PROVISIONAL SUMMARY RECORD OF THE THIRD MEETING

Palais des Nations, Geneva
Tuesday, 21 May 2019, scheduled at 14:30

Chairman: Dr Y. SUZUKI (Japan)
later: Dr S.P.V. LUTUCUTA (Angola)

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COMMITTEE A

THIRD MEETING

Tuesday, 21 May 2019, at 14:35

Chairman: Dr Y. SUZUKI (Japan)
later: Dr S.P.V. LUTUCUTA (Angola)

STRATEGIC PRIORITY MATTERS: Item 11 of the agenda (continued)

Proposed programme budget 2020–2021: Item 11.1 of the agenda (documents A72/4, A72/5, A72/INF./2, A72/INF./3 and A72/63)

The representative of ZAMBIA, speaking in his capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, presented the report on the Committee’s consideration of the Proposed programme budget 2020–2021 contained in document A72/63. The Committee had noted that the changes made to the Proposed programme budget were consistent with the discussions of the Executive Board at its 144th session and appreciated the consultative process undertaken and highlighted the Proposed programme budget’s integrated health system approach and alignment with the Thirteenth General Programme of Work, 2019–2023 and the Sustainable Development Goals. The use of the balanced scorecard approach and focus on measuring impact at the country level were welcome. The strengthening of country offices must be accompanied by good oversight. While welcoming the projected efficiency savings, the Committee wished to better understand the resource mobilization and partnership strategy for 2019–2023. It had been pleased at the focus on health outcomes through the WHO Impact Framework for the Thirteenth General Programme of Work, 2019–2023 and the link between those outcomes and the Sustainable Development Goals. He drew attention to the draft resolution on the Proposed programme budget contained in document A72/63, and recommended its approval.

The representative of MEXICO, speaking on behalf of Argentina, Australia, Canada, Chile, Costa Rica, Finland, France, Germany, Iceland, Ireland, Israel, Luxembourg, Mexico, the Netherlands, New Zealand, Norway, Peru, Sweden, the United Kingdom of Great Britain and Northern Ireland and Uruguay, noted that the budget’s commitment to equity, gender and human rights complied with WHO’s commitments under the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women, which contained standards related to budgeting and planning, including the establishment of a financial benchmark for gender equality work and tracking of the financial resources allocated to that work. She asked how the Secretariat planned to advance those two standards. Fulfilling those obligations would require strong and visible commitment from senior management, adequate resourcing, engagement and accountability. While welcome progress had been made, gender, equity and human rights must be firmly linked to programme areas and the mandate to influence corporate processes to ensure ownership, implementation and impact. She strongly endorsed the inclusion of equity, gender and human rights as assessment parameters in the balanced scorecard approach. The necessary additional human and financial resources should be drawn from core resources.

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, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as
Ukraine, the Republic of Moldova and Georgia, aligned themselves with her statement. She welcomed the integrated approach taken in the Proposed programme budget 2020–2021. Areas where WHO enjoyed a significant comparative advantage must be prioritized; the Organization’s normative and coordination functions must therefore be adequately financed. Insufficient resources had been invested in WHO’s enabling functions, including accountability and staff security, in recent years. For the Proposed programme budget 2020–2021 to hold the Secretariat to account and provide a rationale for subsequent resourcing decisions, it must clearly outline and measure the expected outputs.

She welcomed efforts to strengthen WHO’s work at the country level. That work, as well as the work of the WHO governing bodies, must be given adequate oversight, and Member States must receive adequate information to provide guidance on WHO’s work in countries. WHO should use the resource mobilization and partnership strategy to generate the funds required for the proposed base budget increase. She asked how much of that funding could already be projected. She supported the draft resolution and Proposed programme budget 2020–2021, and requested timely and accurate information on the allocation of resources.

The representative of GERMANY said that his Government had used five principles to assess the Proposed programme budget 2020–2021, namely: adequate finances for WHO’s core mandate; adequate funding for its enabling functions; clear identification of the areas most in need of funding; the provision of funding only where adequate oversight mechanisms were in place; and the channelling of funding to where it was required. Although not all of those requirements had been met, he was willing to approve the Proposed programme budget because progress had been made, and the new approach taken was positive. He stood ready to enter into discussions on the budget even after its approval.

The representative of MONACO, noting that she shared the concerns raised by the representatives of Romania and Germany, said that an integrated approach to the Proposed programme budget 2020–2021 must be taken, with more attention paid at the country level, which would require increased monitoring of budget implementation, particularly in view of the unsatisfactory implementation of the Programme budget 2018–2019 and the significant increase to the Proposed programme budget 2020–2021. The documents under the current agenda item had been published very late. Despite the issues relating to follow-up in the Proposed programme budget, she was ready to approve the programme budget and the draft resolution, and requested regular updates on programme budget implementation. The remaining work on the WHO Impact Framework should be completed in consultation with Member States.

The representative of the RUSSIAN FEDERATION welcomed the fact that the first programme budget developed under the Thirteenth General Programme of Work, 2019–2023 was aligned with the Sustainable Development Goals and constituted a road map for achieving health targets. He noted that the Proposed programme budget 2020–2021 would be implemented alongside the wider United Nations reform and called on the Secretariat to strengthen interinstitutional mechanisms across the United Nations system to improve cooperation and avoid duplication of work. He urged the Secretariat to cooperate fully with its counterparts at the United Nations and other bodies in developing new forms of joint spending, particularly with regard to the new United Nations Resident Coordinator system. He drew attention to the fact that WHO’s work in the area of noncommunicable diseases was not fully financed; it was to be hoped that the new budgeting format would reverse that trend. He expressed concern at the late publication of the report by the Programme, Budget and Administration Committee.

The representative of BAHRAIN said that she fully supported the Proposed programme budget 2020–2021, which reflected WHO’s commitment to the United Nations development system reform, provided there was a clear and manageable funding plan. The proposed initiatives would incorporate a value-for-money approach into WHO’s work; key officials and programme directors in Member States should be involved in work on the value-for-money approach prior to operational planning for the
biennium 2020–2021. Data collection and reporting capacities at the country level must be comprehensively assessed, with capacity-building to close any gaps.

The representative of BARBADOS said that the Director-General must continue to give priority to the Region of the Americas, particularly small island developing States. While the budget had increased, his Region lagged behind in terms of proportional funding.

The representative of the PHILIPPINES said that he welcomed the changes to the Proposed programme budget 2020–2021, particularly its focus on measurable impact and a more integrated health systems approach. His Government looked forward to receiving support in producing sustainable outcomes and welcomed the alignment of work at all three levels of WHO.

The representative of CHINA supported the Proposed programme budget 2020–2021. The budget increase was necessary given the growing, complex global health challenges facing WHO, which would require enhanced fundraising. The Proposed programme budget should better align with national priorities; she asked how the Secretariat would ensure that voluntary contributions were earmarked in line with such priorities. She agreed that the Proposed programme budget should allocate extra funding to data and innovation, particularly in low- and middle-income countries.

The representative of SWITZERLAND said that the Proposed programme budget 2020–2021 seemed adequate for the implementation of the Thirteenth General Programme of Work, 2019–2023, and the achievement of the “triple billion” goals. The Secretariat must keep Member States informed of dialogue with potential donors and progress regarding voluntary contributions. She asked how the proposed target of US$ 99 million in savings would affect WHO staff. She welcomed the strengthening of activities at the country level and looked forward to discussions on governance. Turning to the WHO Impact Framework, she noted that synergies within the United Nations system were essential.

The representative of THAILAND said that he welcomed the links to strategic priorities in the Proposed programme budget 2020–2021. However, he remained concerned that much of the budget came from voluntary contributions. That issue could be addressed by raising assessed contributions and encouraging donors to increase unearmarked voluntary contributions. WHO must refrain from using resources from industries that negatively affected health and must draw on its social and intellectual capital, in addition to financial resources.

The representative of AUSTRALIA welcomed the improvements to the Proposed programme budget 2020–2021 and its integrated approach and focus on delivering impacts. Increased resources for country offices must be accompanied by increased monitoring of their performance and support for capacity-building. He supported the budget increase for universal health coverage and health systems strengthening and welcomed the greater focus on global public health goods and efforts to improve the predictability and flexibility of funding. Member States should increase the quality of their funding, for example by increasing core voluntary contributions and reducing earmarking. He looked forward to the prompt finalization of the resource mobilization and partnership strategy and, critically, the WHO Impact Framework, in particular a finalized set of programmatic indicators. It would be useful to know how funding allocations would be prioritized in the event of a shortfall. He supported the draft resolution.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that she supported the Proposed programme budget 2020–2021. The new budget would require changes not only to processes, systems and procedures but also to WHO’s organizational culture, with the opportunity for even closer collaboration at all levels to achieve the goals of the Thirteenth
General Programme of Work, 2019–2023. The delivery of the Proposed programme budget and implementation of the transformation agenda were clearly interdependent. The balanced scorecard approach would keep WHO focused on impact, gender, equity and human rights, and value for money. She looked forward to the finalization of the WHO Impact Framework and urged the Secretariat to focus on effective and strategic resource mobilization during the 2020–2021 budget period.

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, commended the Secretariat on the consultative process undertaken to develop the first proposed programme budget under the Thirteenth General Programme of Work, 2019–2023. The focus on measurable public health impacts in every country, the shift from a disease-specific to health systems approach and the synergies in delivery across the three levels of the Organization were unique features. Expressing regret for the death of staff members in the course of their duties, she urged countries to strengthen the protection of health care workers and the Secretariat to do more in health emergencies. The creation of the Science Division was welcome, and the Secretariat should continue creating synergies at different levels of the Organization. She supported the reintroduction of a budget line for emergency operations and appeals and was pleased that the functions under the Global Polio Eradication Initiative would continue. Commending the translation of the “triple billion” goals into outcomes and the introduction of the balanced scorecard approach, she wished to know the specific time frame for the balanced scorecard pilot, the parameters for success and the alternatives if the pilot were unsuccessful. She expressed appreciation for the increase in funding for country offices in the Region and welcomed the resource mobilization and partnership strategy, 2019–2023, calling for support from the Secretariat, more flexible funding from partners and a better integration of funding to prevent fragmentation. The explanations in the Proposed programme budget 2020–2021 of how the Secretariat would deliver were a measure of transparency and accountability. She supported approval of the Proposed programme budget.

The representative of SOUTH AFRICA commended the robust resource mobilization efforts made by the Secretariat. The additional outcome indicators and Secretariat support for countries on data collection and reporting would ensure that all Member States monitored progress towards achieving the health-related Sustainable Development Goals, particularly through universal health coverage and patient-centred care systems. Although, during the priority-setting process, Member States had ranked outcome 1.3 (Improved access to essential medicines, vaccines, diagnostics and devices for primary health care) fourth and outcome 4.1 (Strengthened country capacity in data and innovation) fifth, for those outcomes, the headquarters budget exceeded the regional budget. She queried which activities for the two outcomes would be covered in the budget and recommended that those activities should be undertaken at the regional level. She endorsed approval of the Proposed programme budget 2020–2021.

The representative of CANADA supported the increased emphasis on measurable impact and breaking down silos for a more integrated, systems-focused approach. The innovative approach to strengthening the measurement of WHO outputs was welcome, particularly the integration of gender, equity and human rights into the balanced scorecard, and would require additional core resources. She valued WHO’s technical and normative functions and was confident that the focus on country-level impact would strengthen the relevance and utility of the global public health goods produced by the Organization. She underscored that country-level impact would require strengthened country offices, with the right staff, possessing the right skills, in the right place. The proposed budget increase was ambitious, and the growing reliance on voluntary contributions presented an institutional risk. A formalized resource mobilization strategy was critical to help mitigate that risk, and should be developed before the 146th session of the Executive Board in January 2020.
Dr Lutucuta took the Chair.

The representative of JAPAN supported the draft resolution. While acknowledging the Secretariat’s efforts in preparing the Proposed programme budget 2020–2021, she drew attention to its late release. Monitoring budget implementation was critical in view of the new budget structure. She requested the provision of timely updates on the implementation of the Proposed programme budget and asked how the results framework would be used to structure the next programme budget.

The representative of the DOMINICAN REPUBLIC reiterated the statement made by her Government at the meeting of the Programme, Budget and Administration Committee in May 2019, highlighting the increasing disparity between budget ceilings and the actual funding received by the Region of the Americas. Her Region received one of the smallest budget allocations compared to similar regions. She requested the Secretariat to correct the budget allocation for her Region, to make it comparable to the European Region or the Western Pacific Region, and to increase actual funding, particularly flexible funding, for all regional offices.

The representative of NORWAY, welcoming the new Science Division and more systematic approach to normative and technical work, said that adequate skills and resources at headquarters were needed for WHO to be strong and efficient and remain the world’s normative health agency. Efficiency savings must not undermine the leadership and normative function of headquarters. He requested the Director-General to keep Member States informed of measures to meet the savings target. Sufficient resources for enabling functions must be safeguarded in order to match WHO’s ambitions. He welcomed the transfer of poliomyelitis transition costs to the base budget and the Organization’s commitment to poliomyelitis transition, emphasizing that transition planning and implementation at the country level must not be delayed. He supported the strengthening of country offices, with adequate oversight and assurance systems. The United Nations reform would positively impact WHO’s work; it would be important to optimize collaboration and ensure an integrated approach in country offices to deliver on that reform and the Global Action Plan for healthy lives and well-being for all.

The representative of PANAMA welcomed the changes to the budget structure but hoped for a more precise, equitable and transparent budget allocation in the future; the prioritization criteria used remained unknown. She recommended broadening the prioritization methodology at the country level, using PAHO’s experience. The new output assessment model was welcome, but should be validated within two years. She suggested: including funding projections in the next budget, with specific details whenever increases were requested; improving the presentation of budget spaces; evaluating the resource mobilization and partnership strategy and communicating the findings; establishing mechanisms for control and oversight of budget implementation, given the low implementation rate; and reviewing the list of actions under the heading “More effective and efficient WHO providing better support to countries” in document A72/4, since they were inflexible and hinder action on national priorities. Thanking the Programme, Budget and Administration Committee for taking on board the recommendation that the WHO/PAHO technical teams should jointly analyse the problem of defining budget ceilings, she requested the Director-General to correct the budget allocation for the Region of the Americas as it was decreasing and did not align with that of other regions.

The representative of the BAHAMAS applauded the results-based budgeting and new balanced scorecard approach in the Proposed programme budget 2020–2010, which added a layer of visibility and accountability to the programme budget. He appreciated WHO’s responsiveness to the recurring call to reduce and harmonize the performance indicators that Member States must report on. Despite increased budget resources at the country level, the regional budget allocation was unsatisfactory, with the Region of the Americas receiving the lowest allocation in absolute terms and percentage increase. In addition, the funding of the budget space was uncertain. In view of the great health inequalities,
noncommunicable disease burden and violence in the Region, he called for a reconsideration of its budget allocation. Outcome 4.1 (Strengthened country capacity in data and innovation) was particularly relevant; the Secretariat should develop a comprehensive road map and toolkit in that area. Robust data systems were cross-cutting and fundamental for strengthening health systems and finding innovative, effective health solutions.

The representative of BRAZIL supported the innovations in the Proposed programme budget 2020–2021. The reliance on voluntary contributions, however, was a cause for concern. Particularly worrying was the large proportion of earmarked contributions, which could lead to resource shortages in priority areas for developing countries. He noted the degree of flexibility to reallocate resources, trusting that any reallocation would not harm priority programme areas. The alignment of the budget with the political priorities agreed at the United Nations General Assembly, with special attention to the United Nations development system reform and the Sustainable Development Goals, was valued.

The representative of BELGIUM said that the proposed increase in the base budget, although large, was realistic in the light of overall funding levels and WHO’s increased visibility. He expressed concern that a larger reliance on flexible contributions to fund the increase might discourage countries, including his own, from making voluntary contributions. The increase of 2% for universal health coverage, in comparison with 40% for emergency situations, was far too small. Regarding the third pillar of the Proposed programme budget 2020–2021, pockets of poverty remained, and more discipline was needed when setting new priorities.

The representative of the UNITED STATES OF AMERICA said that he supported the country-focused approach, which would require enhanced accountability and internal controls. WHO’s commitment to helping countries meet global targets in areas such as communicable diseases was appreciated. He called for a final push for a poliomyelitis-free world and supported polio transition. The Secretariat must ensure that sufficient resources were mobilized for the ambitious budget and that structures and new business processes were aligned with strategic shifts and resource availability. He endorsed approval of the Proposed programme budget 2020–2021.

The representative of ETHIOPIA supported the focus in the Proposed programme budget 2020–2021 on measurable impacts, prioritization to drive public health impacts in every country and demonstrate resource alignment with impact, and the change from a disease-specific approach to an integrated, holistic approach. WHO’s strategic focus on countries would enhance its normative role at all levels. The Secretariat should therefore continue strengthening operations at the country level. Balanced consideration should be given to the normative, technical and coordination roles of the Organization when allocating and spending resources. She endorsed approval of the Proposed programme budget and draft resolution.

The representative of PARAGUAY said that the disparity between the budget increase and actual budget allocation for the Region of the Americas remained a cause for concern. The allocation for her Region should be corrected and funding for all regional offices increased.

The representative of the UNITED REPUBLIC OF TANZANIA said that the mainstreaming of the poliomyelitis budget and establishment of a budget line for emergency preparedness and response would ensure the sustainability of key functions and activities and facilitate the effective use of resources. The six assessment parameters of the balanced scorecard were qualitative; clear, transparent guidelines should be developed. She supported approval of the Proposed programme budget 2020–2021 and looked forward to the finalization of the WHO Impact Framework.
The representative of ISRAEL said that presentation of the budget implementation on the WHO Programme Budget Portal had been useful. The enhanced focus on impact at the country level and the strengthening of country data collection systems was welcome, as was the development of indices such as the health emergency protection index and healthier population index. She stressed the importance to accurate health trend monitoring of strengthened methodological guidance from WHO and the capacity and responsibility of countries to gather information in line with professional standards. She supported WHO’s normative role and approval of the draft resolution.

The representative of MEXICO said that, while the increased funding for noncommunicable diseases was positive, it was insufficient to address the challenges posed by those diseases and in comparison with the resources allocated to other areas. Poliomyelitis, in particular, remained overfunded. The increased funding for corporate and enabling functions was also of concern. It was important to inform Member States of how the Proposed programme budget 2020–2021 would contribute to the targets set for 2023. The comprehensive analysis of potential savings and efficiencies was welcome, although opportunities remained in those areas, as well as in relation to human resources; those opportunities should be examined in greater detail. She noted the challenge of gathering the information needed to report on progress, particularly for low- and middle-income countries. WHO country offices should provide the necessary technical capacity-building in that regard. Results should be reviewed in the short-, medium- and long-term.

The representative of VIETNAM welcomed the strengthened bottom-up planning process, which included extensive country consultation on the priority outcomes underpinning each of the “triple billion” goals. She appreciated the budget increase and thanked the Secretariat and development partners for their technical and financial support.

The representative of COLOMBIA said that, in a restricted financial context, it was essential to clearly define the functions and added value of different strategies and align national efforts with those of WHO to improve cost-effectiveness. He welcomed the reintroduction of a budget line for emergency operations and appeals in the Proposed programme budget 2020–2021, which considered the need for capacity-building at the global level. He supported the priority areas identified and expected that the Proposed programme budget would strengthen the capacities of Member States. He expressed concern that the Region of the Americas had received the smallest increase in budget allocation and noted the decrease in the percentage allocated to regional offices from the base segment. Turning to the WHO Impact Framework, more work was needed on programmatic indicators, which should be aligned with the Proposed programme budget and country priorities.

The representative of INDONESIA said that, to improve the financing of the Proposed programme budget 2020–2021, the Secretariat should map donors according to the Programme budget 2018–2019 to minimize changes to the Proposed programme budget. She appreciated WHO’s commitment to the United Nations development system reform. Such commitment had been demonstrated through the development of the WHO Impact Framework, creation of the Science Division and reintroduction of a budget line for emergency operations and appeals.

The representative of MOROCCO, speaking on behalf of the Member States of the Eastern Mediterranean Region, supported the proposed balanced scorecard approach for measuring outputs that would replace the previous measurement method based on indicators. He welcomed the increase in the total base segment of the Proposed programme budget 2020–2021 and encouraged the Director-General to make all efforts to mobilize the resources needed for its financing.
The representative of MALAYSIA welcomed the development of a new comprehensive output measurement system, which would ensure accountability at all three levels of the Organization. It was reassuring to note that the WHO Impact Framework was fully aligned with the Sustainable Development Goal indicators. She hoped that the increased funds channelled towards the Western Pacific Region would strengthen WHO’s capacities at the country level. She strongly supported the budget’s focus on the “triple billion” goals as strategic priorities, and recommended the approval of the Proposed programme budget 2020–2021.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, wished to know why oral health was not included among the programmatic indicators of the Proposed programme budget 2020–2021. She urged Member States to monitor and report on indicators relating to the prevalence of dental caries and edentulism, and the Secretariat to include such indicators in the Proposed programme budget. She stood ready to support WHO in collecting oral health data.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIRMAN, noted that palliative care indicators were not included in the WHO Impact Framework. Acknowledging that WHO had been working to collect better data on palliative care, he encouraged the Organization to make the inclusion of palliative care indicators a priority, in order to drive progress in that area.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, highlighted the need to transition rapidly from a budget with a disease-specific approach to one that funded noncommunicable disease prevention programmes addressing all risk factors. She called on WHO to ensure adequate resources to meet increasing demand for technical support on noncommunicable disease prevention and control. WHO should engage with donors to increase support for improved data collection and analysis, which would feed into monitoring and measurement as a basis for targeted interventions with maximum benefit.

The representative of IOGT INTERNATIONAL, speaking at the invitation of the CHAIRMAN, commended the Secretariat for highlighting health-promoting fiscal measures, restrictions on alcohol advertising and alcohol control policies. There was increasing demand from Member States for technical support on alcohol policy “best buys”, especially alcohol taxation. He expressed concern over the reduced resources allocated to mental health and substance abuse work and requested WHO to allocate adequate resources, with alcohol policy as a priority. Engagement with the alcohol industry should not be framed as a multistakeholder partnership, and core roles should be limited to the actors stipulated in the WHO global strategy to reduce the harmful use of alcohol.

The DIRECTOR (Planning, Resource Coordination and Performance Monitoring) acknowledged that many issues remained with regard to the budget and would have to be addressed through collective efforts. The budget was realistic and set out more projected resources than in the previous biennium. An information document on the resource mobilization and partnership strategy would be presented at the 146th session of the Executive Board. The Secretariat would work with Member States to improve accountability, transparency and reporting and produce better reports, including on cost savings, taking into account value for money. The finalized concept of output measurement through a balanced scorecard would be presented in full at the 146th session of the Executive Board. The modest increase in enabling functions by 2021 would be sufficient to preserve and strengthen key accountability and oversight functions. The issue of security, particularly for staff in the field, had not yet been addressed and would be examined in the future. The budget share for the Region of the Americas had not increased in percentage terms since poliomyelitis functions, which had been mainstreamed into the base budget,
were connected to countries in other regions. Organizational and cultural changes would be addressed but represented a significant challenge.

The DEPUTY DIRECTOR-GENERAL reaffirmed that the Proposed programme budget 2020–2021 was fully aligned with the Thirteenth General Programme of Work, 2019–2023 and 2030 Agenda for Sustainable Development. The Secretariat would report to the WHO governing bodies on its work at the country level. The move from a silo-based to an integrated approach in the budget would provide a unique opportunity for operational planning. She noted the importance placed on poliomyelitis transition in the Proposed programme budget, and acknowledged the need for WHO to continue delivering on targets related to poliomyelitis and to noncommunicable diseases. She assured Member States that the Secretariat would align its work with the United Nations development system reform, including United Nations Development Assistance Frameworks, while safeguarding its normative functions. The increased budget would require more accountability, which would be supported by the balanced scorecard approach. She concurred that changes in WHO’s organizational culture were needed. Such changes would require full implementation of the transformation agenda. Important progress had been made in developing a strong resource mobilization and partnership strategy, which would contribute to a predictable and flexible budget.

The CHAIRMAN took it that the Committee wished to approve the draft resolution contained in document A72/63.

The draft resolution was approved.¹

The CHAIRMAN invited Member States to comment on the WHO Impact Framework for the Thirteenth General Programme of Work, 2019–2023, contained in document A72/5.

The representative of BRAZIL agreed with the proposal to divide the WHO Impact Framework into two stages, focusing first on the health-related indicators of the 2030 Agenda for Sustainable Development. However, the unclear timeline for addressing the other topics included in the Framework remained a concern. The Secretariat should consult Member States to ensure that methodological challenges in measuring outcomes, including life expectancy and living conditions, were addressed.

The representative of FINLAND, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, said that measuring WHO’s impact on global health through the “triple billion” indicators was an innovative move within the multilateral system and would increase accountability. The Secretariat should work closely with Member States and other partners to develop the data collection capacities of national authorities. The WHO Impact Framework should avoid unnecessarily increasing reporting burdens, and the Secretariat should conduct trials during the development process to that end. While consensus had been reached on the overall design of the Framework, he noted that further work would be required to finalize the document.

The representative of the UNITED STATES OF AMERICA welcomed the consultative approach to the development of the WHO Impact Framework and expressed an interest in the balanced scorecard approach based on a multilateral performance assessment network. She looked forward to finalizing the two-stage WHO Impact Framework through consultations at the regional level and at WHO headquarters in the coming months.

¹ Transmitted to the Health Assembly in the Committee’s first report and adopted as resolution WHA72.1.
The representative of AUSTRALIA welcomed the robust approach to measurement and accountability, and highlighted the importance of finalizing the WHO Impact Framework in order to assess the global impact of the Organization’s work and whether donor funding provided value for money. She expressed appreciation for the balanced scorecard approach, with the integration of gender, equity and human rights, but said that work on output indicators and baselines should be prioritized to allow for the effective measurement of results for the biennium 2020–2021. In addition, given the increased funding for country offices, there should be specific indicators on WHO’s performance at the country level; that would help the Secretariat to track trends over time and make comparisons across regions and programmes, enabling lessons to be learned. The Secretariat should continue to support Member States in improving their data and information systems.

The representative of JAPAN noted the late submission of document A72/5 and asked for documents to be released earlier in future given the importance of the topic. He requested clarification of whether, in noting the report, the Committee would imply agreement only with the programmatic indicators listed under stage 1, or also with the indices referred to under stage 2. He also asked whether the WHO Impact Framework overlapped with the results framework for the Proposed programme budget 2020–2021, outlined in document A72/4, and how the results of the Impact Framework would be reflected in Programme budgets in the future. The potential burden of data collection was a concern, and he expressed the hope that the results of case studies would provide clarification in that regard. He asked how, and how often, countries would be asked to provide data. Given that the Inter-Agency and Expert Group on Sustainable Development Goal Indicators had not accepted WHO’s proposed universal health coverage index for indicator 3.8.1 under Sustainable Development Goal 3, he asked the Secretariat to make progress on monitoring universal health coverage on the basis of the Group’s agreed current index, and provide a monitoring report prior to the 2019 high-level meeting of the United Nations General Assembly on universal health coverage.

The representative of THAILAND, referring to paragraph 16 of document A72/5 on service coverage, agreed that Member States should strive to measure effective coverage rather than crude coverage, but expressed concern regarding the investment in human and system resources required to gather and interpret the necessary data, and the major impact the transition to effective coverage would have on Member States in the measurement, interpretation and use of data. Any changes to the universal health coverage indicators under target 3.8 of the Sustainable Development Goals should be made in consultation with Member States, as agreed by the Director-General at the 144th session of the Executive Board, and not only with the Inter-Agency and Expert Group on Sustainable Development Goal Indicators.

The representative of URUGUAY welcomed the innovative approach to results monitoring, but stressed that WHO results were not the same as Member State results and those terms should not be used as synonyms. She noted that meaningful changes in health status would not occur every year, so it would be more effective to monitor results at the end of the Thirteenth General Programme of Work in 2023. The Secretariat should intensify efforts to strengthen Member States’ reporting capacity on the Sustainable Development Goal targets in order to identify successful initiatives for attaining the Goals. She asked the Secretariat to pilot the WHO Impact Framework in selected countries to assess its processes and effectiveness, and submit an annual report to the Executive Board as a basis for deciding how to extend it to other countries. She looked forward to further work on the WHO Impact Framework, notably with a view to avoiding the burden of double reporting.

The ASSISTANT DIRECTOR-GENERAL (Data, Analytics and Delivery) welcomed Member States’ support for the WHO Impact Framework and reiterated the Secretariat’s commitment to continue to consult Member States during the finalization process. The programmatic indicators contained in the Proposed programme budget 2020–2021 had been finalized based on Member State input.
Secretariat would redouble its efforts to promote reliable data and support Member States in strengthening their national health information systems.

In order to finalize the WHO Impact Framework, the Secretariat would refine the milestone values for the programmatic indicators, baselines and 2023 targets; and further develop the methods used to calculate the “triple billion” indices. The Secretariat would use the approved 2017 universal health coverage index for reporting at the 2019 high-level meeting of the United Nations General Assembly on universal health coverage and in the monitoring report; and it would continue to finalize the health emergency protection index and healthier population index in consultation with Member States. She welcomed the suggestion to pilot the WHO Impact Framework in selected countries, which would be pursued in consultation with Member States. She acknowledged the data gaps regarding indicators for the key public health priorities of palliative care, cervical cancer, mental health disorders and ageing. The Secretariat would continue to support Member States in bridging those gaps, and additional indicators would be included in the programme budget for 2022–2023, when the WHO Impact Framework would also be updated. Further progress updates would be given at meetings of the regional committees, and the final WHO Impact Framework would be presented for consideration at the 146th session of the Executive Board in January 2020.

The Committee noted the report.

Public health emergencies: preparedness and response: Item 11.2 of the agenda (continued from the second meeting)

- Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (document A72/6) (continued)

- WHO’s work in health emergencies (document A72/7) (continued)

- International Health Regulations (2005) (document A72/8) (continued)

The representative of FRANCE noted the important role of WHO in strengthening national preparedness and response through the WHO Health Emergencies Programme. The G7 was working with WHO to support implementation of the International Health Regulations (2005) and would publish a progress report on the issue in 2019, which would indicate the further efforts required. Health security needed the collaboration of all parties.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, expressed concern at the poor implementation of United Nations recommendations concerning infant and young child feeding in emergencies. WHO could reverse that situation by promoting the related operational guidance for emergency relief staff and programme managers. She welcomed the Independent Oversight and Advisory Committee’s recommendation to establish long-term partnerships with key nongovernmental organizations and encouraged WHO to guard against conflicts of interest.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, urged Member States to commit additional and more flexible resources to public health systems, since they were essential to improving national preparedness. The work done through the WHO Health Emergencies Programme was commendable, but the Programme was not adequately funded. Member States should increase their contributions to the WHO Contingency Fund for Emergencies to ensure the Programme’s long-term sustainability. He called on Member States to take measures to guarantee the safety of health workers in conflict situations and respect their trade union rights.
The representative of INTRAHEALTH INTERNATIONAL INC., speaking at the invitation of the CHAIRMAN, highlighted the urgent need for substantial new investment in capacity-building for implementation of the International Health Regulations (2005) and the protection of frontline health workers. Member States should not treat access to competent and supported health workers as a policy afterthought and should invest in equipment, training and supplies. Furthermore, Member States should collect transparent and searchable data on public health events and attacks that had an impact on health.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) welcomed the report by the Independent Oversight and Advisory Committee and the comments made by Member States. He recognized the fragility of the gains made and said that the Secretariat would continue to strengthen regional and national platforms for preparedness and response, particularly in countries experiencing epidemics and conflict. He recalled the creation of two new divisions within the Secretariat for emergency preparedness and response, and reassured Member States that the Secretariat would continue to build on the excellent work already carried out under the WHO Health Emergencies Programme.

He agreed that it was important to promote mutual support between Member States, particularly in the provision of emergency responses; a comprehensive framework was being developed by the Secretariat for a global health emergency workforce. That framework would leverage national assets and regional training programmes to develop surge capacity within Member States, which could then be deployed in support of other Member States when required.

In relation to universal health coverage and emergencies, it was important to recognize the changing context. The majority of high-impact epidemics occurred in 30 countries affected by fragility and conflict, as did most cases of avoidable morbidity and mortality in women and children. It would not be possible to achieve the Sustainable Development Goals or ensure health security without working closely with those vulnerable countries. A joint task force with the relevant Secretariat departments and regional offices would seek to improve the delivery of essential public health service packages towards attaining universal health coverage.

He thanked the Member States that had supported the WHO Contingency Fund for Emergencies, which was a highly valuable mechanism for urgent responses, and said that consultations were under way to improve its sustainability. He noted the increasing prevalence of taxes on health care and agreed that they were unacceptable; the WHO Health Emergencies Programme continued to monitor the impact of such taxes.

He welcomed the initiatives mentioned by certain Member States, notably the emergency operations centres, which were an important part of the global health security architecture. The Secretariat was committed to supporting countries to further develop such infrastructure at the national level. Regarding the requests for further inputs regarding chemical radiation and other hazards, he confirmed that the Secretariat aimed to take a broad, multi-hazard approach to the development of public health security systems. Resilience was another concern; it was particularly important to develop safe, resilient health systems and empower communities to be prepared. He recognized concerns regarding staff welfare, and highlighted the excellent work by the Secretariat to support frontline workers. Responding to concerns about the resurgence of formerly common diseases, such as measles and cholera, he reiterated the importance of a multisectoral approach.

The ASSISTANT DIRECTOR-GENERAL (Emergency Preparedness and International Health Regulations) took note of the recommendations regarding the implementation of the International Health Regulations (2005), which would guide the Secretariat’s work in emergency preparedness. He highlighted a number of achievements, including on levels of reporting which were at their highest since 2007, with 182 States Parties using the new State Party Annual Reporting questionnaire. Voluntary joint external evaluations had been conducted in 96 countries and a further 20 were planned. Those evaluations would remain voluntary and would be undertaken by States Parties with or without WHO support. While many governments had developed national action plans for health security and health emergency preparedness, few were being implemented, owing to a lack of resources. To date, States
Parties had conducted 100 simulation exercises and 47 after-action reviews to test levels of preparedness, and the Secretariat would assist Member States in developing that capacity.

The Secretariat would continue to work with Member States and partners to scale up emergency preparedness by: strengthening local, national and international partnerships; developing funding preparedness; developing linkages between universal health coverage and emergency preparedness to increase health systems’ resilience, particularly in vulnerable countries; and promoting international collaboration to implement the One Health approach. He thanked the World Bank for organizing a high-level meeting on funding preparedness and for providing support to Member States. National IHR Focal Points had decided to develop regional and global national focal point networks to further develop their capacities. He acknowledged the request for better monitoring and reporting on additional health measures. The Secretariat would provide the technical support requested by Member States to develop the capacities required by the International Health Regulations (2005).

The CHAIR OF THE GLOBAL OUTBREAK ALERT AND RESPONSE NETWORK said that, over the previous 20 years, the Global Outbreak Alert and Response Network had worked with partners to deploy 3000 experts to 90 countries, providing assistance in more than 140 major outbreaks and public health emergency events. The response to the latest Ebola virus disease outbreak in the Democratic Republic of the Congo was unprecedented in terms of the risk to health care workers deployed to assist in the field. The health and safety of local and international health care workers must remain a priority. The Network’s role in emergency response had continued to grow and was strengthening its capacity in training, research and preparedness by leveraging the strength of its partners.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, speaking in her capacity as Chair of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, noted that Member States had called for the continuation of WHO’s work to develop national core capacities. She recognized the importance placed on joint external evaluations and the implementation of the International Health Regulations (2005), agreeing that preparedness was critical. Further efforts were needed to address the protracted crisis in the Democratic Republic of the Congo and the Committee would review that work under its monitoring framework. The Committee would continue to support WHO in its response to the current Ebola virus disease outbreak, particularly given the absence of key partners on the ground due to security concerns. WHO should encourage its partners to scale up their support in the response. A safe operating environment was a prerequisite for WHO to deliver public health interventions, which required a more systematic, multistakeholder approach to security management, particularly given WHO’s increasing role in conflict and complex political settings.

Noting Member States’ commitment to funding outbreak response activities, she urged parties to step up their financial support to bring the current Ebola virus outbreak under control and to contain its international spread. The Committee would examine the concerns expressed about the sustainability of the WHO Contingency Fund for Emergencies. Oversight of human resource matters would also be continued, and she welcomed the emphasis on the need to ensure that human resources in emergency settings were well-managed and kept fully up to date. The concerns raised regarding types of human resource contracts would be examined in the Committee’s next report. Noting the concern expressed regarding the potential dilution of WHO business processes, the Committee was monitoring the Organization’s transformation agenda, to ensure that it strengthened its emergency response activities.

She thanked the Governments of Uganda and the Democratic Republic of the Congo for allowing the Committee to conduct field visits to observe the work of WHO, which had identified positive trends and ongoing challenges.

The CHEF DE CABINET said that the Organization had learned a great deal regarding the management of health emergencies, particularly from the most recent Ebola virus disease outbreak in the Democratic Republic of the Congo, which would lead to changes in response procedures in the
The Global Preparedness Monitoring Board was due to meet for a third time in July 2019 to finalize its report, which would include an in-depth analysis of the current Ebola virus outbreak and which would be issued before the high-level meetings of the United Nations General Assembly in September 2019. That Board’s website would be launched shortly in order to provide more regular updates on its work. He noted the comments made during the discussion, including the request to examine the World Bank Group’s Pandemic Emergency Financing Facility more closely.

The Committee noted the reports.

Implementation of the 2030 Agenda for Sustainable Development: Item 11.4 of the agenda (document A72/11 Rev.1) (continued from the first meeting, section 2)

The representative of AUSTRALIA noted the substantial gains towards achieving the health-related Sustainable Development Goals and the remaining areas of concern outlined in the report, which included slow progress towards attaining universal health coverage. She welcomed WHO’s active engagement in multisectoral initiatives, which would be essential to achieving the health-related Goals. She looked forward to further contributing to the Global Action Plan for healthy lives and well-being for all prior to the high-level meeting of the United Nations General Assembly on universal health coverage in September 2019. She welcomed the Global Action Plan’s strategic approaches on: improving accountability; aligning financing for cost-effective interventions; and accelerating progress towards universal health coverage. Her Government would continue to support regional efforts to strengthen health systems and develop sustainable financing for health, particularly where Governments were transitioning away from external resources.

The representative of INDONESIA commended WHO for its role in working to attain the Sustainable Development Goals by supporting comprehensive and integrated national plans for health and by taking the 2030 Agenda for Sustainable Development into consideration when developing the Proposed programme budget 2020–2021 and the Thirteenth General Programme of Work, 2019–2023.

The representative of ETHIOPIA recognized the progress achieved in promoting a multisectoral and coordinated approach to implementing the 2030 Agenda. She noted the role of WHO country offices in supporting governments and partners in the implementation of the Sustainable Development Goals, and in encouraging Member States to develop more effective approaches to delivering universal access to health services. She supported the Global Action Plan for healthy lives and well-being.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND supported WHO’s approach to driving progress on the health-related Sustainable Development Goals. Despite positive developments, many targets remained off track and should be the focus of WHO’s work ahead of upcoming high-level meetings. The Global Action Plan should focus on effecting real change in how work was conducted in order to accelerate progress. Her Government would be pleased to share the results of its national review of progress towards achieving the Goals.

The representative of BOTSWANA said that resolution WHA69.11 (2016) on health in the 2030 Agenda was being fully implemented in his country, noting progress in the areas of reproductive, maternal and child health and universal health coverage.

The representative of COLOMBIA said that the measures set out under the seven thematic areas outlined in the report should be taken into serious consideration. Mass migration in the Region of the Americas, including in Colombia, had had a negative impact on progress towards meeting the Sustainable Development Goals, particularly targets 3.2, 3.3, 3.7 and 3.8 of the Goals on under-5
mortality, communicable diseases, access to sexual and reproductive health services and universal health coverage. Considerable resources were required to step up epidemiological surveillance and provide vaccines to the most vulnerable populations. Across her Region, migratory flows had led to an increase in cases of measles, malaria and other communicable diseases. Addressing those changes would require redoubled efforts at the national, regional and global levels.

The representative of the REPUBLIC OF KOREA said that strengthening data systems was key. Greater support for Member States would be needed to ensure that progress and performance were measured and monitored at the country level. She looked forward to sharing successful and effective data management systems worldwide. Benchmarking against best practices at the global level would facilitate individual countries’ efforts to achieve the Sustainable Development Goals.

The representative of GHANA expressed support for the concept of healthy cities networks as a way of advancing progress towards the Sustainable Development Goals. Multisectoral collaboration was another essential factor. One key challenge lay in coordinating the work of the many stakeholders involved to ensure that resources were used efficiently while promoting country-led action. Meeting the Goals would require a coherent approach and adjustments to the global health architecture. That was why his Government had joined those of Germany and Norway in requesting the Secretariat to guide the development of the Global Action Plan on healthy lives and well-being for all.

The representative of BANGLADESH commended the progress made towards achieving the health-related Sustainable Development Goals but stressed that challenges remained in terms of promoting multisectoral coordination and approaches. WHO engagement with the United Nations system would maximize the impact of WHO activities, help support comprehensive and integrated national plans, and facilitate Member States in developing effective approaches to delivering universal health coverage. The Secretariat should continue such support to help strengthen countries’ capacities and deploy standardized systems to better monitor progress.

The representative of the UNITED NATIONS STANDING COMMITTEE ON NUTRITION said that the importance of healthy diet and nutrition as drivers of progress towards Sustainable Development Goal 3 and the other Sustainable Development Goals should have been more explicitly mentioned in the report. The high levels of stunting recorded in the report could not be significantly reduced without proper attention to malnutrition and early childbearing. Poor diet worsened the effects of communicable diseases and was an undisputed risk factor for noncommunicable diseases. The linkages between nutrition and health must be taken into account when working to strengthen health systems and achieve universal health coverage. A One United Nations approach was the only way to support countries in achieving the Goals.

The observer of GAVI, THE VACCINE ALLIANCE said that her organization had worked to increase resources for immunization and expand access to vaccines in low-income countries, which had led to a reduction in child mortality. Strong immunization programmes created opportunities to integrate health services and contributed to policy goals on gender equity nutrition, education, combating poverty and global health. It was important to prioritize investment in and commitment to health and increase access to immunization by allocating domestic resources and making resilient health systems a political priority. She expressed support for the Global Action Plan on healthy lives and well-being for all and other collaborative initiatives. Achieving the 2030 Agenda would require reaching children that had never been vaccinated, children in transit, and children in overcrowded urban settings and other hard to reach places.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS’ ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that only through coordinated
efforts across disciplines and social sectors could all determinants of health be addressed and health for all be achieved. She supported developing intersectoral initiatives to strengthen research, particularly in low-income countries where there were many barriers to conducting that work. Young people were one of society’s most significant demographics, and they must be included in the political process at the local, national and international levels.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that there were currently not enough health professionals to achieve Goal 3. Member States should specify how they would ensure a strong and balanced health workforce in their national action plans. He expressed concern regarding increased violence against health professionals and the resulting impact on health care and patient safety. WHO should work closely with national medical associations and other stakeholders to implement the 2030 Agenda and related action plans.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN and on behalf of the INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH, said that Sustainable Development Goal 3 could not be met unless countries adopted integrated approaches to addressing the oral disease burden, despite the failure to include oral health among the Sustainable Development Goal indicators. Member States should therefore adopt a common risk factor approach to developing and implementing strategies on target 3.4 of the Goals on noncommunicable diseases and should expand the list of tracer interventions contained in indicator 3.8.1 of the Goals on coverage of essential health services to include oral health. Her Organization was working to develop a set of indicators that could be used to monitor national oral disease burdens.

The representative of HELPAGE INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that target 3.8 on universal health coverage provided the opportunity to transform health systems to meet the needs of a dramatically ageing world. However, current universal health coverage indices and indicators did not effectively measure older people’s access to financial support and health services. She called on WHO to ensure that older people were recognized, counted and included when measuring progress under the 2030 Agenda.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, urged Member States to: increase investments in building health system capacities; accelerate action on the risk factors for noncommunicable diseases and implement the full set of related interventions recommended by WHO; facilitate cooperation with actors outside the health sector using a Health in All Policies approach; and strengthen health information systems to improve evidence-based policy-making.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, said that a change in health care provision for the most vulnerable newborns was needed if Governments were to reduce the high rate of neonatal deaths in their countries. She expressed surprise that the report did not mention pneumonia as a leading cause of child mortality, given its prevalence and its preventable nature. To effectively prevent, diagnose and treat pneumonia Governments should ensure access to strong, primary health care for all communities that was free of charge at the point of use, alongside nutritional interventions. The issue of children’s mental health in conflict zones and other humanitarian settings also deserved more attention.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that the inclusion of civil society actors in implementing the Global Action Plan on healthy lives and well-being for all would be critical to the success of the 2030 Agenda. Civil society representation should include women, minorities and other disenfranchised groups. WHO should
maximize engagement with existing platforms and ensure transparency and accountability when assessing results, and a new online platform should be created for stakeholder coordination to implement the Global Action Plan and other global health movements. Member States should host in-country consultations with local civil society organizations to facilitate the effective implementation of the Global Action Plan, and should ensure that it was adequately funded.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIRMAN, said that progress towards achieving the Sustainable Development Goals could only be achieved through political will, effective health technologies and sustainable financing. She highlighted the challenges associated with ensuring access to affordable hepatitis C treatments for all patients, including those who were asymptomatic, which should be addressed. Reducing the burden placed on health systems by high medicine prices would allow for additional gains towards attaining the Goals.

The representative of WATERAID INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that lack of access to clean water and decent toilets was costing lives, hindering the impact of health investments and preventing families, communities and countries from reaching their full potential. However, the urgency of the problem was not reflected in global investments and action. She called on Member States to coordinate efforts across sectors and organizations; prioritize water, sanitation and hygiene when strengthening health systems; and support those services through sustainable domestic and international financing.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that the linkages between health and such areas as quality education, gender equity, decent work and economic growth should not be minimized. The Sustainable Development Goals would not be met until inequities among populations were addressed, an effort in which nurses were playing an essential role, given that their view of patients’ needs went beyond medical diagnosis. Since nurses made up the majority of frontline health workers, moving to a cost-effective frontline health system, which would accelerate progress towards attaining the health-related Goals, required greater investments in nursing.

The representative of the SECRETARIAT OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL explained the role of his institution in measuring and reporting on progress towards target 3.a of the Sustainable Development Goals on the implementation of the WHO Framework Convention on Tobacco Control. Monitoring of that target was essential and should be integrated into States Parties’ statistical systems and reported upon as part of voluntary national reviews. He expressed the hope that the Convention Secretariat would be able to work with the WHO Secretariat to develop future approaches to indicators relating to target 3.a and contribute to the preparation of relevant reports and documents by providing information from the biennial global progress reports on implementation of the Convention and on best practices.

The ASSISTANT DIRECTOR-GENERAL (Data, Analytics and Delivery) acknowledged that progress toward achieving the health-related Sustainable Development Goals was inhibited by a lack of data. Data from World Health Statistics 2019 indicated that almost a third of Member States lacked recent, underlying primary data relating to more than half of the Sustainable Development Goal indicators due to resource limitations. The Secretariat was committed to working with United Nations partners, particularly the United Nations Statistical Division, to ramp up support for Member States in such areas as routine information systems, surveys of health facilities and households, and civil registration and vital statistics, all of which were essential to the provision of relevant, timely and accurate data and the strengthening of national analytical capacities.
The SPECIAL ADVISER TO THE DIRECTOR-GENERAL thanked Member States for their comments and their support for the Global Action Plan on healthy lives and well-being for all, which was aimed at accelerating progress towards the health-related Sustainable Development Goals and targets. He praised the commitment of the agencies involved in developing and implementing the Global Action Plan and their constructive, productive joint efforts towards achieving Sustainable Development Goal 3. Although the Action Plan was global in nature, national priorities were taken into account, as the Secretariat fully understood that progress towards achieving the Sustainable Development Goals mostly took place at the country level. The Global Action Plan also strongly emphasized the need for concrete action by finding new ways to collaborate more closely and recognizing existing collaboration among United Nations agencies.

The Committee noted the report.

The meeting rose at 18:00.