PROVISIONAL SUMMARY RECORD OF THE FIFTH MEETING

Palais des Nations, Geneva
Wednesday, 22 May 2019, scheduled at 14:30

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

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COMMITTEE A

FIFTH MEETING

Wednesday, 22 May 2019, at 14:35

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

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

Universal health coverage: Item 11.5 of the agenda (continued)

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

The representative of CHINA welcomed the analysis of challenges and opportunities faced by community health workers in providing primary health care and the key recommendations contained in the report. Community health workers played an important role in implementing primary health care and promoting access to basic health services for all. Major economic and social developments, as well as changes to health systems and concepts, had led to increased demand for primary health care. He welcomed the emphasis on the key role of community health workers in creating robust, resilient and safe health systems. To recruit more community health workers it would be necessary to improve their remuneration. He expressed support for the draft resolution recommended by the Executive Board in resolution EB144.R4 and wished to be added to the list of sponsors.

The representative of BRAZIL expressed support for the draft resolution and commended the development of the WHO guideline on health policy and system support to optimize community health worker programmes. Community health workers were central to strengthening primary health care at the national level and building solid, efficient health systems, working closely with individuals, families and communities and linking surveillance and health care. Community health workers should form part of a multidisciplinary workforce and provide a key interface between communities and health services. As was the case in Brazil, health strategies should focus on the role of community health workers, in line with the three strategic priorities of the Thirteenth General Programme of Work 2019–2023, namely achieving universal health coverage, responding to health emergencies and promoting healthier populations.

The representative of SOUTH AFRICA said that community health workers were key to improving access to health care. In South Africa, lessons learned from efforts to implement a community health workers programme included the important role of community health workers in bridging the gap between services provided through mobile and fixed primary health care facilities, and in defaulter tracing and referral. Her Government supported the draft resolution and the recommendations contained in the report and welcomed the guidelines developed by the Secretariat on community health workers.

The representative of the PHILIPPINES welcomed the draft resolution. Community health workers were key drivers of universal health coverage, providing safe, effective and quality health services to all. However, the report should also acknowledge that the definition of community health workers and their competencies varied from country to country. WHO should look beyond developing competencies and policies for community workers and consider how multidisciplinary primary care
teams could be established in country-specific settings. He welcomed the policy options recommended in the Global Strategy on Human Resources for Health: Workforce 2030 and the role of the Secretariat in optimizing support for the alignment of community health worker programmes with national policies on health, labour, education and finance.

The representative of SOLOMON ISLANDS said that his Government recognized the importance of primary health care and wished to acknowledge the strong support provided by development partners, including Taiwan, to achieving a vibrant health care system. He urged the Committee to invite Taiwan to participate fully in its deliberations in order to fulfil the ideals of universal health coverage and leaving no one behind.

The representative of SAMOA, speaking on behalf of the Pacific island countries, said that, in the context of challenges such as the increasing burden of noncommunicable diseases, the threat of emerging and re-emerging diseases and the health impact of climate change, health systems needed to be responsive and ensure that services were accessible to all. Primary health care could be strengthened through community support and a health care delivery system with clearly defined roles. Efforts to strengthen primary health care should focus on the development of the health workforce and include incentives to retain staff and the reorientation of health workforce curricula towards a more comprehensive approach.

The representative of BURUNDI said that community health workers played a major role in providing a wide range of health services, particularly in rural and hard-to-reach areas. Challenges included harmonizing their training, scope of activity and remuneration compared with health workers in formally recognized roles. He expressed support for the draft resolution.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES welcomed the emphasis placed on adopting people-centred approaches to primary health care that addressed health determinants throughout the life course. Volunteers provided valuable contributions to the health and well-being of the wider community and were important in linking the formal health system to the communities they served. He therefore called for explicit acknowledgement of the vital work of community health workers and volunteers in the draft resolution.

The representative of FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, stressed the critical role of regulated health professionals in achieving universal health coverage and urged countries not to use community health workers as cheap replacements for them.

The representative of INTRAHEALTH INTERNATIONAL INC., speaking at the invitation of the CHAIRMAN, said that maximizing the impact of community health workers would be critical to achieving universal health coverage. She urged Member States to create national planning and resource allocation processes, with the corresponding governance, management and financing implications, for the development of a sustainable and resilient local frontline health workforce. Team-based service delivery and task-sharing approaches must be integrated to promote access to frontline health workers with the right skill mix needed to deliver essential services.

The representative of AMREF HEALTH AFRICA, speaking at the invitation of the CHAIRMAN, welcomed the WHO guideline on health policy and system support to optimize community health worker programmes. The implementation of diverse models for community health service delivery must ensure the selection of community health workers based not only on formal

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1 World Health Organization terminology refers to “Taiwan, China”.

qualifications but also on membership of and selection by the target community. Community health workers should undergo accredited and certified training after selection as a pathway to formal contracting, remuneration and future career opportunities. In addition, countries should transition from voluntarism to remuneration of community health workers and provide an operational working environment and formal structures that supported their mentorship and supervision.

The representative of GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that community platforms and a strong health workforce making greater use of digital technology were essential elements in delivering health for all. She welcomed the recognition in the draft resolution of the importance of formal certification of community health workers and looked forward to the day when they were paid a living wage, required to meet minimum standards, regularly stocked from the national medicine supply chain and linked to teams and facilities. He urged Member States to test for competencies during selection rather than relying on strict educational requirements so as not to restrict the pool of potential candidates.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIRMAN and on behalf of Medicus Mundi International – International Organisation for Cooperation in Health Care, welcomed WHO’s recognition of community health workers as a key component of human resources for health. However, he expressed concern that the draft resolution failed to address crucial topics such as remuneration and formalization of employment, and encouraged Member States to align the draft resolution with the priorities set out in WHO’s guidelines. Member States must take responsibility for implementing and standardizing community health worker programmes and be made accountable to the communities they served. Current programmes treated community health workers only as auxiliaries of the formal health care system; the Health Assembly should consider the fundamental role that those workers could play in supporting health systems and in advocating on behalf of their communities.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIRMAN, said that community health workers and carers were crucial in providing palliative care to people in their homes and communities. She fully supported the recommendations contained in the report and requested the inclusion of palliative care in the curricula of all community health workers so that they felt equipped to provide care to adults and children with palliative care needs and to deal with the heavy psychological pressures of such work.

The representative of INTERNATIONAL WOMEN’S HEALTH COALITION INC., speaking at the invitation of the CHAIRMAN, said that community health workers, most of whom were women, continued to face barriers in carrying out their work and needed to be integrated into national health systems, paid a living wage and provided with the necessary training, education and resources to deliver health services in a gender-responsive, non-judgemental and non-discriminatory manner. Governments must also implement legislation to support the right of community health workers, especially women, to decent work. It was encouraging that the draft resolution recognized many of these elements, but governments must do more to empower and support community health workers, who were crucial to achieving universal health coverage.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, welcomed WHO’s call to increase investment in the health workforce and close the health workforce gap in order to achieve universal health coverage. Physicians should not be replaced by community health workers and nurses as a cheap way of closing the gap. The proposed WHO global competency framework for universal health coverage should reflect the fact that each role and profession in a primary health care team had its own scope of practice and clear responsibilities.
The EXECUTIVE DIRECTOR (Universal Health Coverage/Life Course) clarified that community health workers were not a quick fix to close the projected gap of 18 million health workers worldwide. The aim of the draft resolution was to optimize the impact of community health workers and ensure that they had decent working conditions. The broader issue of the shortfall and WHO’s approach to it were captured in the WHO Global Strategy on Human Resources for Health: Workforce 2030, and the related work was supported by the joint WHO, ILO and OECD Working for Health Multi-Partner Trust Fund. Community health workers should have clear roles and responsibilities as members of multidisciplinary primary health care teams, complementing, not replacing, other levels of the health care workforce. There was also a clear role for community health workers as first responders in emergencies. A comprehensive approach to their recruitment and retention must be taken, supported by a labour workforce analysis that included training, competency-building, mentoring and supportive supervision. Community health workers needed to be integrated into health systems but not at the expense of community ownership, and supply chain support must be ensured. Sustainable financing through government, or as a minimum against a national plan and national standards, were also needed. Monitoring and evaluation must be strengthened, especially in relation to data on a variety of current definitions and roles of community health workers. The WHO guideline on health policy and system support to optimize community health worker programmes would be made available in all six official languages of WHO.

The CHAIRMAN took it that the Committee wished to approve the draft resolution contained in resolution EB144.R4.

The draft resolution was approved.

- Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage (documents A72/14 and EB144/2019/REC/1 and resolution EB144.R10)

The CHAIRMAN drew attention to the draft resolution on the preparation for the high-level meeting of the United Nations General Assembly on universal health coverage contained in resolution EB144.R10.

The representative of ZIMBABWE, speaking on behalf of the Member States of the African Region, expressed grave concern that at least half of the world’s population still lacked access to essential health services, with the lowest coverage in sub-Saharan Africa, and that out-of-pocket health expenses were pushing people into extreme poverty. That militated against achieving Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages), as well as Goals 1 (End poverty in all its forms everywhere), 2 (End hunger, achieve food security and improved nutrition and promote sustainable agriculture) and 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all). The proposed action-oriented political declaration should pay particular attention to ensuring access to affordable, safe, effective and quality medicines and diagnostics and other technologies, and to the need to interpret and implement intellectual property rights in a manner that supported the right of Member States to protect public health through the use of the flexibilities provided in the Agreement on Trade-Related Aspects of Intellectual Property Rights. It should also highlight the importance of primary health care as a cornerstone of universal health coverage, with the provision of services throughout the life course, the crucial role of health financing, the need for stakeholder support to facilitate health systems strengthening, and the need to ensure decent work, appropriate remuneration and protection for the health workforce. The need to tackle

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1 Transmitted to the Health Assembly in the Committee’s second report and adopted as resolution WHA72.3.
noncommunicable diseases, poverty eradication, migration, climate change and security must also be mentioned in the draft political declaration, as well as the importance of partnerships and close collaboration with eminent personalities and relevant organizations, including the Inter-Parliamentary Union.

The representative of THAILAND, speaking on behalf of the Member States of the South-East Asia Region, emphasized the importance of developing and implementing policies and strategies to advance universal health coverage in a way that ensured equity and efficiency. Institutional capacity to compile, share, disaggregate, analyse, disseminate and use universal health coverage indicators must be enhanced. Through the adoption of Regional Committee decision SEA/RC70(1) on annual progress monitoring of universal health coverage and health-related Sustainable Development Goals, the Member States of her Region had taken concrete action to advance the achievement of universal health coverage. The current Health Assembly provided a timely opportunity to contribute to the key elements of the proposed political declaration on universal health coverage. She highlighted the importance of a formal platform for intergovernmental review of progress made towards universal health coverage as a means of accelerating progress at the global level. The Member States of her Region fully supported the draft resolution.

The representative of SWEDEN said that Argentina, Australia, Austria, Belgium, Belize, Benin, Bosnia and Herzegovina, Bulgaria, Canada, Colombia, Costa Rica, Cyprus, Democratic Republic of the Congo, Estonia, Finland, France, Germany, Greece, Guinea, Iceland, Ireland, Israel, Latvia, Lithuania, Luxembourg, Mexico, Montenegro, Mozambique, Nepal, Netherlands, New Zealand, Norway, Panama, Philippines, Portugal, Republic of Moldova, Romania, Slovenia, South Africa, Spain, Switzerland and the United Kingdom of Great Britain and Northern Ireland aligned themselves with her statement. She emphasized the importance of universal health coverage in ensuring healthy lives and well-being for all people, fulfilling the right to health and achieving the goals of the 2030 Agenda for Sustainable Development. Sexual and reproductive health and rights were an integral part of universal health coverage; their integration would reduce the fragmentation of health services and strengthen health systems, promotive and preventive primary health care services, and multisectoral approaches. Investing in sexual and reproductive health and rights would be affordable and cost-effective and would significantly contribute to financial risk protection, coverage and responsiveness, thereby fostering economic development, poverty reduction and sustainable development. It would also address the needs of marginalized and vulnerable people, in particular women, girls and adolescents, by improving access, closing gaps in equity and quality, and empowering women and girls. Recognizing WHO’s leadership in supporting the promotion and implementation of universal health coverage, she called on the Director-General to ensure that sexual and reproductive health and rights would be addressed at the core of the high-level meeting and in subsequent WHO discussions on universal health coverage.

The representative of INDONESIA supported the draft resolution, which her Government had sponsored, and stood ready to actively participate in the preparation for the high-level meeting. The highest political commitment would be required to achieve universal health coverage, as well as multisectoral collaboration to ensure that it was sustainably financed.

The representative of the PHILIPPINES said that effective, quality, ethical and accessible reproductive health care services were essential in the promotion of the right to health and should be incorporated as a component of basic health care within the context of universal health coverage and sustainable development. Universal health coverage would help to protect people from financial hardship due to illness.

The representative of the RUSSIAN FEDERATION said that universal health coverage was an integral part of the global health agenda and recognized the important developments made to support
access to health care services. Efforts must be made to achieve long-term political commitments, including through multisectoral and intersectoral cooperation and by increasing public and private investment in health care, consistent with the needs of the population. Her Government would actively participate in the preparation of the draft political declaration and welcomed the multistakeholder hearing to be organized in preparation for the high-level meeting.

The representative of QATAR, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that universal health coverage was a priority for the Member States of the Region and served as a driver to tackling other issues related to health services. The high-level meeting would provide increased momentum for the involvement of all stakeholders in the implementation of universal health coverage at the country and regional levels. The Member States of the Region continued to seek support from the international community to deal with health-related challenges, especially those concerning implementation of universal health coverage.

The representative of the BAHAMAS said that economic and political factors strongly impacted the achievement of universal health coverage; approaching its implementation from a purely financial perspective would therefore be unwise. Noncommunicable diseases must form an integral part of the universal health coverage framework and its related road maps. No amount of flexible financing could keep pace with the alarming burden of noncommunicable diseases. Radical promotive and preventive approaches would therefore be needed to ensure sustainability, while addressing the determinants of health and fostering community empowerment through increased health literacy. She supported the draft resolution and urged the Secretariat to display strong leadership at the timely high-level meeting. The draft political declaration should be closely aligned with the PAHO Regional Compact on Primary Health Care for Universal Health: PHC 30-30-30.

The representative of BAHRAIN said that an efficient primary health care system was key to achieving universal health coverage. Health systems should ensure the provision of continued financing for all health services where out-of-pocket expenses were incurred. Sustainable financing was therefore essential. Her Government stood ready to contribute to the preparation of the high-level meeting and supported the draft resolution.

The representative of GERMANY said that commitment to achieving the 2030 Agenda for Sustainable Development, and in particular the health-related Sustainable Development Goals, should be renewed and strengthened. Achieving universal health coverage would require sustainable and resilient health systems, sustainable domestic resources, political leadership and whole-of-government and whole-of-system approaches. Member States should commit to strengthening the quality of their health workforce and addressing gender equality. Prevention was also an integral part of universal health coverage. A strong and action-oriented political declaration was necessary in order to further foster achievement and improvement of universal health coverage. She expressed support for the draft resolution.

The representative of the UNITED STATES OF AMERICA said that efforts to advance universal health coverage should be tailored to each country’s cultural, economic, political and structural realities and priorities. Primary health care was at the foundation of universal health coverage. Approaches to universal health coverage should draw on the multifaceted strengths and resources of the public and private sectors and promote partnerships, including with civil society, nongovernmental organizations and faith- and community-based organizations. Such partnerships would increase the availability, quality, affordability and sustainability of health care. She therefore welcomed the high-level meeting’s emphasis on bringing together diverse stakeholders from all sectors and its aim of complementing and building on preceding and ongoing initiatives.
While joining consensus regarding the draft resolution, she expressed her Government’s exception to the words “sexual and reproductive health” in the sixth preambular paragraph, given that their meaning had evolved to include abortion, thereby encouraging countries to change their laws on abortion, as well as the normalization of sexual activity as an expectation for teenagers.

The representative of MEXICO highlighted the issues of catastrophic and impoverishing spending on health and called for concerted, multisectoral action to guarantee universal health coverage. Her Government, which promoted a holistic approach based on the recognition of health as a human right, was following the preparations for the high-level meeting with great interest and supported the draft resolution as a basis for the resulting political declaration. The recently published PAHO report *Universal health in the 21st century: 40 years of Alma-Ata* would also contribute to those preparations.

The representative of the ISLAMIC REPUBLIC OF IRAN outlined the national reforms undertaken with a view to achieving universal health coverage, including the establishment of a health network system, the scaling up of primary health care facilities, and measures to ensure the sustainability of financial resources for health and increase access to quality health services, with a particular focus on poor and marginalized communities.

The representative of the DOMINICAN REPUBLIC reaffirmed his Government’s commitment to achieving universal health coverage and expressed support for the promotion of comprehensive, integrated health services throughout the life course. Efforts to address the determinants of health through policies and intersectoral action, and the empowerment of populations to enable them to actively participate in protecting their own health and that of their communities were also welcome. His Government supported the draft resolution.

The representative of KAZAKHSTAN welcomed the recognition of primary health care as key to achieving universal health coverage and Sustainable Development Goal 3. He also welcomed the importance placed on the Declaration of Astana and encouraged Member States to strengthen primary health care as a cornerstone of a sustainable health system. The draft resolution on primary health care towards universal health coverage and the draft resolution on the preparation for the high-level meeting of the United Nations General Assembly on universal health coverage together represented a chance to progress towards achieving WHO’s aim of health for all.

The representative of SLOVAKIA reiterated her Government’s commitment to attaining universal health coverage and highlighted national efforts in that area, notably the introduction of strategic priorities in line with the 2030 Sustainable Development Agenda.

The representative of INDIA highlighted her Government’s comprehensive approach to universal health coverage and its full commitment to collaboration in that area. Future resolutions on universal health coverage should underline that women, children and adolescents often bore the greatest burden of ill health and preventable death, yet they were among the least able to access financial resources. Member States should hold each other accountable to ensure the availability of essential health services throughout the life course, including those related to sexual, reproductive, maternal, newborn, child and adolescent health, and should promote awareness and knowledge of such services among the population, including for self-care.

The representative of SPAIN expressed support for the adoption of an outcome document on universal health coverage at the forthcoming high-level meeting and for the supporting role played by WHO in the preparations. Outlining national measures to uncouple the right to health services from social security provision, she said that health was a basic human right and should not depend on a
person’s economic or social background. It was important to track indicators to monitor effective access to universal health coverage, with particular attention given to primary health care, specialist care, access to surgery, and sexual and reproductive health.

The representative of BRAZIL said that her Government had sponsored the draft resolution, demonstrating its continued active engagement in international discussions on universal health coverage. Her Government had fostered regional discussions on whether the concept of universal health coverage should be broadened to include the idea of universal access, which encompassed the capacity to use comprehensive, appropriate, timely and quality health services when needed. Primary health care was the best way to deliver health for all and should therefore form the cornerstone of health systems. Her Government would seek to emphasize the importance of integrating surveillance into primary health care systems during the negotiations on the draft political declaration to be approved at the high-level meeting.

The representative of the MARSHALL ISLANDS welcomed the organization of the high-level meeting on the key subject of universal health coverage and noted the importance of partnering with countries that had already attained the goal of health for all. His Government supported the draft resolutions on the preparation for the high-level meeting and on primary health care but strongly urged the Secretariat to include Taiwan in the Health Assembly and in the report on universal health coverage to be submitted to the United Nations General Assembly.

The representative of CANADA expressed support for the draft resolution, and noted the importance of equity, strong primary health care systems and full implementation of the International Health Regulations (2005) in efforts to achieve universal health coverage. The prevention and treatment of mental illnesses and the health of women, children and adolescents – including sexual and reproductive health and rights – were also integral to achieving universal health coverage.

The representative of ETHIOPIA said that universal health coverage was a critical element of the global health agenda and expressed support for the scope, modalities, format and organization of the high-level meeting, as well as the process for the preparation of the outcome documents. She welcomed the participation of Member States in preparing the draft political declaration, which she agreed should include concerns over stagnation in the implementation of universal health coverage and the need for its active implementation worldwide. Her Government therefore supported the draft resolution.

The representative of VIET NAM, welcoming the report, said that the high-level meeting would provide an opportunity for significant progress to be made towards achieving universal health coverage. Although efforts had been made to strengthen national health care systems, many challenges remained; the proposed political declaration to be approved at the high-level meeting should provide Member States with guidance on how to advocate for political commitment and engage stakeholders to support multisectoral policies and actions. It should also include actions and an accountability framework to hold all actors accountable to universal health coverage commitments. Work on the development of the draft political declaration should take place with the active involvement of Member States so that country-specific contexts could be taken into account.

The representative of ISRAEL said that sexual and reproductive health and rights were an essential element of universal health coverage. Only strong and resilient health systems could provide high-quality, accessible health care for all; national health systems therefore needed to be strengthened in order to achieve universal health coverage. That required high-level commitment, including the

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1 World Health Organization terminology refers to “Taiwan, China”.
effective allocation of public resources, and the establishment of an accessible, high-quality health system with a strong community reach. In that regard, adequate training and compensation for health workers was essential. He expressed confidence in the Secretariat’s capacity to support Member States to strengthen their health systems through guidance and technical support. His Government supported the draft resolution.

The representative of NAMIBIA welcomed the proposal to include an accountability framework in the draft political declaration, which should include key milestones to measure progress. Although significant progress had been made in tackling HIV/AIDS through sustained, targeted efforts, significant fiscal space should be maintained in order to achieve the related elimination targets. Noncommunicable diseases also required major investment, which could be challenging given that they were competing for investment with communicable diseases. Progress towards universal health coverage depended on the success of primary health care, notably preventive and promotive action. Primary health care should therefore feature centrally in the draft political declaration to be approved at the high-level meeting, with an emphasis on the role of the global community in tackling the risk factors for noncommunicable diseases through the WHO best buys. His Government supported the draft resolution.

The representative of CHINA welcomed the preparations for the high-level meeting. To make progress towards universal health coverage all Member States attending the high-level meeting should make stronger political commitments to prioritize universal health coverage, strengthen public investment and focus on poor populations, especially the most vulnerable groups, such as women, children, the elderly and those with chronic diseases, so as to make basic public health services more efficient, accessible, equitable and fair. Furthermore, to achieve the 2030 Agenda for Sustainable Development, greater coordination was needed between WHO and the United Nations system to strengthen international cooperation, based on the practical needs of Member States. He supported the draft resolution, which clearly set out the responsibility of Member States, stakeholders and the Director-General towards the achievement of universal health coverage.

The representative of AUSTRALIA, expressing support for the draft resolution, said that universal health coverage was key to achieving the 2030 Agenda for Sustainable Development. A collective commitment to achieving target 3.8 of the Sustainable Development Goals would contribute to improved health outcomes for millions of people. WHO’s role in that regard was critical. She welcomed WHO’s guidance and technical input on the preparations for the high-level meeting and the development of the draft political declaration to ensure that global norms, standards, targets, statistics and definitions were adequately acknowledged and reflected therein.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, welcoming the draft resolution and the report, said that access to essential health services must be ensured, and out-of-pocket health expenses addressed. Sexual and reproductive health and rights were indispensable and integral to achieving universal health coverage and the 2030 Agenda for Sustainable Development. He urged all Member States to ensure high-level representation at the high-level meeting and to commit to a political declaration in order to make progress in that regard. It was essential to address health financing reform and to bring together initiatives on health security, antimicrobial resistance and tackling malnutrition into a single universal health coverage approach that included non-State actors. Quality of care and patient safety must be at the heart of efforts to achieve universal health coverage.

The representative of JAPAN said that strong political commitment at the highest level was essential to achieving universal health coverage and the high-level meeting should be used as an opportunity to harness such commitment. The Secretariat should actively support Member States, in cooperation with stakeholders in the health and non-health sectors, to develop a strong political
declaration. In that regard, she encouraged countries to participate in the Group of Friends of UHC in order to enhance related discussions. A monitoring mechanism should be established to measure the achievement of universal health coverage in each country. She looked forward to receiving the WHO global monitoring report on universal health coverage which would be prepared for the high-level meeting.

The representative of BANGLADESH highlighted the need for Member States to engage in discussions and support the preparation of a draft political declaration on universal health coverage for adoption at the high-level meeting. He requested the Secretariat to continue providing technical support and policy advice to Member States, in collaboration with the broader United Nations system and other relevant stakeholders, towards achieving universal health coverage by 2030, especially with regard to health system strengthening.

The representative of SOUTH AFRICA welcomed the high-level meeting as an opportunity for Heads of State and Government to provide political leadership and guidance and a coordinated approach to achieving universal health coverage. To ensure that no one was left behind, Member States should promote the right to universal health coverage through resilient and responsive health systems. Sustainable financing for health systems would require countries to provide financing through internal and external funding. The increase in the number of indicators for Sustainable Development Goal 3 to 39 must be managed carefully to ensure that countries had the capacity required to measure them. She urged the Director-General to mobilize Heads of State and Government to attend the high-level meeting.

The representative of GHANA supported the call for a strong and continuous political commitment, more government fiscal space dedicated to health, greater investment in health delivery systems, primary health care and a committed health workforce, and strengthened implementation capacities. Delivery chains should be mapped and regularly monitored. The work on the global action plan for healthy lives and well-being should serve as a catalyst to enhance the achievement of universal health coverage. The six “key asks” recently submitted by UHC2030 should be factored into the draft political declaration to be adopted at the high-level meeting. A practical approach should be taken to implementing the outcomes of the high-level meeting, including potential deliverables. Member States should develop concrete road maps adapted to their national and subnational contexts. Lastly, the high-level meeting must complement and build on related meetings and discussions.

The representative of the CENTRAL AFRICAN REPUBLIC expressed support for the draft resolution, but called for emphasis to be placed on the need for communities to take ownership of strategies on community health care. Those strategies should form an integral component of national health strategies. A practical, coordinated approach involving cooperation between non-State actors and State actors should be followed, and strategies should be implemented under the leadership of national governments.

The representative of ARGENTINA said that it was essential that Member States should participate in the discussions on the preparation of a draft political declaration on universal health coverage, for presentation at the high-level meeting. A coordinated effort was required to achieve universal health coverage, with a focus on multisectoral and sustainable action. She expressed support for the draft resolution.

The representative of SRI LANKA, expressing support for the draft resolution, suggested that the high-level meeting should involve a high-level discussion on a range of health financing strategies, as well as discussions on how migration health assessments could contribute to achieving universal health coverage, particularly in the context of ending tuberculosis by 2030. Furthermore, in view of the rapid advancements in information technology to support universal health coverage, guidelines on its safe use
should be updated. In particular, guidance should be provided on the health impact of the conversion from fourth-generation (4G) to fifth-generation (5G) technology and a technical discussion should be held thereon.

The representative of UNFPA said that universal health coverage was the cornerstone of the Sustainable Development Goals. Women, children and adolescents – especially the poorest and those who experienced discrimination and exclusion – bore the greatest burden of ill health and preventable deaths. She therefore called for the inclusion of sexual and reproductive health and rights in universal health coverage policy, plans and programmes in a comprehensive, holistic and person-centred way, which would also help countries to progress towards achieving targets 3.7, 3.8 and 5.6 of the Sustainable Development Goals on ensuring access to essential, and sexual and reproductive health care services.

The representative of IOM firmly believed that promoting the health of migrants must be an integral part of the draft political declaration to be adopted at the high-level meeting, given its importance in attaining target 3.8 of the Sustainable Development Goals. Universal health coverage milestones, such as Health Assembly resolutions on promoting the health of migrants and refugees, should be considered in connection with the global compact for safe, orderly and regular migration and target 10.7 of the Goals on facilitating orderly, safe, regular and responsible migration and mobility of people to ensure that national migration policies took into consideration the health aspects of well-managed migration. Health outcomes for migrants could be improved by emphasizing the need for whole-of-society and whole-of-government actions and the involvement of migrants, including health workers, as co-developers of health services.

The observer of GAVI, THE VACCINE ALLIANCE, expressing support for the draft resolution, said that universal health coverage could be achieved by prioritizing primary health care and expanding the reach of effective public health interventions such as immunizations. The draft political declaration should seek to ensure universal access to cost-effective and preventive health interventions, increase equitable and inclusive access to health services for those left furthest behind and mobilize adequate and sustainable resources for health that were aligned with development aid and efficiently and equitably allocated.

The representative of the INTERNATIONAL ALLIANCE OF PATIENTS’ ORGANIZATIONS, speaking at the invitation of the CHAIRMAN, said that the draft political declaration should draw on the report on patient safety contained in document A72/26 in view of the need to prioritize patient safety in efforts to achieve universal health coverage. The Health Assembly should focus its discussions on providing strategic direction to enable the global community to coordinate its efforts towards achieving universal health coverage. She urged Member States to approve the draft resolution.

The representative of the INTERNATIONAL SOCIETY OF NEPHROLOGY, speaking at the invitation of the CHAIRMAN, said that kidney disease led to greater catastrophic health expenditure in low- and middle-income countries than any other condition. She called on Member States to: promote the development of innovative public and private funding strategies; increase efforts to deliver affordable and equitable treatments; develop and strengthen comprehensive, integrated services within a continuum of care; implement programmes that addressed co-morbidities; focus on disease prevention using population-based approaches and WHO best buys and screening at-risk populations; and implement a whole-of-government, whole-of-society Health in All Policies approach across all sectors.

The representative of the INTERNATIONAL WOMEN’S HEALTH COALITION, speaking at the invitation of the CHAIRMAN, said that universal health coverage must include comprehensive sexual and reproductive health services for women that were provided without stigma, discrimination, coercion or violence. Leaving no one behind meant addressing the barriers faced in particular by women,
girls and the most marginalized groups and taking gender-related determinants of health throughout the life course into account. Investment should be made in decent work that protected the fundamental rights of health workers and promoted leadership, especially among women. Public health financing mechanisms and budgets must be gender-responsive, equitable, participatory and accessible in order to reduce inequalities and the greater out-of-pocket expenses faced by women.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS’ ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that, to ensure the adequate representation of all stakeholders and all members of society, technical, material and financial support should be provided to promote the participation of grassroots organizations, civil society and young people in discussions on universal health coverage and on the draft political declaration in particular. Member States should commit to providing youth-friendly health services at all levels, strive to safeguard sexual and reproductive health and rights without politicizing the issue, invest in the health workforce and work to build the capacities of future health professionals.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIRMAN, said that services to tackle obesity must be an essential part of universal health coverage. In preparation for the high-level meeting, Member States should: invest in a holistic, whole-of-government and multisectoral approach; ensure that health workers were equipped and trained to deliver person-oriented and non-stigmatizing care; include prevention as part of commitments on universal health coverage, particularly actions focusing on the social, commercial and environmental determinants of health; implement strong accountability and monitoring frameworks for all sectors and stakeholders; and ensure equity in all commitments so that no one was left behind.

The representative of WOMEN DELIVER, INC., speaking at the invitation of the CHAIRMAN, said that, in order to reap the full benefits of universal health coverage, health systems must be gender-responsive to ensure that girls and women had access to comprehensive, quality and affordable health care throughout the life course. Investing in girls’ and women’s health was also cost-effective: sexual and reproductive health and rights interventions, for example, yielded a nine-to-one return on investment. Gender equality and women’s rights must be central to universal health coverage and should not be subject to political considerations.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN and on behalf of the International Diabetes Federation, the World Stroke Organization, the International Society of Nephrology, the World Hypertension League and the Framework Convention Alliance on Tobacco Control, said that implementing WHO best buys would help governments to protect health, make populations more productive, reduce health care costs and generate revenue through taxes on tobacco, sugary drinks and alcohol that could be used to finance universal health coverage. Health ministries should engage more productively with finance ministries to that effect. Health expenditure should be viewed as an investment, not a cost.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, urged Member States to ensure that the draft political declaration
explicitly called for national governments to provide a universal health coverage package for the entire population that included financial protection and a core set of comprehensive, safe, affordable effective and high-quality health services for the prevention, diagnosis, treatment and palliative care of noncommunicable diseases, including cancer, to be delivered by a well-trained workforce. Delivering on such commitments would require extensive prevention programmes, strong primary health care, robust referral services, increased health workforce and treatment capacity, and mandatory population-based disease registries.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, said that the draft political declaration must acknowledge the importance of prevention and strong, sustainable health systems that provided people-centred care. Timely referral of cancer patients to secondary and specialist facilities was essential. Cervical cancer elimination efforts could serve as a foundation for such action, given the need for progress in all countries. Strong health information systems and data disaggregated by gender, income and location must also be prioritized, including a registry of cancer data to support effective cancer control in view of the growing global cancer burden.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, expressed concern at the rising number of people lacking essential health services or facing catastrophic out-of-pocket payments, and at recent opposition to guaranteeing women’s and girls’ comprehensive sexual and reproductive health and rights. Member States should ensure high-level engagement at the high-level meeting, announce concrete actions towards ensuring universal health coverage, make bold commitments to increase public investment in providing essential health services that were free at point of use and equitably accessible, and advocate for and invest in guaranteeing sexual and reproductive health and rights.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that governments must embrace new approaches to financing biomedical innovation to ensure universal health coverage and equal access to new medical technologies. The cost of research and development should be delinked from product prices, including by removing incentives for private investment. Dependence on temporary monopolies as an incentive for innovation was expensive and led to unequal access. Greater transparency of biomedical markets and innovation was critical. WHO’s efforts to achieve universal health coverage must include expanding access to cell and gene therapies in developing countries.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIRMAN, welcoming the inclusion in the draft political declaration of a section on mainstreaming gender, equity and human rights, said that it nonetheless failed to adequately recognize the need to guarantee full sexual and reproductive health and rights. Gender must be taken into account throughout the political declaration, which must include a strong call for governments to reaffirm the principles of non-discrimination and a human rights-based approach. The section on the follow-up mechanism must also be strengthened to ensure that civil society organizations were meaningfully engaged in accountability mechanisms once they were established.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIRMAN and on behalf of the Medicines for Malaria Venture, said that universal health coverage could not be achieved without support for the development of new diagnostic and treatment technologies focused on public health priorities and based on principles of affordability, availability, effectiveness, efficiency and equity. Member States attending the high-level meeting should push for policies that included indicators measuring progress towards meeting the needs of vulnerable populations and support public interest research and development collaborations addressing hurdles to
universal health coverage. Measures should also be taken to accelerate the availability and accessibility of existing essential medicines, identify and accelerate the release of priority products already in the pipeline, and support longer-term innovative approaches to research and development. Joint strategies for the development of drugs and diagnostics were also needed.

The representative of ACTION AGAINST HUNGER INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that investment in low-cost, high-impact nutrition services promoted development, reduced the noncommunicable disease burden and increased immunity, thus contributing to universal health coverage. He urged Member States attending the high-level meeting to commit to: integrating nutrition-related interventions and health promotion into primary health care, with a focus on the poorest and most marginalized groups, especially women and girls; training and supporting community health workers to provide key nutrition services and essential medicines to prevent and treat malnutrition; allocating more funding to nutrition; and promoting nutrition issues among high-level decision-makers in collaboration with stakeholders in other sectors.

The representative of the THALASSAEMIA INTERNATIONAL FEDERATION, speaking at the invitation of the CHAIRMAN, urged Member States to acknowledge the severity of rare diseases by including them in the agenda of the high-level meeting. Investment was needed in transformative technologies as a means of rendering national health systems accessible and efficient. In addition, national strategies and plans for the management of the multiple needs of patients with rare diseases, including thalassaemia, should be promoted.

The representative of the INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, speaking at the invitation of the CHAIRMAN, said that the goal of universal health coverage went hand in hand with the Sustainable Development Goal target on ending the epidemic of tuberculosis. The draft political declaration must complement previous political declarations on tuberculosis and other disease areas, including antimicrobial resistance, noncommunicable diseases and HIV/AIDS. In addition, it should highlight the need to scale up treatment of tuberculosis and other diseases through primary health care, including by training and strengthening the health workforce. It should also emphasize the need for national health systems to preserve the specialized functions and funding needed to conduct critical high-level functions, including tuberculosis surveillance, programme monitoring, training and supervision.

The EXECUTIVE DIRECTOR (Universal Health Coverage/Life Course) said that the development of the draft political declaration was a Member State-led process. Consultations on the zero draft of the political declaration had already been held with over 500 stakeholders; further consultations were scheduled to take place as of late June 2019. There appeared to be strong consensus among participants on the technical aspects of universal health coverage and on the key principles and concepts of universality, leaving no one behind, gender equality and equity, and strong, resilient people-centred and integrated health systems. The Secretariat would continue to provide the technical support required, consistent with the language, framework and indicators of the Sustainable Development Goals. The draft political declaration was fundamentally a political commitment and not a technical document; its principal aim was to obtain clear and high-level political and financial commitment, as well as agreement on measurable targets and a robust follow-up mechanism. A whole-of-government approach and Head of State engagement were critical to obtaining a successful outcome. The Secretariat, together with the World Bank, UNFPA and OECD, aimed to prepare a global monitoring report on universal health coverage that would provide a progress update on key coverage, equity and financial protection indicators. The report would be made available before the high-level meeting.
The ASSISTANT DIRECTOR-GENERAL (Preparedness for the High-Level Meeting of the United Nations General Assembly on Universal Health Coverage) said that the development of the draft political declaration was a Member State-led process. The zero draft of the political declaration had been presented to Member States in New York on 28 May 2019 and made publicly available. Informal consultations on the draft political declaration would begin on 28 May 2019, followed by weekly informal meetings to work on the text, which would hopefully conclude by the end of July 2019. Work during the month of August 2019 would be dedicated to reflecting and finding additional evidence of contributions, if any, so that the final draft of the political declaration could be delivered to the President of the United Nations General Assembly by the first week of September 2019.

The Secretariat had provided support in aligning the language and ensuring the consistency of the draft political declaration with World Health Assembly resolutions. The Secretariat was also working with UHC2030 and the Group of Friends of UHC and had contributed substantially to the management of the multistakeholder hearing, which had included the participation of more than 500 civil society representatives. Additional support would be provided, based on factual evidence, regarding the metrics for the data and the qualitative indicators to be used in a reliable accountability system to monitor both the process and the progress towards the achievement of universal health coverage. The Secretariat would also provide support, where requested, on specific technical issues where consensus had not yet been reached.

Member States should ensure the participation of their leaders, communities and populations and make sure that the health component was properly reflected in the draft political declaration.

The CHAIRMAN took it that the Committee wished to approve the draft resolution contained in resolution EB144.R10.

**The draft resolution was approved.¹**

The meeting rose at 17:15.

¹ Transmitted to the Health Assembly in the Committee’s second report and adopted as resolution WHA72.4.