capacities for monitoring the Goals, especially in respect of health determinants set out elsewhere than in Goal 3 (Ensure healthy lives and promote well-being for all at all ages). He supported the implementation of comprehensive, integrated national health plans. National and regional offices should strengthen coordination and help to establish partnerships with Member States, so that they could mobilize national and international resources to strengthen South–South and tripartite cooperation to promote the implementation of health-related targets.

The representative of VIET NAM said that a whole-of-system approach and multistakeholder collaboration were essential for the implementation of the Sustainable Development Goals and would require a shared understanding of the relevant frameworks and pathways within the health sector and beyond. She welcomed WHO's leadership in facilitating the Global Action Plan, with a view to strengthening collaboration and coordination among global health stakeholders. The Secretariat should continue providing countries with technical and financial support to improve national health information systems, which played a critical role in ensuring timely and accurate monitoring of, and reporting on, the health-related indicators for the Goals.

The representative of MALAYSIA applauded WHO efforts to implement resolution WHA69.11 (2016), on health in the 2030 Agenda for Sustainable Development, through the regional offices, and expressed the hope that the Secretariat would continue to support Member State efforts to fulfil the

Agenda via that channel. If no one was to be left behind, special attention must be paid to the elderly and people with disabilities, two groups that were not mentioned specifically in document A72/11 Rev.1. Her Government strongly supported emergency and essential surgical care and anaesthesia as important components of universal health coverage.

The representative of the UNITED STATES OF AMERICA, noting that progress on the 2030 Agenda was aligned with the Thirteenth General Programme of Work, applauded the achievements made in several key areas, but expressed concern at the lack of progress in others. Weak health systems, for example, could hamstring preparedness for health emergencies; he therefore encouraged all efforts to address that issue. He also strongly supported work to maximize the impact of WHO's contribution to the Sustainable Development Goals through streamlining. The title of the Global Action Plan should be amended, given that it was an inter-agency plan rather than a document to be negotiated or approved by the Health Assembly. It was essential to ensure that the Plan did not stray into policy-making, which was the prerogative of Member States. Document A72/11 Rev.1 misrepresented the commitments made by Heads of State at the third high-level meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases, which should be accurately reflected in future reports from the Secretariat.

The representative of ALGERIA said that the Sustainable Development Goals could not simply be seen as an extension of the Millennium Development Goals; there were fundamental differences between the two. The urgent need to reduce inequality in and between countries must apply to all the Goals, including those that were health-related. Given that one of the basic principles underpinning the Goals was their integration and indivisibility, the main aim of WHO strategic action must be the implementation of national health plans. Lessons should be drawn from the Millennium Development Goals, which had placed health at the heart of development priorities and enjoyed considerable success. WHO should continue to play a leading role in implementing the Sustainable Development Goals.

The representative of LEBANON said that her Government had already achieved most of the baseline values of the Sustainable Development Goals and highlighted achievements and challenges in national neonatal and maternal mortality rates. She welcomed the creation of a seamless WHO to maximize the impact of its work in the long term. Thanking the Organization for its leadership in the Health Data Collaborative, she expressed hope for continued support to strengthen national capacities for monitoring and evaluating progress under the 2030 Agenda.

The representative of the RUSSIAN FEDERATION noted the achievements listed in document A72/11 Rev.1 but expressed concern at the lack of progress regarding malaria, drug-resistant tuberculosis and air pollution. Although health spending varied from country to country, sufficient means should be provided to combat health issues among those facing greater poverty as a result of health costs. Universal health care would be fundamental to achieving the 2030 Agenda. She expressed support for WHO initiatives and the Organization's focus on joint efforts to achieve the Sustainable Development Goals by 2030.

The representative of JAPAN expressed appreciation for the Secretariat's plans to draw up a monitoring report on universal health coverage and looked forward to receiving it before the high-level meeting of the United Nations General Assembly on universal health coverage in September 2019. The Secretariat should play a leading role in coordinating implementation of the Global Action Plan at the country level. It should also in future provide an integrated report on progress towards achieving the Sustainable Development Goals, the WHO Impact Framework for the Thirteenth General Programme of Work and the Programme budget results framework.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, Montenegro, Serbia and Albania, and potential candidate Bosnia and Herzegovina, Ukraine as well as the Republic of Moldova aligned themselves with his statement.

The European Union considered that greater momentum would be required to implement the Sustainable Development Goals at the national, regional and global levels. In that respect, WHO internal reform and the development of the Global Action Plan would help ensure coordinated support for accelerating the implementation of health-related goals and targets. He expressed support for the Secretariat's focus on the "triple billion" goals in the Thirteenth General Programme of Work and on strengthening universal health care and health systems in addition to public health functions.

Universal health coverage would be central to achieving the Goals. Expressing concern at the lack of essential health services coverage and the number of people being pushed further into poverty as a result, he encouraged the Organization to step up its efforts to achieve universal health coverage by 2030 and welcomed the prominence of a rights-based approach. However, more action would be required to address gaps in education and service provision in family planning, treating harmful alcohol use and drug use disorders, and integrating promotion and prevention into health services. It would also be essential to integrate methods to combat antimicrobial resistance into strategies to prevent tuberculosis and the wider agenda of the Goals.

Achieving more effective and efficient investments in health for greater impact would require working closely together. That should also involve the private sector, with its variety of stakeholders. He supported the initiative to involve global health partners both within and beyond the United Nations system. He highlighted the importance of evidence-based data, benchmarks and indicators, and applauded the fact that document A72/11 Rev. 1 had been based on comprehensive and separate sets of data.

The representative of the ISLAMIC REPUBLIC OF IRAN said that a strong and sustained integrated multisectoral approach and community empowerment would be needed for a whole-of-society approach to the Sustainable Development Goals and the social determinants of health. Achievement of Goal 3 in particular would require strengthening universal health coverage and health systems. She requested international partners to assess the impact of conflict and unilateral coercive measures, especially those relating to food, agricultural products and medicines, on the commitment to universal health coverage and achievement of the Goals of the countries affected thereby.

The representative of the PHILIPPINES acknowledged that achievement of Sustainable Development Goal 3 and other health-related Goals was predicated on all people having access to quality health care services. His Government was committed to implementing universal health coverage and addressing gaps in the health system, and sought technical support from the Secretariat in that regard. As universal health coverage required a whole-of-system and whole-of-government approach to the development of health programmes and policies, he applauded the multisectoral Health in All Policies approach anchored in the Thirteenth General Programme of Work, which enabled action on the socioeconomic and environmental determinants of health.

WHO technical guidance would be crucial to his country's implementation of universal health coverage, particularly in terms of identifying and streamlining indicators to measure health system performance; strengthening administrative data and health information systems; and building institutional capacity for consolidating health policy and systems and making decisions. Integrating the Sustainable Development Goals into monitoring and evaluation systems would help to align health priorities and develop effective strategies for achieving universal health coverage.

The representative of THAILAND said that, in order to achieve the Sustainable Development Goals, which were intersectoral in nature, WHO should strengthen its collaboration with other sectors in order to help Member States implement and monitor the Goals, in particular those related to climate

change and road safety. Fostering intersectoral action within countries was also critical. It appeared from document A72/11 Rev.1 that many countries were not on track to achieve target 3.8, on universal health coverage; she therefore supported the adoption of a political declaration at the upcoming high-level meeting of the United Nations General Assembly on universal health coverage, as a way of reaffirming commitments, guiding concrete actions – particularly with regard to strengthening primary health care, – and improving access to quality medicine and health services. She shared the concern expressed regarding the title of the Global Action Plan, which should focus on strengthening country capacities to drive implementation of the Goals based on national priorities.

The representative of ZAMBIA, noting the negative impact that unequal access to quality health care had in some African countries, said that the fact that the Sustainable Development Goals were integrated and indivisible assured countries that the determinants of health would be addressed holistically, and thus called for a multisectoral approach to development planning. She commended the Secretariat for basing the Thirteenth General Programme of Work on the Goals. Its three strategic priorities encapsulated the health-related targets of Goal 3, and the related Impact Framework would enable WHO to measure progress and remain focused on outcomes rather than outputs.

The representative of BARBADOS suggested that the Sustainable Development Goals should be used as a road map for sector-wide national development approaches. Advances at the country, regional and international levels had been uneven, with disparities continuing to exist in areas such as noncommunicable disease prevention and control, HIV/AIDS, tuberculosis, malaria, infant and maternal mortality, and climate change. Ultimately, achievement of the 2030 Agenda required multisectoral approaches involving greater private sector and civil society participation, and a stronger United Nations engagement in a system-wide strategic approach to implementation and reporting. In that regard, further linkages were required between United Nations agencies such as FAO, UNICEF and WHO. The Secretariat should continue to support national efforts to strengthen reporting and surveillance mechanisms on indicators and targets, and engage in technical cooperation to ensure that performance indicators were integrated into national health strategies.

The representative of the UNITED REPUBLIC OF TANZANIA applauded the progress made in implementing resolution WHA69.11 (2016). The slow pace of progress towards targets in the African Region called for accelerated efforts to design and implement integrated health systems, so as to achieve universal health coverage and the health-related Sustainable Development Goals, along with improved data collection and analysis in health systems.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, noted the remarkable progress made towards attaining the Sustainable Development Goals, especially in reducing under-five mortality, increasing the coverage of HIV treatment and reducing tuberculosis morbidity and mortality. Nevertheless, progress had stalled in areas such as malaria, drug-resistant tuberculosis, alcohol use, road-traffic deaths and overweight in children. He highlighted the data pertaining to the varied severity of national epidemics, the high incidence of tuberculosis in 30 high-burden countries, and HIV-related deaths, and emphasized the need for universal health coverage given the number of people impoverished as a result of out-of-pocket health care spending. He also commended the Secretariat for working with 11 global health and development organizations on the Global Action Plan.

The representative of HONDURAS noted that the Programme budget was the primary instrument for implementing the Thirteenth General Programme of Work, which centred on achieving the Sustainable Development Goals by focusing on three strategic priorities: universal health coverage, health security and improved health and well-being.

The representative of NORWAY said that the governments of Norway, Germany and Ghana had encouraged WHO to develop the Global Action Plan, which would be launched at the United Nations General Assembly in September 2019, in view of the work that remained to be done in respect of many indicators and in order to heighten collaboration and efficiency. The Plan focused on universal health coverage and was intended to serve national needs and priorities. He strongly supported WHO's role as the directing and coordinating authority on international health efforts to achieve the Sustainable Development Goals.

The representative of GERMANY said that additional efforts were needed to make progress on universal health coverage. It was also important to take a multistakeholder approach and consider the interactions between different Sustainable Development Goals, as challenges such as antimicrobial resistance and pollution-related health issues demonstrated the close links between human, animal and environmental health. She welcomed the proposed Global Action Plan, which represented a key opportunity for WHO to act as the leading authority in the health sector; its implementation should lead to concrete action to accelerate progress on the Goals, with the involvement of governments, civil society and the private sector. Stakeholders from both inside and outside the health sector had a crucial role to play in creating a broader financing base and addressing interdependencies between the health-related Goals.

The representative of SWEDEN highlighted the importance of Sustainable Development Goal 3 in enabling people to reach their full potential and contribute to the development of society. To promote long and healthy lives in a sustainable manner, it was necessary to improve understanding of the complex links between social, environmental and economic factors. Indeed, positive lifestyle changes could improve the health of populations and the planet; cleaner energy, and better food and education could contribute more to health than the health sector itself. Public health work was a shared responsibility; the social conditions for good and equal health should be established throughout the population.

The representative of PANAMA said that sustainable development required participative, intersectoral action to address the causes of poverty and inequality, and to generate opportunities for dignified, prosperous lives, while protecting the planet. She emphasized the importance of applying the Framework of Engagement with Non-State Actors, which played a key role in respect of the social, economic and environmental determinants of health. The differing capacities of national information and research systems limited capacities to monitor progress towards the Sustainable Development Goals and analyse health indicators related to economic and social inclusion, making it harder to implement cost-effective interventions. Highlighting national and regional efforts focusing on the Goals and universal health coverage as a way to reduce inequality, she said that progress could only be made through transparent, concerted action by the international community, led by WHO and with full participation at the local level.

(For continuation of the discussion, see the summary record of the third meeting, section 1.)

The meeting rose at 17:30.

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