

PROVISIONAL SUMMARY RECORD OF THE FOURTH MEETING

**Palais des Nations, Geneva
Wednesday, 22 May 2019, scheduled at 09:00**

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

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COMMITTEE A
FOURTH MEETING

Wednesday, 22 May 2019, at 09:40

Chairman: Dr S.P.V. LUTUCUTA (Angola)
later: Dr Y. SUZUKI (Japan)
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1. FIRST REPORT OF COMMITTEE A (document A72/52)

The RAPPORTEUR read out the draft first report of Committee A.

The report was adopted.¹

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

Universal health coverage: Item 11.5 of the agenda

The CHAIRMAN invited the Committee to consider the bullet points under agenda item 11.5 separately.

- **Primary health care towards universal health coverage** (documents A72/12 and EB144/2019/REC/1, resolution EB144.R9)

The CHAIRMAN drew attention to the report by the Director-General on the item, contained in document A72/12, and invited the Committee to consider the draft resolution recommended by the Executive Board in resolution EB144.R9, contained in document EB144/2019/REC/1.

The representative of BAHRAIN stressed his Government's commitment to pursuing primary health care and thereby achieve universal health coverage by 2030. Member States should take primary health care seriously, turn attention to research and training in primary and community health care, and analyse community needs and other data in order to develop national plans supported by performance indicators, so as to help optimize the use of resources. He endorsed the draft resolution.

The representative of SAUDI ARABIA welcomed the Declaration of Astana on primary health care and described the significant steps taken by his Government to facilitate access to such care, which was a key element of universal health coverage.

The representative of INDONESIA, speaking on behalf of the Member States of the South-East Asia Region, expressed support for the draft resolution. Preventive approaches should be used to strengthen primary health care and thereby ensure health coverage for vulnerable, remote and poor populations. Such approaches would guarantee that both the sick and the healthy received essential

¹ See page xxx.

preventive health services. They must also be multisectoral, to ensure minimum quality standards and progress towards universal health coverage. The capacities of frontline primary health care workers had to be improved, to enable them to respond effectively to rapid demographic and epidemiological changes. Such workers played an important role, and measures should be taken to improve their retention. Moreover, primary health care facilities should be accredited, as doing so would undoubtedly improve the quality of health services, patient safety and protection of frontline workers.

The representative of JAPAN said that primary health care, the cornerstone of universal health coverage, should be promoted through health system strengthening. Member States should take advantage of the opportunity presented by the upcoming High-level Meeting of the United Nations General Assembly on Universal Health Coverage to confirm their political commitment to both primary health care and universal health coverage. Funding was essential to strengthen primary health care and it was therefore vital to work with the financial sector. To that end, a joint session involving health and finance ministers would be held at the G20 Summit in June 2019, which was to be hosted by his country.

The representative of JAMAICA said that her country fully embraced the spirit of the Declaration of Astana and had taken steps to strengthen its primary care system in line with the new demands of the population. Her Government supported the draft resolution and welcomed the operational framework being developed to guide efforts to strengthen primary health care; WHO should continue to provide technical leadership in that regard.

The representative of INDIA said that her Government had made significant efforts to improve primary health care with a view to achieving universal health coverage. Given the challenges relating to urban primary health care, quality standards for outpatient care, protocols and workflows for two-way referrals, and effective linkages between hospitals, primary health care facilities and community level care, WHO should support well-designed implementation studies with a view to issuing appropriate recommendations on health system approaches.

The representative of THAILAND said that, in view of the crucial role they played, frontline health workers must be provided with the resources they needed to do their jobs and remain motivated, especially in underserved areas. Engagement with local government authorities was essential to improve and sustain primary health care. The international community must take concrete action to strengthen primary health care.

The representative of ARGENTINA stressed that the international community had a solemn responsibility to ensure that the Declaration of Astana enabled all people to exercise their fundamental right to health; it therefore had to consider how primary health care might be redeveloped in order to address current health challenges. She noted that the Declaration referred to both “primary health care” and “primary care”. Primary health care should be understood as a comprehensive and integrated strategy guaranteeing the right to health of the global population, while primary care should be seen as the territorial concept around which primary health care was implemented. The rights to health and equity were core values of primary health care, which provided a strategy to achieve universal health coverage within the framework of the Sustainable Development Goals. She therefore supported the draft resolution.

The representative of MALAYSIA said that her Government was committed to strengthening primary health care. She supported the draft resolution, which was in line with the Declaration of Astana.

The representative of CHINA recommended that the Secretariat should facilitate cooperation and coordination between Member States on primary health care, with a view to highlighting best practices.

It should also provide further technical support to help Member States achieve universal health coverage. He proposed that paragraph 4(2) of the draft resolution be amended to read:

“to develop, in consultation with Member States and relevant national experts, by the Seventy-third World Health Assembly an operational framework for primary health care that is targeted, fair and effective, to be taken fully into account in the WHO general programmes of work and programme budgets so as to strengthen health systems and support countries in scaling-up national implementation efforts on primary health care, and to formulate, as quickly as possible, a set of quantified indicators and an assessment mechanism to facilitate countries in effectively implementing the commitments of the Declaration of Astana,”

His country wished to be added to the list of sponsors of the draft resolution.

The representative of CANADA applauded the work carried out by WHO and UNICEF since the adoption of the Declaration of Astana to elaborate evidence-based policy levers for implementing the Declaration’s vision of primary health care, which, along with universal health coverage, should reflect the significant social progress made since the adoption of the Declaration of Alma-Ata. Sexual and reproductive health and rights were integral to the health of women, children and adolescents, and were therefore a critical component of universal health coverage. Her Government would continue to seek opportunities to deliver international assistance in support of national policies, strategies and plans that met the health needs of women and girls. It would also provide development assistance to support Member State efforts to mobilize human, technological, financial and information resources and thereby help build strong and sustainable health systems based on primary health care.

The representative of HUNGARY said that her Government was open to collaborating on a global level to realize the 2030 Agenda for Sustainable Development.

The representative of ZAMBIA reaffirmed her Government’s commitment to the Declaration of Astana and the principles of primary health care, elements of which needed to be updated in order to respond appropriately to health challenges and take advantage of new resources and opportunities. Primary health care had proven to be highly effective and efficient at addressing poor health and emerging health challenges. She commended WHO for its commitment to helping governments advance towards universal health coverage through health financing reforms and expressed support for the draft resolution.

The representative of ETHIOPIA said that universal health coverage required strong health systems that left no one behind. Political commitment was key for primary health care and universal health coverage. Her Government was committed to implementing the Declaration of Astana and supported the draft resolution.

The representative of LEBANON said that her Government had made meaningful progress towards universal health coverage, despite the repercussions of the protracted crisis in the Syrian Arab Republic. She looked forward to the Secretariat’s review of 40 years of primary health care implementation at country level and expressed support for the draft resolution.

The representative of MADAGASCAR emphasized the importance of primary health care in achieving universal health coverage. He outlined the progress made by his Government towards universal health coverage, particularly in terms of quality of care and funding.

The representative of SRI LANKA expressed strong support for the draft resolution. Her Government had embarked on significant reforms to strengthen primary health care, but would require technical support to implement efficiency measures and strategic purchasing.

The representative of CUBA also expressed support for the draft resolution and said that her Government was willing to share its experience of primary health care initiatives, it being fundamental to continue strengthening primary health care.

The representative of RWANDA, speaking on behalf of the Member States of the African Region, reaffirmed the Region's commitment to a comprehensive primary health care approach involving all stakeholders and expressed support for the draft resolution. Most of the Region's Member States were facing a triple burden of disease and would have to update their primary health care approaches in response to new and ongoing challenges to health systems. Together with all partners, they would endeavour to allocate resources to strengthen health systems and would establish a framework to monitor progress towards achieving universal health coverage and the Sustainable Development Goals. To that end, more human, technical and financial resources should be allocated to strengthening primary health care in the Region and support from partners should be aligned with national policies, priorities and plans.

The representative of QATAR, speaking on behalf of the Member States of the Eastern Mediterranean Region, outlined some of the steps his Region would take to achieve its 2030 Vision of health for all, by all: adopting policies, developing prepayment mechanisms for public health care providers, scaling up training, and creating funding mechanisms for essential public health services and medical products.

The representative of FRANCE said that it was crucial to strengthen primary health care, given the geographic, social, environmental and health inequalities that persisted between and within countries, and that doing so would require improvements to the exchange of information on concrete country reforms. To that end, and as part of the Global Action Plan for healthy lives and well-being for all, the G7 Primary Health Care Universal Knowledge Initiative would establish a platform for the exchange of expertise on primary health care in which all countries could participate.

The representative of ANGOLA said that Member States should accelerate national health system strengthening by focusing on primary health care as a path to universal health coverage. To that end, they should invest in human resources and improve access to health infrastructure and quality medicines. It was also crucial to mobilize domestic and external funding, institutionalize use of technologies to monitor the growth of universal health coverage, and promote public-private partnerships and community involvement in decision-making.

The representative of the PHILIPPINES said that her Government was in the early phases of rolling out universal health coverage and sought guidance from WHO on the development of evidence-based mechanisms to establish primary health care while promoting reliance on public resources. Universal health coverage and the health-related Sustainable Development Goals would only be achieved if a strong emphasis was placed on primary health care throughout the health system, using a multisectoral approach to integrate policies for health promotion, disease prevention and responsive health services. To that end, Member States should be fully committed to the primary health care approach, align their national policies with primary health care, and benefit from continued technical support from the Secretariat.

The representative of TOGO said that the main obstacles to extending primary health care with a view to achieving universal health coverage in his country were equitable geographic distribution of health training programmes, a lack of qualified health professionals, and mobilization of financial resources, including domestic resources. He expressed support for the draft resolution.

The representative of BRAZIL said that strengthening health systems through primary health care was a priority for his Government, which was committed to actively participating in international primary health care discussions. It was essential to ensure that people had access to health services. Primary health care should be people-oriented, not disease-driven, and was a cost-effective way to organize health systems and tackle noncommunicable diseases. He expressed support for the draft resolution.

The representative of the ISLAMIC REPUBLIC OF IRAN said that a primary health care approach to universal health coverage was her Government's main health strategy. She suggested that there should be further alignment between United Nations entities and partners, with a view to reaching common goals, and that WHO should facilitate the exchange of country experiences.

The representative of TRINIDAD AND TOBAGO outlined the steps his Government had taken to achieve universal health coverage. He supported the draft resolution, but recommended that the words "share and" be included in front of the word "implement" in paragraph 2, so as to emphasize a patient-centred approach.

The representative of the RUSSIAN FEDERATION welcomed the adoption of the Declaration of Astana, which would provide guidance for the achievement of universal health coverage. Her Government wished to be added to the list of sponsors of the draft resolution and would participate in the consultations on the operational framework for primary health care.

The representative of PAKISTAN said that health systems should be based on a primary health care approach that focused on quality of primary care, improved access and efficiency, the integration of noncommunicable diseases and mental health into primary care, stronger public health functions, a multisectoral approach, and health system accountability to communities. Pakistan would be the first country to adopt an essential universal health coverage package as part of the Disease Control Priorities Project. He supported the draft resolution.

The representative of PANAMA said that Member States had a responsibility to prioritize primary health care in order to achieve universal health coverage. In that respect, it was important to work with community health workers, foster intersectoral cooperation and strengthen all three levels of health care. She called on WHO to actively promote intercultural, community-based strategies, such as those being developed by her Government in the areas of sexual and reproductive health and nutrition education. Her Government remained committed to achieving universal health coverage and strengthening primary health care, and recognized that resource allocation should be incorporated into planning processes in order to take account of the training needs of all health-related occupations.

The representative of the UNITED STATES OF AMERICA strongly encouraged the inclusion of civil society, community, faith-based and private sector organizations as partners to achieve universal health coverage. Incorporating those groups was critical to a whole-of-society approach, and countries should work to ensure that they had the support of the communities they served.

The representative of BARBADOS said that his Government continued to examine new models of health care financing, including national health insurance and pooled procurement for pharmaceuticals and vaccines. A well-trained, competent workforce was critical to maintaining universal health coverage, and his Government would develop graduate and post-graduate programmes to that end. He expressed support for the draft resolution.

The representative of GERMANY welcomed the reference to coordinated service delivery and referral systems in the Director-General's report, as secondary and tertiary health care were of great importance. Investments in the health workforce should be aligned with the Global Strategy on Human Resources for Health: Workforce 2030 and accompanied by an active labour market policy and decent working conditions. She expressed support for the draft resolution.

The representative of NORWAY said that universal health coverage – which his country had achieved before it became rich – was not primarily a question of national wealth, but a political question of equitable distribution. Moreover, evidence-based priority-setting was key to charting the most efficient and equitable path to universal health coverage. The upcoming high-level meeting on universal health coverage should provide the incentives, guidance and accountability needed for action and ownership at country level. It should be firmly anchored in analysis and guidance from WHO. Its success would be aided by the Global Action Plan, in respect of which Norway would be a constructive partner.

The representative of the UNITED REPUBLIC OF TANZANIA outlined some of the challenges his country faced with regard to primary health care, such as inequitable distribution of services and infrastructural inadequacies. He also outlined the efforts being made to achieve universal health coverage as soon as possible, and to develop operational arrangements that translated the Declaration of Astana into transformational and context-sensitive action.

The representative of SINGAPORE applauded the renewed emphasis on primary health care, which was one of the most efficient and cost-effective ways of achieving sustainable universal health coverage – a key concern as many societies tackled the twin challenges of an ageing population and a heavier noncommunicable disease burden while working to ensure universal health coverage could be sustainably provided for future generations.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA outlined the universal and free medical care system in his country, which was based on a household doctor system. His country had recently developed a package of essential health services to ensure the provision of quality primary health care.

The representative of CAMBODIA shared some of the activities her country had undertaken to improve and extend primary health care and raise the quality of health services provision.

The representative of GHANA said that primary health care was essential to universal health coverage and fully endorsed WHO's call for stronger political commitment. He recommended that the community-responsive solutions prescribed by WHO should reach as far as households. Emergency care and mental health should be included in the services covered under primary health care, which should be branded as “smart care for everyone”, instead of “perceived poor care for poor people”, in order to make it the foundation for universal health coverage. In that regard, he recommended alignment with the Global Action Plan. Countries should map out delivery chains for primary health care on a regular basis and address any gaps identified.

The representative of HONDURAS, expressing support for the draft resolution, said that special consideration should be given to the strengthening of health-related human resources and to the development of strategic management processes for the provision of services guaranteeing consistently equitable access to sufficient competent health professionals.

The representative of the MALDIVES said that primary health care, with its emphasis on integrated care, social determinants and empowerment of individuals and communities, was the ideal

format for health care delivery in countries with small, geographically scattered populations like the Maldives. It was time to strengthen primary health care, reorient services towards changing needs and introduce the latest available technology, with a view to achieving the Sustainable Development Goals, in particular the universal health coverage targets.

The representative of VIET NAM said that her country, which had a growing noncommunicable disease burden and an ageing population, was strongly committed to shifting from hospital-based and curative to community-based and preventive health care. She outlined several measures it was taking to strengthen the health system and provide better primary health care. WHO should finalize the operational framework outlining the roles that different stakeholders would play in realizing the Declaration of Astana.

The representative of MEXICO said that her Government promoted primary health care through a new health policy focused on guaranteeing access to free health services and medicines in collaboration with local governments. Primary health care was the most viable and efficient strategy for achieving universal access to health and well-being, a consideration that should be taken into account during the preparations for the high-level meeting on universal health coverage.

The representative of NAMIBIA said that, as a priority, the Secretariat should support Member State efforts to assess the progress made in achieving universal health coverage, identify challenges and draw lessons from successful interventions. It should also provide Member States with in-country support to implement the evidence-based levers described in the Director-General's report. He welcomed the call to develop an operational framework for primary health care, which should be part of the broader reforms aimed at achieving universal health coverage. He expressed support for the draft resolution.

The representative of AUSTRALIA, observing that primary health care was the foundation for achieving universal health care, said that accelerating progress on universal health care was essential to achieving Sustainable Development Goal targets such as ensuring universal access to sexual and reproductive health care services and ending the AIDS, tuberculosis and malaria epidemics by 2030. His country was committed to ensuring that universal health care was inclusive and accessible to all, including women and children, indigenous peoples, people with a disability and other marginalized and vulnerable populations. It would work with other Member States to reflect those goals in the final text of the political declaration to be adopted by the high-level meeting on universal health coverage and in other relevant multilateral processes over the course of the year, including the G20 Summit. He expressed support for the draft resolution.

The representative of TONGA supported the draft resolution and endorsed the Declaration of Astana. She outlined the work under way in her country to strengthen primary health care and thanked Tonga's development partners, including Australia's Department of Foreign Affairs and Trade, for their assistance, which she hoped they would maintain.

The representative of the REPUBLIC OF KOREA agreed that a primary health care approach was key to achieving universal health coverage and meeting health-related Sustainable Development Goal targets. That approach was in line with her Government's vision for a people-centred and inclusive welfare State. She outlined the steps it had taken to put the Declaration of Astana into action, which included prioritizing the needs of health care users over those of providers.

The representative of MOROCCO, acknowledging the fundamental role of primary health care in achieving universal health coverage, expressed support for the draft resolution and noted that its implementation depended on the operational framework for primary health care, which should be applied across all WHO programmes and budgets in order to help Member States strengthen health systems. It should be finalized in broad consultation with Member States and clearly set out how the Secretariat would support Member States as they moved in that direction.

The representative of the UNITED ARAB EMIRATES outlined the ways in which her country's health care system was aligned with the principles of universal health coverage. The indicators used to track progress towards universal health coverage were obviously useful, but those used to calculate her country's index, for example, were outdated and should be updated for the next report. She urged the Regional Offices to work closely with Member States to ensure that data were up to date and validated.

The representative of DENMARK said that not only was strengthened primary health care crucial for achieving universal health coverage and the Sustainable Development Goals, it would also lead to more efficient use of health care resources. The high-level meeting on universal health coverage would be a major stepping stone to achieving the health-related Sustainable Development Goals, including Goal 3.8 on universal health coverage and Goal 3.7 on universal access to sexual and reproductive health care services, which must also include sexual and reproductive rights. WHO should focus on strengthening primary health care to make it accessible, equitable, safe, high quality, comprehensive, efficient and affordable, and on the delivery of continuous integrated services that were people-centred and gender-sensitive.

The representative of SOUTH AFRICA welcomed the Declaration of Astana and expressed support for the draft resolution. To be successful, primary health care – a key component of her country's health care system – required access to medicine, preventive and promotional services, and adequate financial and human resources. She asked the Secretariat to develop a road map for the operational framework, including timeframes and implementation indicators; to review primary health care audit tools in the light of the Declaration of Astana and the Sustainable Development Goals; and to provide guidelines on different packages of primary health care services meeting the epidemiological needs of each country.

The representative of the PLURINATIONAL STATE OF BOLIVIA pointed out that gender mainstreaming did not feature prominently in health policies. Women and girls were statistically more affected by social, cultural and economic health determinants and continually faced violence. That should be a concern for all makers of health policy. Health systems must be fair to victims of violence and should include prevention and care for pregnant adolescents. Health worker training focused on capacity-building and dismantling the patriarchy was key to achieving equitable access to high-quality health services.

The representative of KAZAKHSTAN said that the operational framework for primary health care should be finalized in consultation with Member States after the present Health Assembly, with a view to its adoption at the next. Implementation of the Declaration of Astana – which should be referenced in the draft political declaration of the high-level meeting on universal health coverage – should be reviewed and also presented at the next Health Assembly. He expressed support for the draft resolution.

The representative of BURUNDI, referring to the important role played by community health care workers in strengthening primary health care and universal health coverage, encouraged Member States to use the WHO guideline on health policy and system support to optimize community health worker programmes, to source adequate financing for such programmes, and to ensure that best practices and

lessons learned were promoted, and success factors identified, in order to guide other countries. He expressed support for the draft resolution and urged the Secretariat to continue providing technical support to Member States with a view to strengthening primary health care and universal health coverage.

The representative of FIJI expressed support for the draft resolution and endorsed the Secretariat's renewed call to strengthen primary health care through a whole-of-government approach. To ensure the successful implementation of primary health care as a means of attaining universal health coverage, WHO and donor partners should devise strategies to reduce the cost of biomedical equipment, medicines and health inputs; promote capacity-building and the development of human resources for health; and facilitate the development of climate-resilient technology.

The representative of GUYANA reaffirmed her Government's commitment to the Declaration of Astana. Primary health care should centre on efforts to attain Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). Her Government had taken steps to promote primary health care and would continue to work with the Secretariat to strengthen peripheral and community health services in order to improve the delivery of essential services and build health system resilience.

The representative of SWITZERLAND welcomed the efforts made via the UHC2030 platform to strengthen primary health care and thereby attain universal health coverage, a development that was contingent on three things: sustainable health system financing; quality services and patient safety; and coverage in emergency situations. She expressed support for all three draft resolutions¹ under the item on universal health coverage.

Dr Suzuki took the Chair.

The representative of BANGLADESH expressed support for the draft resolution and agreed that primary health care in the twenty-first century required a whole-of-society approach. After outlining his Government's efforts to increase access to primary health services, in particular among people living in remote areas, he said that WHO should continue to champion primary health care as a cost-effective way to promote health and well-being and to deliver health services.

The representative of HAITI, observing that universal health coverage guaranteeing primary health care for all would benefit the most vulnerable populations, who often found it difficult to access health care owing to their economic situations, encouraged WHO to make every effort to ensure that 1 billion more people benefited from such coverage by 2025, including by implementing its transformation agenda and mobilizing resources. Those efforts would require an active, inclusive approach based on a partnership aligned with the five principles of the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action.

The representative of ISRAEL said that strong primary health care should be a high priority for all countries at a time when health systems faced new challenges. Primary health care was crucial for the early detection, treatment and prevention of chronic noncommunicable diseases, but contingent on the availability of qualified community health workers, who should receive comprehensive training and work in multidisciplinary teams. He encouraged the Secretariat to support Member State efforts to

¹ EB144.R4, EB144.R9 and EB144.R10.

achieve the goals of the Declaration of Astana, with a particular focus on food labelling, prevention of infections and better health choices.

The representative of COLOMBIA expressed support for the draft resolution and agreed that primary health care was the cornerstone of sustainable universal health coverage and achievement of the health-related Sustainable Development Goals. She urged the Secretariat to provide technical support for national efforts to strengthen actions and strategies aimed at improving the quality of health services.

The representative of EGYPT also underscored the importance of strengthening primary health care to the achievement of universal health coverage and attainment of Sustainable Development Goal 3. The challenge facing health care systems was how to address unlimited health care needs with limited resources; active referral systems might prove useful in that regard. He urged the Secretariat to incorporate primary health care into the WHO transformation agenda and to help Member States empower their primary health care systems.

The representative of KENYA, observing that people's health and well-being were most effectively, equitably and efficiently achieved through primary health care, outlined the steps his Government had taken to implement universal health coverage. He called on the Secretariat and relevant stakeholders to bolster Member State efforts to strengthen health systems, in particular in terms of human resources for health, and to provide more support for innovative models for increased and sustained health workforce productivity.

The UNITED NATIONS ASSISTANT SECRETARY-GENERAL AND COORDINATOR, SCALING UP NUTRITION MOVEMENT said that essential nutrition services in areas such as breastfeeding and nutrition management should be among the core services delivered to all through primary health care, including via community health workers.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, encouraged Member States to develop national strategies and action plans for their pharmaceutical workforce and offered support in the form of a model workforce transformation programme formulated by her organization.

Dr Lutucuta resumed the Chair.

The representative of the INTERNATIONAL COMMISSION ON OCCUPATIONAL HEALTH, speaking at the invitation of the CHAIRMAN and also on behalf of the International Occupational Hygiene Association and the International Ergonomics Association, said that occupational health services should be extended to the 85% of workers who could not currently access them.

The representative of the INTERNATIONAL SOCIETY OF NEPHROLOGY, speaking at the invitation of the CHAIRMAN and observing that kidney disease could be prevented by the timely and appropriate management of risk factors and its progression delayed through early diagnosis and equitable access to quality therapy and follow-up, encouraged Member States to provide comprehensive health services throughout the life course; address the growing comorbidity burden through primary health care interventions, and promote a people-centred approach to health care.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that emerging global health challenges would be best tackled by guaranteeing access to high-quality primary health care, which

required a multisectoral approach as well as financial and political investment. Working conditions and practices should be improved for the benefit of all health workers and governments should prioritize primary health care policy-setting. Primary health care was key to the response to diverse health determinants, and young people should be engaged in primary health care planning and delivery to ensure health for all, including vulnerable groups.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN and also on behalf of the International Association for Dental Research, said that countries should commit to implementing an integrated One Health approach; add essential oral health services to their national essential package of health services; and provide the basic package of oral care recommended by WHO as a minimum.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIRMAN, said that governments could fulfil their human rights obligations and commitments under the Declaration of Astana by operating health systems that delivered holistic care. She therefore urged Member States to review the new WHO guidelines on integrating palliative care and symptom relief into primary health care and to provide compulsory basic palliative care training at all levels of the health workforce.

The representative of INTRAHEALTH INTERNATIONAL INC., speaking at the invitation of the CHAIRMAN, expressed satisfaction that the operational framework emphasized inclusion and accountability, and encouraged interlinkages between primary health care reforms and health workforce development. All countries should receive support for the implementation of comprehensive primary health care through universal health coverage.

The representative of the INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE, speaking at the invitation of the CHAIRMAN and also on behalf of the World Confederation for Physical Therapy, the International Society for Prosthetics and Orthotics, the World Federation of Occupational Therapists, the International Association of Logopedics and Phoniatrics and the World Organization of Family Doctors, observed that demand for rehabilitation was increasing, disability-adjusted life years were growing, and violent conflicts, natural disasters and migration were reshaping the global health landscape. In that context, she urged WHO to acknowledge the need to include rehabilitation in primary health care, to decentralize the delivery of rehabilitation services, and to train primary health care professionals in basic rehabilitation services.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that governments should optimize the contribution of nurses – the main providers of primary health care – by removing obstacles to their work; investing in quality education, recruitment and retention strategies, including decent work and fair pay; and developing policies and legislation to support the holistic, person-centred work of nurses to prevent, detect and manage conditions commonly encountered in primary health care settings.

The representative of HELPAGE INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that essential health service packages should include holistic, people-centred, accessible and affordable primary health care services that met the complex needs of older people. Universal health coverage models should protect older people from financial hardship, and upper age limits should be removed from data sources to increase accuracy in data reporting.

The representative of the GLOBAL HEALTH COUNCIL INC., speaking at the invitation of the CHAIRMAN, said that primary health care initiatives should address socioeconomic barriers; seek to

remove point-of-care fees; and integrate promotion, prevention and care throughout the life course. The Secretariat should help all countries implement comprehensive primary health care services while encouraging co-financing from multilateral organizations to promote health system strengthening. Primary health care should extend beyond health facilities to communities, with community health workers receiving rigorous supervision, fair pay and evidence-based tools. Services should be delivered in teams to facilitate access to a full spectrum of health care providers. She urged Member States to use implementation science to identify gaps in health system capacities to provide accessible, affordable and quality health care.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, urged Member States to adopt a people-centred approach to health across the continuum of care, so as to address co-morbidities; to implement a life-course approach to health planning so as to enable health systems to manage people's changing needs and respond to health emergencies; and to ensure that people living with conditions were meaningfully engaged in the development, implementation and evaluation of public health care systems.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, said that WHO and its partners should work to operationalize the Declaration of Astana by incorporating the related operational framework into the Organization's general programme of work. She called for further public investment in primary health care that delivered good-quality and respectful health care. Member States should prioritize a rights-based approach by ensuring community participation; they should ensure that all ministries were involved, so as to reflect the multidimensional nature of primary health care.

The representative of the WORLD FEDERATION FOR MENTAL HEALTH, speaking at the invitation of the CHAIRMAN, said that, in order to combat discrimination, Member States must ensure that persons with mental health problems had full access to mental health care services in their community, outside psychiatric hospitals, such as day care, social and work entrepreneurship programmes, and short-term hospitalization.

The representative of PATH, speaking at the invitation of the CHAIRMAN, called for people-centred, supportive public health care, which included accountability mechanisms, throughout the life course. Mobilized communities should be actively engaged in planning and monitoring to foster accountability and represent citizens' interest. Ensuring connections between personal experiences and public health care empowered communities and accelerated efforts. The transformative power of digital technologies should be leveraged for public health care.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIRMAN and noting that access to medicines was a key component of universal health coverage and that the unaffordable price of many treatments was a major obstacle thereto, said that the flexibilities in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) increased competition, lowered prices and improved access to medicines. Universal health coverage, including universal access to essential medicines, required an efficient procurement and supply chain, and a skilled and fairly paid health care workforce. Only a well-funded and well-informed health service, one that also integrated sexual and reproductive rights, could guarantee universal health coverage.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, said that, with the involvement of pharmacists, future pharmacists in particular, to ensure the availability of good quality medicines, it would be possible to achieve universal health coverage by 2030. His organization's 2019 World Congress would focus on universal health coverage.

The representative of WATERAID INTERNATIONAL, speaking at the invitation of the CHAIRMAN, called on the Secretariat, Member States and partners to strengthen coordination between the health sector and the water, sanitation and hygiene sector. They should reference hygiene in the draft political declaration of the high-level meeting on universal health coverage. They should allocate greater financing for, and promote ownership of, water, sanitation and hygiene projects to ensure a holistic approach to health both in communities and within health care facilities.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIRMAN, said that universal health coverage had prescribed a clear split between health financing and health provision, allowing policy-makers to steer away from public systems towards privatization. Furthermore, the multistakeholder paradigm tended to ignore the adverse effects of the commodification of health. In that context, Member States should recall the original intention of the Declaration of Alma-Ata, namely, to advance a comprehensive approach to health care that emphasized health as a human right and promoted a spirit of social justice.

The representative of WORLD SELF-MEDICATION INDUSTRY, speaking at the invitation of the CHAIRMAN, called for recognition of the role that self-care and self-medication could play in primary health care aimed at achieving universal health coverage. Self-care and self-medication were effective in treatment and prevention, cut costs, ensured rational use of resources, and contributed to the fulfilment of health needs, but required health literacy. All health care professionals, especially pharmacists, could support the self-care continuum by guiding individuals to make healthy lifestyle choices and facilitating self-medication.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, welcomed the inclusion of access to affordable and quality-assured medicines, vaccines and health products in universal health coverage. Structured, collaborative action was needed to expand patient access to medicines and create a sustainable health sector. It was also important to foster innovation for new treatments and cures. Expanding universal health coverage was not a cost but a genuine investment in human capital.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that innovative arrangements to advance health must be carefully screened and independently monitored without corporate involvement. The Secretariat must warn Member States of the risks of inappropriate commercial involvement, and how to avoid and manage them. It must maintain its independence, integrity and trustworthiness, using reliable evidence to show that public provision of services was the only way to achieve health for all. Member States must support and monitor the protection and promotion of breastfeeding. For instance, they should include breastfeeding in the indicators for monitoring Sustainable Development Goals 2 and 3 and fully implement the Baby-friendly Hospital Initiative.

The representative of IOGT International, speaking at the invitation of the CHAIRMAN, said that prevention was the best approach to attaining health for all. He called for an increase in sustainable financing for health, particularly through domestic resource mobilization in the form, for example, of a health promotion tax on products such as alcohol. Such a policy would reduce consumption and exposure to risk factors while mobilizing resources to further promote health.

The EXECUTIVE DIRECTOR (Universal Health Coverage/Life Course) thanked the Government of Kazakhstan and UNICEF for co-hosting the Global Conference on primary health care in Astana, and the Governments of France and Japan for their leadership on public health care and universal health coverage in the G7 and G20, and leading up to the high-level meeting on universal

health coverage. After summing up the points raised during the discussion, he noted that Member States had asked the Secretariat to work with them to finalize the operational framework, which should include a robust monitoring and evaluation framework aligned with the WHO Impact Framework; develop a country exchange platform as part of a learning agenda for evaluations; construct an implementation research agenda; and, as part of the transformation agenda, increase capacities at all levels and capitalize on all the political and financial opportunities afforded by the G7 and G20 meetings and the high-level meeting on universal health coverage.

The representative of the UNITED STATES OF AMERICA suggested that the proposed amendment to paragraph 4(2) of the draft resolution be modified, in the interest of clarity, by inserting “and with the involvement of more expertise from,” between “in consultation with,” and “Member States”.

The CHAIRMAN took it that the Committee wished to approve the draft resolution as amended.

The draft resolution, as amended, was approved.¹

- **Community health workers delivering primary health care: opportunities and challenges** (documents A72/13 and EB144/2019/REC/1, resolution EB144.R4)

The CHAIRMAN drew attention to the report by the Director-General on the item, contained in document A72/13, and invited the Committee to consider the draft resolution recommended by the Executive Board in resolution EB144.R4, contained in document EB144/2019/REC/1.

The representative of LESOTHO, speaking on behalf of the Member States of the African Region, said that, in view of the role played by the health workforce in the attainment of universal health coverage, and in order to deliver on the strategic priorities set out in the Thirteenth General Programme of Work, 2019–2023, the African Region had expanded its workforce profile to include community health workers and thereby reach the most vulnerable and remote areas. Remaining challenges included inefficient planning and coordination mechanisms for community health activities, inadequate investment in community health worker programmes, and the failure in most countries to integrate community health workers into formal health systems.

The representative of TIMOR-LESTE, speaking on behalf of the Member States of the South-East Asia Region, said that community health workers, who played an important role in providing community-level care and rehabilitation services in many south-east Asian countries and were often the first point of contact for communities during emergencies, had to be integrated into national health systems in order to improve access to health care and the sustainability of frontline services. They had to be given appropriate training and support, in a long-term process adapted to country contexts. In addition, only limited, non-standardized data were available on community health workers, and more research was therefore needed.

Primary health care systems could benefit greatly from community health workers’ knowledge and cultural awareness, which allowed them to connect with those most at risk of poor health outcomes. Communities’ expectations of health care providers had changed over time, and he therefore welcomed the WHO guideline on health policy and system support to optimize community health worker programmes; going forward, the guideline should highlight forms of on-the-job training and the

¹ Transmitted to the Health Assembly in the Committee’s second report and adopted as resolution WHA72.2.

appropriate use of digital technology. The Governments of his Region fully supported the draft resolution.

The representative of TOGO said that countries required support and coordinated financial assistance in the area of community health.

The representative of ETHIOPIA said that, despite compelling evidence that interventions by community health workers were effective in delivering essential life-saving health care, particularly in emergencies, the vital role played by community health worker programmes had only recently received sufficient recognition, with the programmes being poorly integrated, short of funding and without clear recruitment, training and deployment processes. His Government welcomed the guideline and called on Member States, the Secretariat and other stakeholders to intensify their efforts to implement its recommendations. It supported the draft resolution.

The representative of BAHRAIN expressed support for all the recommendations contained in the Director-General's report. Community health workers were an integral part of resilient health systems, which in turn furthered achievement of the Sustainable Development Goals. Their security should be enhanced, along with that of humanitarian workers, United Nations system staff and health care facilities.

The representative of the UNITED STATES OF AMERICA expressed support for the guideline's evidence-based strategy for integrating community health workers into health systems and communities, and for the important role such workers played in supporting primary health care and helping adolescents to avoid sexual risks. Community health workers were a crucial part of many countries' health workforces, and her Government supported efforts to optimize their role.

The representative of MEXICO, after summarizing her Government's efforts in respect of community health workers, observed that the design, application, performance and evaluation of community health worker programmes depended on each country's needs and the resources it could allocate to them.

The representative of the UNITED REPUBLIC OF TANZANIA said that the compelling results achieved by her country left no room for doubt about the important role played by community health workers in health service delivery.

The representative of ANGOLA said that community health workers were a fundamental link between communities and health services. Her Government supported the draft resolution.

The representative of MONACO agreed with previous speakers that community health workers, who often operated in dangerous settings, were vital to primary health care and universal health coverage. Her Government wished to be added to the list of sponsors of the draft resolution.

The representative of INDIA welcomed the broad scope of the policy recommendations and key actions set out in the document. Community health workers had the potential to make a significant contribution to primary health care and universal health coverage, and they should be integrated into health systems with due regard for the balance between their community-based selection processes and accountability to communities, on the one hand, and their dependence on health system support, on the other. Good practices in that connection must be studied and shared.

The representative of THAILAND expressed support for the draft resolution and remarked on the lack of progress in the development of national health workforce accounts and information systems, in part owing to the challenges of sharing updated health workforce data. Particular attention should be paid to transformative education and training. Community health workers had great potential to enhance the relationship between patients and providers. The guideline should highlight their role in managing health emergencies, which required intersectoral cooperation.

The representative of ZAMBIA said that community health workers, by enabling communities to take responsibility for their own health, were a key part of the continuum of care. The challenges facing community health worker programmes included inadequate education and coordination. Her Government therefore welcomed the guideline and urged the Secretariat to support country-specific initiatives. It welcomed the call for countries to plan the formal integration of community health workers into their national health systems.

The representative of ZIMBABWE agreed with previous speakers that community health workers played a vital role in health care delivery.

The representative of the DOMINICAN REPUBLIC said that primary health care strategies should be implemented by multidisciplinary health teams. Community participation in health management was important, and national health systems should utilize different types of community health worker. Her Government supported the idea that community health work should receive not only financial reward, but also social recognition. It supported the draft resolution.

The representative of SRI LANKA said that her Government required assistance to analyse human resources for health as part of primary health care reform.

The representative of NAMIBIA was pleased to note that the Director-General's report provided guidance on the challenges his country had encountered with regard to community health workers. He urged Member States to take full advantage of that guidance and of other Member States' experience, and expressed support for the draft resolution.

The representative of the RUSSIAN FEDERATION said that her Government welcomed WHO efforts to support community health workers, who played a key role in primary health care delivery, and attached great importance to supporting the Secretariat's effort to develop programmes, guidance and training material for them. The Executive Board had discussed professional training and the importance of community work, and the resulting guidance should be translated into different languages. Her Government supported the draft resolution.

The representative of the ISLAMIC REPUBLIC OF IRAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the extensive experience of community health worker programmes garnered by some countries in her Region had furthered the development of similar programmes in other regions. Protracted crises had led to the development of community health worker programmes to address health workforce shortages, but while community health workers made an important contribution, they could not replace skilled health workers. Their role should therefore be reviewed to optimize their contribution to primary care services.

Speaking in her national capacity, she said that her Government was willing to share its experience with regard to community health care workers.

The meeting rose at 13:30.

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