World Health Organization

EXECUTIVE BOARD **EB146/PSR/5**
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PROVISIONAL SUMMARY RECORD OF THE FIFTH MEETING

WHO headquarters, Geneva
Wednesday, 5 February 2020, scheduled at 09:00

Chair: Dr H. NAKATANI (Japan)

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FIFTH MEETING

Wednesday, 5 February 2020, at 09:10

Chair: Dr H. NAKATANI (Japan)

PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE (continued)

FOLLOW-UP TO THE HIGH-LEVEL MEETINGS OF THE UNITED NATIONS GENERAL ASSEMBLY ON HEALTH-RELATED ISSUES (Item 7 of the agenda)

Universal health coverage: moving together to build a healthier world: Item 7.1 of the agenda (document EB146/6)

The CHAIR invited the Board to consider the report contained in document EB146/6.

The representative of GERMANY said that his Government supported the WHO's crucial role in coordinating and implementing the Global Action Plan for Healthy Lives and Well-Being for All, and the importance of ensuring that no one was left behind in promoting universal health coverage and taking into account the needs of vulnerable groups. To be truly universal, health coverage had to embrace all health services, including sexual and reproductive health services. WHO's leadership in promoting the integration of those services into national health systems was important. He highlighted the need to address rising catastrophic health expenditure; prioritize primary health care as an integral part of efficient health systems; include primary health care financing in system-wide national health financing strategies; and invest in secondary, tertiary, curative, rehabilitative and palliative care, in an adequate workforce to deliver services, and in the determinants of health. There should also be more focus on addressing malnutrition and nutrition-related diseases. He urged the Secretariat to work more closely with the 12 agencies that were signatories of the Global Action Plan to advance convergence planning for coherent health systems strengthening approaches at national level.

The representative of GEORGIA said that her Government had made progress towards achieving universal health coverage, with health care services affordable for over 90% of the population and a notable decrease in out-of-pocket health expenditure. Nevertheless, significant challenges remained, and efforts were focused on establishing a well-functioning comprehensive primary health care package and decentralizing and integrating essential health care services into that package. It had also launched an integrated service delivery model for specific diseases in 2019 and made essential drugs available for chronic conditions to improve the management of noncommunicable diseases by primary care providers. Digital platforms were increasingly used to encourage reporting against performance indicators and create opportunities for e-learning and professional networking, and civil society partners had become engaged in shared advocacy and preventive service delivery. She requested the Secretariat to provide guidance and technical advice on developing a people-centred and results-oriented system.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the governments of his Region had made a political commitment to achieving universal health coverage. With Secretariat support, they were prioritizing the effective implementation of primary health care models and innovative programmes, as well as gender-specific approaches, and further improving cooperation in the Region. He encouraged the Secretariat to continue

to provide support to Member States in efforts towards achieving universal health coverage and the Sustainable Development Goals, especially in his Region, which faced continued to face emergency and disaster situations.

The representative of KENYA said that her country's universal health coverage agenda enjoyed the highest level of political commitment, aiming to achieve affordable health care by 2022. Lessons learned from a recent successful pilot scheme to provide free comprehensive public health services had informed plans to roll out the initiative, which would focus on providing basic primary health care services and involve increasing human resources and ensuring the availability of essential medical commodities and equipment for diagnostic, maternal and child health services. An essential health services package was also under development. The success of primary health care depended on a full understanding of epidemiological and demographic trends, and of the social and cultural contexts that affected health. He requested the Secretariat to take those factors into account moving forward.

The representative of AUSTRALIA welcomed the emphasis in the report on providing support to countries and adopting a pragmatic, differentiated approach. Universal health coverage was central to achieving the Sustainable Development Goals, and WHO's role was critical in realizing universal health coverage. Health systems faced increasing pressure; they must respond to demographic shifts and adapt to ensure the continued delivery of high-quality services across the life course. Universal health coverage should leave no one behind and be comprehensive – including in palliative care, with access to controlled medicines for all patients who needed them. She welcomed the strengthened focus on gender and rights-based programming and looked forward to more information on how they would be implemented at the country level. Universal access to sexual and reproductive health and rights was a core pillar of universal health coverage and essential to achieving gender equality and women's economic empowerment. Stronger action was needed to attain the 2030 Agenda for Sustainable Development goals to end malnutrition, reduce maternal and child mortality and foster child development. She welcomed plans to improve coordination with partners to improve the efficiency and effectiveness of health development efforts at the country level, in the context of the Global Action Plan for Healthy Lives and Well-Being for All.

The representative of INDONESIA, speaking also on behalf of the member countries of the Foreign Policy and Global Health Initiative – Brazil, France, Norway, Senegal, South Africa and Thailand – said that, while global collective achievements, such as the political declaration of the United Nations high-level meeting on universal health coverage adopted in October 2019, were welcome, complacency should be avoided. Although the universal health service coverage index was increasing, the pace of progress had slowed, and the incidence of catastrophic health spending had increased. More people had been driven into poverty because of high out-of-pocket expenditure for health services and care. Access to health care should not involve financial hardship; health was a human right, not a privilege for the wealthy few.

Political commitment to increasing government health budgets was essential to provide quality, people-centred primary health care that was affordable and accessible by all and financially protected. He urged Member States to mobilize resources through sustainable health budgets, prioritizing primary health care, and to implement measures to ensure financial risk protection and eliminate poverty due to health-related expenditure, including catastrophic out-of-pocket health expenditure. Primary health care should be strengthened by promoting equitable distribution and a sufficient and competent health care workforce; improving availability and access to essential, affordable quality medicines, vaccines and health products; ensuring resilient health systems able to withstand disasters, public health emergencies and conflicts; and fostering partnerships and cooperation between States, national health institutions, civil society, the private sector and other stakeholders. Effective multisectoral action was essential to address the social and commercial determinants of health, and cooperation between health and financial

sectors should also be strengthened. The goal of universal health coverage could only be achieved through partnership, solidarity and a whole-of-government and whole-of-society approach.

The representative of TONGA said that Pacific island States faced special challenges in meeting everyone's health care needs. The road to universal health coverage required a robust financial structure, strong partnerships and innovative approaches to health care delivery. As strong primary health care systems were the driving force behind the achievement of universal health coverage, in remote areas, where specialist care was limited to larger hubs, prevention and promotion measures were the most cost-effective way to ensure access to health care. It was also imperative to complete the continuum of care for all, including curative, rehabilitative and palliative care services. Innovative approaches would help ensure the availability of high-quality, efficient, equitable, accountable and sustainable services and strengthen resilience to emergency situations such as natural disasters and pandemic challenges, as part of preparedness efforts. The focus must be on communities; achieving universal health coverage involved ensuring that no one was left behind, even in the remotest areas.

The representative of BRAZIL said that the expansion and strengthening of universal health coverage should not focus merely on providing minimum or essential services; the main focus should be on promoting access to quality, integrated and timely health care services for all citizens and communities. The Secretariat should also support Member States in developing financial protection mechanisms and moving towards the elimination of direct payments to reduce poverty caused by out-of-pocket health expenditure. His Government favoured a people-centred system, based on universal access to health care and prioritizing prevention and protection measures and primary health care, created in cooperation with relevant stakeholders, including academia and the private sector. It was also vital to develop the methodology and tools to measure progress towards achieving universal health coverage.

The representative of TAJIKISTAN stressed the importance of establishing clearly defined indicators to measure universal health coverage and of allocating sufficient budgetary resources to health care. It was also vital to provide adequate training for medical specialists. He welcomed the further steps proposed in the report and called on Member States to work together. Stressing the need for an operational framework for primary health care, he said that WHO programmes should be tailored to meet the needs and demographic contexts of Member States. Achieving universal health coverage and strengthening primary health care systems would require WHO to work with other international organizations and the public and private sectors at the country level.

The representative of SINGAPORE said that Member States had a responsibility to ensure equitable access to health care through the judicious allocation of public expenditure to deliver affordable, timely and quality health care services. Evidence-driven approaches could improve health outcomes and mitigate financial hardship, while primary health care reforms would help to ensure long-term sustainability in universal health coverage. Strong primary health care systems with robust health promotion measures facilitated prevention, early detection and early treatment. The appropriate allocation of resources, including in infrastructure and human resources, would improve the quality, accessibility and affordability of primary health care. At the same time, patients must be encouraged and empowered to take ownership of their health to ensure sustainability of the overall system. Robust data collection and analysis would help to identify at-risk patients and areas with inadequate access.

The representative of JAPAN, welcoming the success of the United Nations high-level meeting on universal health coverage, said that his Government had contributed to the global discussion on universal health coverage by hosting and co-hosting international conferences to provide opportunities to exchange knowledge and maintain political momentum. It would continue in those efforts. He urged the Secretariat to promote a whole-of-government and whole-of-society approach; to provide technical

support for the sustainable monitoring of progress towards universal health coverage by using the existing information system, including civil registration and vital statistics; and to increase funding for activities to promote universal health coverage.

The representative of CHINA said that the Chinese authorities had established a health system that provided basic health care services to the entire population, including by strengthening public health care services, improving access to medicines and equitable and accessible medical services, and implementing risk protection measures. Recent efforts had focused on health poverty alleviation and measures targeting specific groups, in order to ensure all peoples' right to health. The Government welcomed the report, acknowledging the key role of primary health care in achieving universal health coverage, and supported the next steps proposed by the Secretariat. Member States should strengthen information sharing and cooperation to promote universal health coverage and ensure access to health services for all people.

The representative of the UNITED STATES OF AMERICA said that, to operate more effectively, public health systems should partner with the private sector and civil society providers. The October 2019 political declaration and Member States' commitments on universal health coverage must be understood within the context of the cultural, economic, religious, political and structural frameworks and the values and priorities of each Member State. The availability of medical workers was critical to achieving universal health coverage. The difficult situations, violence, fatal attacks and abuse suffered by medical professionals in recent years was alarming. There had also been serious allegations of exploitation or trafficking of staff. She encouraged WHO to increase efforts to investigate and address all cases of exploitation, abuse, violence and trafficking of staff. Although the WHO Global Code of Practice on the International Recruitment of Health Personnel provided an effective tool in that regard, its implementation to date had failed to address many of the challenges faced by medical workers. It was important to work together to address those issues.

The representative of SRI LANKA, speaking also on behalf of Burkina Faso, Croatia, Denmark, Finland, France, Greece, Hungary, Israel, Japan, Latvia, Malta, the Netherlands, Portugal, Romania, Slovakia, Sweden and Tonga, welcomed the inclusion of oral health in the 2019 political declaration of the high-level meeting on universal health coverage. Most oral conditions were preventable yet remained among the most prevalent noncommunicable diseases. Apart from poor oral hygiene, they shared the same risk factors as other noncommunicable diseases, notably high sugar intake, tobacco use and alcohol consumption. They were also a marker of social and health inequalities and a significant economic burden. Oral health care must be accessible and part of early health education, and the environmental impact of dental care must also be addressed, including the use of plastic and other non-recyclable materials. There was an urgent need for further international political commitment to oral health and its integration into primary health care and universal health coverage agendas.

The representative of ISRAEL said that universal health coverage could not be effective when health systems were fragile, inaccessible or fragmented. WHO had a vital part to play in efforts to achieve universal health coverage by developing stronger and more resilient health systems, as well as sustainable financial frameworks.

The representative of GUYANA highlighted the need for innovative approaches to financing health insurance, taking into account national differences in population size and vulnerability to disasters. At the national level, the outmigration of skilled health care workers was having a negative impact on achieving universal health coverage and primary health care. Moving forward, there should be greater alignment between the health and education sectors to ensure that health care workers received further training on preventing and managing priority health issues, focusing on primary health care as the core of health systems.

The representative of AUSTRIA said that it was important to focus on the Secretariat's guiding role in supporting Member States to facilitate and accelerate progress towards achieving universal health coverage, on efforts to take country-specific needs into account, and strengthen multistakeholder engagement, partnerships and cooperation across different sectors and organizations. The focus should also be on implementing and innovating primary health care services, which were the cornerstone of sustainable universal health coverage and the achievement of the health-related Sustainable Development Goals.

The representative of BANGLADESH said that WHO should work with national experts when developing the proposed special programme on primary health care, which must consider national needs and priorities, empower individuals and strengthen primary health care systems through integrated health care delivery mechanisms. Innovation should be promoted and social and political accountability should be strengthened to leverage national efforts to achieve universal health coverage. Public spending on health care must be increased, and a global partnership to formulate health care financing strategies would be useful, as many countries struggled to mobilize resources.

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, said that the countries in his Region had the largest share of populations without access to essential health services and faced the consequences of catastrophic and impoverishing out-of-pocket health expenditure. He requested the Secretariat to provide Member States with more information on the proposed special programme on primary health care, which should be integrated into existing systems to ensure synergy and the optimal leveraging of resources. He welcomed the call for Member States to increase domestic funding for primary health care and invest in comprehensive care packages to achieve universal health coverage. However, they would require support from all relevant stakeholders in ensuring sufficient investment in the key pillars of health systems, including human capital, in prioritizing areas for intervention, and in acquiring high-quality, disaggregated data.

The representative of ECUADOR[1] said that guaranteeing access for all to primary health care was the best way to achieve universal health coverage. Strategies should therefore be focused on the implementation of sustainable financing to ensure the availability, quality and efficiency of health services and continuous access to medicines. Secretariat support to Member States in achieving their national targets would be welcome.

The representative of PERU[1] said that his Government had established integrated health care networks to address the fragmentation of its health systems and improve access to quality health care. As part of its commitment to achieving universal health care, it had introduced free comprehensive health insurance for persons living in poverty and extreme poverty. Moreover, in 2019, the Government had adopted legislative measures to ensure that all persons resident in Peru had public health insurance coverage, irrespective of their socioeconomic classification, thereby guaranteeing everyone's right to health.

The representative of the ISLAMIC REPUBLIC OF IRAN,[1] outlining steps taken by his Government to achieve universal health coverage at the national level, said that its experiences had highlighted the need for further fundamental reforms, including: improving health information systems and establishing electronic health profiles for all inhabitants; ensuring sustainable financing for health systems strengthening; improving health care system quality; integrating prevention and control measures for noncommunicable diseases into primary health care; enhancing community participation; establishing accurate, performance-based payment systems and monitoring and verification systems;

[1] Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

developing and using clinical guidelines and standard national treatment protocols at the primary health care level; and regulating the accreditation, licensing and monitoring of health care facilities.

The representative of the NETHERLANDS[1] welcomed the commitment to helping Member States to achieve universal health coverage, including by promoting gender and rights-based programmes. Many people still faced difficulties in accessing health services and their rights, especially relating to mental health and reproductive health, despite research showing significant benefits for women who had control over their health and family planning. WHO and its country offices should work closely with all stakeholders to achieve universal health coverage.

The representative of THAILAND[1] said that the Secretariat should continue to encourage political commitment to achieving universal health coverage and support capacity-building at the country level. Given the key importance of having qualified and committed health professionals, WHO could foster motivation by introducing special recognition at the country and regional levels, and promote measures for the retention of health professionals in rural areas. Member States should be encouraged to reallocate financial resources towards primary health care and make progressive increases in government health spending.

The representative of MALI[1] said that his Government's policy on universal health coverage included measures to provide all residents with health coverage, giving them access to a package of health care services that responded to all the country's health needs, and to minimize the financial burden on households using essential care services. The policy was being implemented progressively while the health care system was being further developed to increase the availability of services and improve their quality.

The representative of TURKEY[1] said that maintaining momentum at the highest level following the political declaration of the high-level meeting on universal health coverage was important. A dialogue with national ministries of finance to raise awareness of the impact of universal health coverage on health systems and economies, supported by evidence-based data, would bring impetus to WHO efforts to achieve universal health coverage by 2030. WHO should take global leadership of such a dialogue. It should also strengthen its partnerships with international and regional organizations in order to collect data on the economic impact of universal health coverage.

The representative of the PLURINATIONAL STATE OF BOLIVIA[1] said that discussions on universal health coverage should focus on the financial aspects, especially with respect to low-income countries, limited access to medicines and poor doctor-patient relationships. Governments were responsible for ensuring universal health coverage, yet many continued to invest little in their health systems, with a resultant impact on the incidence of noncommunicable and communicable diseases. Medical costs, in particular the cost of medicines, should be standardized, as differing price structures were unfair and a barrier to achieving universal health coverage. The doctor-patient relationship could be improved though increased public recognition of the importance of health care.

The representative of NIGERIA[1] said that failure to invest in developing human capital would restrict economic growth and sustainable development, and that higher public health expenditure would lead to better protection for populations. His country was investing in strengthening primary health care, with a focus on vulnerable and rural populations, and providing funding for common endemic diseases,

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nutrition and reproductive, maternal, neonatal, child and adolescent health. WHO should advocate for more sustainable and consistent public funding for primary health care to support developing countries.

The representative of INDIA[1] said that his Government was working to ensure equitable access to health care and reduce out-of-pocket health expenditure by taking measures to provide comprehensive primary health care and protect against catastrophic health expenditure among socially and economically weaker households. It was also committed to expanding health infrastructure, ensuring the availability of a skilled health workforce and increasing affordable access to medicine through more investment in public health systems and partnerships with the private sector, focusing on districts with poor health indicators and large vulnerable populations.

The representative of NEW ZEALAND[1] said that her Government had adopted a definition of equity that recognized that different people with different levels of advantage required different approaches to achieve equitable health outcomes. She highlighted the importance of sexual and reproductive health and rights for universal health coverage and noted that relevant services must be of a high quality, readily available, accessible to all women and girls and free of stigma, discrimination, coercion and violence. Disability inclusion should be considered in efforts to improve health coverage for all.

The representative of HUNGARY[1] said that the health and well-being of citizens was key to national economic and social development. While her Government welcomed the Secretariat's efforts to help Member States to improve their health care systems, it considered that they had the right to determine the structure, governance and financing of their respective health care systems and had disassociated itself from paragraphs 70 and 71 of the political declaration. The Secretariat should take Hungary's position into account in its envisaged further actions on universal health coverage.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND[1] said that more explicit reference should be made in the report to linkages with the other pillars of the Thirteenth General Programme of Work, 2019–2023, notably integrated nutrition action, health security and healthy lives. Further information was required on how WHO would integrate its work on infectious diseases, antimicrobial resistance and climate change into its programming on primary health care to achieve universal health coverage. Her Government looked forward to the forthcoming United Nations high-level dialogue on antimicrobial resistance and to further efforts by Member States to address antimicrobial resistance through their work on universal health coverage. A clearer process should be established to develop an accountability framework for universal health coverage; lessons in that regard could be learned from the United Nations Secretary-General's Independent Accountability Panel for Every Woman, Every Child.

The representative of EGYPT[1] said that his Government, which was committed to implementing the political declaration of the high-level meeting on universal health coverage, had adopted an ambitious new health insurance charter in 2019. Under the charter, which would eventually be rolled out in the whole country, the Government would cover the health costs of all Egyptian citizens.

The representative of NORWAY[1] said that some countries would require international support to be able to cover the large investment gap for universal health coverage; he would appreciate more clarity on how such support could be made the most effective. Countries should engage with the partner agencies of the Global Action Plan for Healthy Lives and Well-Being for All to accelerate achievement of the ambitious goals to expand coverage and protect against financial hardship. Norway looked

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forward to a discussion on how to enhance the impact of the WHO Global Code of Practice on the International Recruitment of Health Personnel.

The representative of SWEDEN[1] called on all stakeholders to collaborate in order to achieve universal health coverage. He highlighted the importance of interventions safeguarding women's and girls' sexual and reproductive health and rights to achieve universal health coverage and the Sustainable Development Goals. If one billion more people were to benefit from universal health coverage, governments must prioritize health in their national budgets and strive for the fair financing of sustainable health systems, with a strong focus on primary health care.

The representative of the RUSSIAN FEDERATION[1] said that, although investment, notably in primary health care, was proving effective, progress towards universal health coverage had slowed because of inadequate State funding and the need for direct public expenditure. Noting that her country provided medical assistance free of charge to all citizens, she called on the Secretariat to support Member States' efforts to provide a package of basic primary health care services and select an appropriate model for such provision.

The representative of SENEGAL[1] welcomed the political declaration of the high-level meeting on universal health coverage and the commitments adopted by Member States. His Government recognized the importance of primary health care in attaining universal health coverage and the Sustainable Development Goals and he outlined some of the actions taken to facilitate achievement of universal health coverage in his country. Issues remained, and his country welcomed the call for an increase in national funding for primary health care and for further investment in health care.

The representative of SPAIN[1] said that her Government attached importance to upholding international commitments aimed at achieving universal health coverage based on high-quality, efficient and equitable primary health care. She outlined the Spanish model for providing universal health coverage for all persons throughout the life course and expressed her Government's willingness to share its experiences with Member States.

The representative of the REPUBLIC OF MOLDOVA[1] said that the political declaration of the high-level meeting on universal health coverage had huge potential to mobilize investment in health; the participatory drafting process, including the organization of Geneva-based consultations, should be followed in future. She commended the Director-General for successfully mobilizing increased political support for health, and welcomed the collaboration with the Inter-Parliamentary Union, which had resulted in the resolution recently adopted by Inter-Parliamentary Union Assembly on achieving universal coverage by 2030 and the role of parliaments in ensuring the right to health.

The representative of SWITZERLAND[1] said that her Government considered the sustainable financing of health systems, quality of services and patient safety, and universal health coverage in emergencies as priority issues. It welcomed the emphasis given to primary health care and encouraged continued efforts towards further exploiting synergies in the discussions in Geneva and New York on achieving universal health coverage, while respecting the mandates of the organizations involved.

The representative of BELGIUM[1] welcomed WHO's strategic approach to universal health coverage, noting initiatives on primary health care and the 2019 monitoring report on primary health care on the road to universal health coverage. She called for further coordination with other global health

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actors, such as Gavi, the Vaccine Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria, which would continue to play an important role in mobilizing sufficient and sustainable funds.

The representative of SLOVAKIA[1] agreed that further work was required to help Member States implement universal health coverage in ways that best suited the needs of those with least access to effective health interventions. She outlined steps taken in her country to improve the general health of the population, including marginalized population groups such as Roma, and encouraged WHO to continue to support countries in scaling up their national efforts.

The representative of JAMAICA[1] welcomed the highlights of the 2019 monitoring report and the emphasis on the most vulnerable groups. Jamaica continued to support initiatives aimed at strengthening adherence to and implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel and welcomed WHO's special programme on primary health care. His country took its commitment to attaining universal health coverage by 2030 seriously and continued to emphasize the importance of promoting strong, multisectoral collaboration, better integration between levels of care and greater access to quality care.

The representative of BARBADOS[1] said that his Government was committed to delivering universal health coverage and ensuring access to high-quality health services that did not expose individuals to financial hardship. However, the burden of noncommunicable diseases and inadequate funding was jeopardizing the sustainability of health care systems. Barbados therefore supported the engagement of WHO and the wider United Nations system in supporting States in developing their health financing systems to achieve and sustain universal health coverage.

The observer of PALESTINE said that all individuals living in the occupied Palestinian territory were guaranteed the right to health services, without discrimination. He expressed the hope that the WHO Office, which could play an important role in providing advice and support to the Ministry of Health, would receive greater support.

The observer of the INTER-PARLIAMENTARY UNION noted with satisfaction that the political declaration of the high-level meeting on universal health coverage placed strong emphasis on the importance of legislative and regulatory frameworks. The landmark resolution recently adopted by the Inter-Parliamentary Assembly called for priority to be given to vulnerable groups and strengthened emphasis on the needs of women and girls, and underlined the need for a systematic approach to issues of gender, equity and human rights. Robust national indicators, disaggregated data and action were necessary to build effective, accountable institutions enabling parliamentarians to be agents for change.

The representative of UNAIDS, noting that universal health coverage was essential to the HIV/AIDS response, said that better health outcomes would be produced by addressing inequities. The political declaration had looked to civil society to provide input for the development, implementation and evaluation of health and social policies and programmes, echoing lessons learned on the importance of civil society engagement in the global response to HIV/AIDS. UNAIDS was committed to using its experience to contribute to improving accountability for universal health coverage; the National Commitments and Policy Instrument could prove a useful tool in that regard.

The representative of the INTERNATIONAL ORGANIZATION FOR MIGRATION said that the landmark political declaration, which recognized key issues such as complex emergencies, migration of health personnel and climate change, would join other instruments in creating mutually reinforcing

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cooperation frameworks. Her organization was committed to leveraging the full potential of multisectoral cooperation to enhance the health of migrants and mobile populations with a view to achieving universal health coverage.

The representative of the INTERNATIONAL SOCIETY OF NEPHROLOGY, speaking at the invitation of the CHAIR, urged Member States to uphold their commitment to leaving no one behind and called on WHO to support universal health coverage plans that: integrated kidney disease by providing sustainable access to effective and affordable prevention, early detection and access to medicines; strived to deliver people-centred, integrated, multisectoral and comprehensive services covering all noncommunicable diseases and their risk factors; and secured sustained human and financial resources to ensure a comprehensive and holistic response to noncommunicable diseases.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, stressed the need to increase investment in the health workforce and to strengthen health systems, especially at the primary level, as primary health care was essential to achieving the Sustainable Development Goals. He urged Member States to develop sustainable financing systems to ensure that access was based on clinical need and not affordability, and donors to increase official development assistance for health systems.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIR, emphasized the importance of raising awareness of the positive impact that healthy and supportive environments could have on the recruitment and retention of health workers, and invited WHO to engage in the dialogue that would take place at the upcoming World Health Professions Regulation Conference.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR, said that clear processes must be in place to ensure the structured and meaningful engagement of all stakeholders. His organization was committed to supporting Member States in achieving universal health coverage and looked forward to a constructive and inclusive dialogue.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIR, urged the Board to form a group of friends of palliative care within WHO to address the normative and technical issues of integrating palliative care into primary health care and universal health coverage initiatives. The group could apply for funding from the World Bank to provide workforce training on service delivery and improving access to internationally controlled essential medicines such as morphine. Palliative care services should be expanded in the context of both primary health care and emergency situations.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, urged the Secretariat to work with Members States to develop robust international accountability mechanisms to monitor progress towards universal health coverage and to ensure meaningful civil society engagement. She called on Member States to increase domestic public health expenditure, invest in implementation of the operational framework on primary health care and allocate more resources to primary health care system strengthening, with a clear focus on equity and frontline health workers. Children’s health should also remain a priority.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS’ ASSOCIATIONS, speaking at the invitation of the CHAIR, said that national health care must be available, accessible and affordable for all; health was a fundamental human right. Universal health care

packages should be tailored to the social, political and cultural contexts of each region, and different components of universal health coverage should be tackled simultaneously.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, urged Member States to take a human rights-based approach to health care, ensure that their national health care legislation complied with human rights standards, and strengthen public health care systems by introducing single-payer mechanisms and ensuring the public provision of health services. He called on the Secretariat to support Member States in implementing progressive tax-based financing for health care, to produce a full analysis of the costs and benefits of mixed-service delivery and to provide expert advice on the regulatory requirements and management capacities needed to strengthen health systems and safeguard equity, efficiency and quality.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR, said that universal health coverage packages should be determined by the needs of the people most affected, including those with noncommunicable diseases. Universal health coverage policies should address the increasing burden of co- and multi-morbidity and the need for integrated care throughout the life course. All seven accelerator themes set out in the Global Action Plan for Healthy Lives and Well-Being for All should be implemented simultaneously and in an integrated manner. Finally, stronger accountability mechanisms were fundamental to achieving universal health coverage.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, said that public health care systems and adequate government resource allocations were critical to achieving universal health coverage and addressing inequities. Recruiting and training 18 million health workers globally before 2030 would require a political commitment from Member States. Furthermore, it was likely that the five-year action plan for health employment and inclusive economic growth (2017–2021) would need to be extended.

The representative of FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIR, welcomed the recommendations made by the representative of Sri Lanka on including oral health in universal health coverage, as oral health was a basic human right and access to oral health care needed to be improved. She called for the political declaration to be translated into concrete, sustainable action at the national level.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIR, expressed support for the special programme on primary health care, the emphasis on promoting innovation and equity-, gender- and rights-based programming approaches, and the focus on facilitating integration, efficiency and effectiveness by working with partners. However, the specifics of universal health coverage would require Member States to engage in meaningful discussions with civil society. Achieving comprehensive metrics remained a challenge, and further work needed to be done on tracking.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR, said that fiscal measures and taxes on tobacco, sugary drinks and alcohol should be used to achieve public health goals and raise financial resources for universal health coverage and primary health care programmes. She called on health ministries to engage more productively with finance ministries; her organization stood ready to support health ministries in promoting such fiscal policies and health expenditure as a necessary investment.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIR, and underscoring WHO's responsibility in preventing violence against children, called on WHO to conduct an in-depth evaluation of the progress made towards implementing the global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children; the results of that evaluation should then be reviewed at the Seventy-third World Health Assembly. The Secretariat should also provide Member States with guidance on reviewing their implementation progress and hold an event to review the upcoming global status report.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIR, welcomed the inclusion of palliative care in the political declaration, but expressed concern that pain guidelines had been withdrawn. He recognized that WHO was taking steps to rectify the situation. The inclusion of palliative care in the political declaration was a good first step; however, palliative care should also be included in universal health coverage packages, health worker training and national budgets to prevent millions of people from being left behind.

The DEPUTY DIRECTOR-GENERAL, noting the issues raised during the Board's discussions and reiterating the critical role that universal health coverage played in achieving the "triple billion" goals and United Nations Sustainable Development Goal 3, said that the Global Action Plan for Healthy Lives and Well-Being for All would be crucial to ensuring progress towards universal health coverage. She agreed that global commitments must be translated into high-level political commitments, action and funding at the national level, particularly given the need for 18 million additional health workers globally and the rise in catastrophic health spending. Following Member States' commitment to increasing spending on primary health care by at least 1% of their gross domestic product, it was hoped that most of the necessary funding would come from domestic resources. However, it was also important to work with partners to secure additional funding, especially in countries lacking the necessary financial resources.

The WHO Global Code of Practice on the International Recruitment of Health Personnel played a key role in meeting the need to increase the health workforce, and the results of the second review of the Code's effectiveness would be discussed at the Seventy-third World Health Assembly.

WHO would redouble its efforts to achieve universal health coverage, in cooperation with Member States and other partners. Those efforts would focus on: getting the new special programme on primary health care up and running; mobilizing additional resources; promoting innovation, equity-, gender- and rights-based programming approaches and integration across sectors and with partners; strengthening accountability among key stakeholders; and monitoring progress towards the commitments set out in the political declaration of the high-level meeting on universal health coverage.

The DIRECTOR-GENERAL, thanking Member States for their guidance, said that, with the Declaration of Astana on primary health care, the political declaration of the high-level meeting on universal health coverage, the Inter-Parliamentary Union resolution on universal health coverage, and the Global Action Plan for Healthy Lives and Well-Being for All, the political work was complete. It was henceforth time for action at country level. In addition, the recent appointment of a director for the special programme on primary health care would give impetus to the new programme. The Secretariat was therefore ready to support Member States in delivering results based on their commitments.

The Board noted the report.

Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases: Item 7.2 of the agenda (documents EB146/7 and EB146/7 Add.1)

The representative of INDONESIA said that noncommunicable diseases remained a significant challenge in his country. Community-based interventions could only be effective with government policy support, and plans were under way to further integrate public health into primary health care, including through private health care providers. He asked the Secretariat for support with that process, notably to improve the alignment between the operational framework and implementation at country level, to reduce the prevalence of noncommunicable diseases. He supported the draft decision to develop an action plan to implement the WHO global strategy to reduce the harmful use of alcohol.

The representative of the UNITED STATES OF AMERICA said that, to avoid duplicating efforts, WHO should work closely with UNEP, WMO and other environmental experts on the in-depth analysis of policy options and cost-effective interventions to reduce the number of premature deaths from noncommunicable diseases attributed to air pollution. In that respect, she welcomed the Organization's work to promote active surveillance for the early detection of noncommunicable diseases and their risk factors. However, although her Government supported the development of a draft menu of policy options and cost-effective interventions to promote mental health and well-being, she expressed concern regarding the inclusion of regulatory bans on the use of highly hazardous pesticides in order to prevent suicide, as such a measure would be highly dependent on specific national regulatory schemes; she requested further information about the scientific basis for including it in the draft menu. She commended efforts to broaden the discussion of noncommunicable diseases to include a more diverse range of stakeholders and welcomed the final report of the WHO Independent High-Level Commission on Noncommunicable Diseases, which recommended using public-private partnerships to promote effective, evidence-based interventions to improve health outcomes.

The representative of TONGA highlighted the continued prevalence of risk factors for noncommunicable diseases in the Pacific island States. She acknowledged efforts to implement the global action plan for the prevention and control of noncommunicable diseases 2013–2020 and hoped that collaboration in that area between WHO and the Pacific island States would continue. The work of the WHO Independent High-Level Commission on Noncommunicable Diseases was also valuable.

The representative of SINGAPORE said that action to address mental health issues should include early intervention and prevention measures targeting children and young people at all levels of the education system, with a focus on improving mental health literacy, reducing stigma and establishing peer support groups. A whole-of-society, multisectoral approach was also needed to address the social determinants of mental health. Air pollution was another grave concern that required national, regional and international cooperation. His Government urged the Secretariat to commission a comprehensive regional study to assess the impact of air pollution and guide the development of strategies to minimize the health and climate impacts of local and transboundary sources of air pollution.

The representative of BURKINA FASO, speaking on behalf of the Member States of the African Region, welcomed the report, stressing the relevance of the challenges outlined to the Member States in his region; those challenges had to be overcome to strengthen interventions to combat noncommunicable diseases. It was important to base interventions on partnerships and multisectoral action, while taking into account potential interference from commercial interests. He encouraged the Secretariat and WHO partners to increase their capacity-building support to Member States in relation to early diagnosis, screening and treatment, particularly for cancer.

The representative of SUDAN commended the work undertaken to promote access to affordable diagnostics, screening and early diagnosis as part of a comprehensive approach to the prevention and control of noncommunicable diseases. Detailing the specific challenges faced in her country, she stressed the need for effective strategic guidance and adequate funding for the prevention of noncommunicable diseases; institutional, community-based and public health measures had to be incorporated into a long-term perspective across the life course. International donors, which represented the main source of funding for preventive health interventions in Sudan, often showed more interest in addressing communicable diseases, regardless of the burden of noncommunicable diseases. She therefore urged the Secretariat and donors to remember the importance of preventing and controlling noncommunicable diseases. Further steps should also be taken to reduce the need for hospitalization and costly high-technology interventions and reduce premature deaths.

The representative of ARGENTINA said that, to promote mental health and well-being, the gap between the number of people who needed mental health services and those who could effectively access them must be closed. Efforts were still required in her Region to attain the goal set in the 2010 Panama Consensus to eradicate the entire insane-asylum system in the Americas by 2020; that required a cross-cutting approach that integrated mental health into the wider health system. Air pollution was another concern for her Government; she therefore welcomed the Secretariat's proposal to provide tools for Member States to select interventions that were effective in reducing source emissions, had co-benefits and were likely to be cost-effective.

The representative of FINLAND commended the "best buys" identified to address mental health problems and air pollution and encouraged the Secretariat to work with countries to enhance their implementation and update them where necessary. Stressing the importance of sustainable development and climate change mitigation, she welcomed the recognition of air pollution as a public health risk. Mental health also required greater attention, given the alarming rise in mental health problems among young people and workers. She called on the Secretariat to work with Member States to implement the recommendations of the WHO Independent High-Level Commission on Noncommunicable Diseases. Her Government remained committed to collaborating on implementation of the political declaration.

The representative of KENYA said that, despite a robust policy and legal framework, his Government was struggling to tackle the challenge of air pollution. He therefore asked the Secretariat to support Member States in developing air pollution control plans and coordination mechanisms; establishing a platform to share best practices, and an air pollution and health observatory; carrying out research into the health and environmental effects of pollution, including the return on investment of reducing associated deaths; and raising public awareness on the issue.

The representative of CHINA expressed support for the proposed policy options and interventions to promote mental health and well-being. When updating the comprehensive mental health action plan 2013–2020, the Secretariat should encourage Member States to improve the holistic management of mental health; her Government could provide support in that regard. She welcomed the proposed in-depth analysis of existing interventions, notably relating to source emissions and household air pollution; guidance should be compiled on those subjects. Her Government commended the proposal to develop technical packages and service delivery models to support the scaling up of early diagnosis and screening of noncommunicable diseases and stood ready to share its experiences in that area.

The representative of ISRAEL said that the effective prevention, detection and treatment of mental health problems required a multisectoral approach. The addition of a draft menu of three population-based interventions was therefore welcome. School programmes held the promise of early prevention and detection of mental health problems, as well as of appropriate referral for further treatment. The list should be kept as a live document that could be regularly updated and revised to

maintain its relevance and should include interventions applicable to all countries. Efforts to deal with unhealthy lifestyles and environmental hazards required national and international multisectoral collaboration. The Secretariat and Member States must work together to develop and prioritize cost-effective, realistic and timely interventions.

The representative of BRAZIL said that it was important to analyse cost-effectiveness when strengthening health systems. Results from research into implementation were key to addressing gaps and refining existing knowledge to inform future interventions, particularly for low- and middle-income countries. Health education, information and literacy were also important for individuals to have positive health outcomes and greater control over their own health and other determinants. Brazil remained committed to reducing the risk factors associated with noncommunicable diseases, including through the promotion of physical activity and healthy lifestyles and reducing tobacco consumption and harmful alcohol use.

The representative of AUSTRALIA said that the school-based mental health interventions were a valuable focus. Universal health coverage for mental health was an essential component of ensuring healthy lives and promoting well-being for all, at all ages. The multisectoral approach to developing policy options on air pollution was welcome. The human, physical and environmental impact of the unprecedented bushfire crisis in Australia was a challenge, and her Government was grateful for the international community's support and high level of concern. WHO's work on air pollution had been useful in shaping her country's response. The Government was investing 5 million Australian dollars in research into the long-term effects of prolonged exposure to bushfire smoke, and the results would be shared with the international community. She recognized the importance of early diagnosis and screening in addressing noncommunicable diseases at the population and individual levels, as well as WHO's continued efforts to improve early detection.

The representative of AUSTRIA welcomed the extension of the implementation period of the comprehensive mental health action plan to 2030. However, the slow progress in mental health and well-being was regrettable. The proposed list of population- and individual-level interventions was a good starting point. Important diagnoses, such as anxiety or post-traumatic stress disorders, and the restriction of the means for committing suicide, should also be highlighted. The focus on reducing air pollution as a major determinant of several noncommunicable diseases was strongly welcomed. In that regard, comprehensive air pollution monitoring systems were of paramount importance. National, regional and transboundary air quality programmes should also be encouraged.

The representative of BANGLADESH requested the Secretariat to provide technical support to Member States in the adoption and implementation of the policy options and cost-effective interventions proposed in Annexes 1 and 2 of the report. Regarding the implementation of the WHO global strategy to reduce the harmful use of alcohol, she requested the Secretariat to take specific actions to at least stabilize the currently increasing trends in alcohol consumption in several WHO regions, including preventing children and adolescents from starting to drink alcohol and reducing alcohol consumption levels. A collaborative effort was needed to address the challenges to strengthening the health system to improve the prevention, early detection and management of noncommunicable diseases and their risk factors.

The representative of MONACO[1] recognized the significant impact of mental health issues, especially among young people and older persons, and air pollution. Her Government had always supported resolutions on noncommunicable diseases and ongoing efforts on air pollution, climate

[1] Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

change and health, including providing funding for those areas. The list of proposed interventions was useful and should evolve with the results of research and the sharing of different experiences by Member States.

The representative of the ISLAMIC REPUBLIC OF IRAN[1] said that the threats that noncommunicable diseases posed to human development went far beyond their impact on the health system. Considering the serious impact of health on development, Member States needed stronger and targeted political action, including the mobilization of domestic and external resources and sustainable funds, with a people-centred, multisectoral, multistakeholder approach.

The representative of THAILAND[1] expressed concern that many WHO staff suffered from mental health problems; WHO should be a role model for tackling noncommunicable diseases and mental health problems by ensuring a healthy and happy working environment throughout the Organization. The inclusion of mental health and air pollution to create the "5 by 5 framework" was welcome. Cross-sectoral policy infrastructure at the country level needed to be updated. It was of concern that the proposed mental health interventions were based on a biomedical model with little or no social and cultural dimension, especially with respect to early prevention.

The representative of PERU[1] said that improving mental health remained a particular challenge for developing countries. Mental health was crucial for social inclusion and full participation in the community. He thanked the Secretariat for its strong support in developing and promoting the commitments on air quality improvement that were presented by Peru and Spain at the United Nations 2019 Climate Action Summit. Climate change should be tackled in parallel with the risk factors associated with noncommunicable diseases, such as air pollution.

The representative of SENEGAL[1] recognized that noncommunicable diseases could compromise progress towards achieving the Sustainable Development Goals by 2030 if efficient measures were not taken. He called on the Secretariat and WHO partners to continue supporting Member States in the early diagnosis, screening and treatment of noncommunicable diseases.

The representative of the RUSSIAN FEDERATION[1] said that his Government supported the draft menu of policy options and cost-effective interventions to promote mental health and well-being. They should be analysed regularly and revised as appropriate, in line with Member States' requests. His Government also supported the Secretariat's efforts to develop guidance on policy options and cost-effective interventions to reduce the number of premature deaths from noncommunicable diseases attributed to air pollution. It stood ready to participate in further work in that area.

The representative of PORTUGAL[1] underlined the importance of training health workers in human rights and mental health using the WHO QualityRights Tool Kit. He noted that many of the draft menu of policy options and cost-effective interventions to promote mental health and well-being were based on clinical interventions and medicalization. It was therefore time for a paradigm shift from an excessively biomedical approach to mental health problems, with an over-reliance on medication, to a people-centred, recovery-oriented approach based on human rights and treatment in the community.

The representative of NIGERIA[1] said that the focus on air pollution as a major risk factor for noncommunicable diseases was encouraging, given that it was a top cause of mortality attributed to noncommunicable diseases. Controlling air pollution would help to reduce the burden of noncommunicable diseases, be that directly or indirectly through climate change mitigation. Given the

[1] Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

importance of primary health care and a strong health workforce, he called on the Secretariat to support countries in addressing gaps in human resources at primary health care level to ensure that services could be provided and no one was left behind.

The representative of SPAIN[1] outlined the action that her Government had taken to prevent, diagnose and treat noncommunicable diseases and improve the quality of life of the sick, including health promotion to address the main risk factors; new cancer screening methods; better early detection of cardiovascular diseases, chronic lung diseases and diabetes; a mental health strategy; and a plan for tackling diseases linked to air pollution.

The representative of TURKEY[1] welcomed the draft menus of policy options and cost-effective interventions for both mental health and air pollution and the emphasis in the document on the importance of community-based mental health and social care services. Turkey supported the inclusion of air pollution and mental health to create the "5 x 5 framework". As policy-making guidance, the document needed a stronger emphasis on human rights in mental health and noncommunicable diseases. A human-rights approach would help to avoid the stigmatization of those suffering from noncommunicable diseases or mental health disorders.

The representative of INDIA[1] said that his Government recognized the major challenge that the increasing burden of noncommunicable diseases posed to the health system and had implemented various preventive and promotive health care measures in India, including a national programme for the prevention and control of cancer, diabetes, cardiovascular diseases and strokes, and measures to mitigate air pollution and address the increasing burden of mental, neurological and substance use disorders. Global efforts to address the challenge must be driven by strong strategic leadership, cost-effective interventions and a multisectoral approach.

The representative of NORWAY[1] noted that the United Nations high-level political declarations had called for increased private sector commitment to working towards the Sustainable Development Goals related to noncommunicable diseases. According to the Framework of Engagement with Non-State Actors, any such engagement must "demonstrate a clear benefit to public health" and "particular caution" should be exercised when engaging with private sector entities, especially in the area of noncommunicable diseases. Transparency was therefore vital, particularly when engaging with the private sector. The Secretariat must declare with which organizations and entities it engaged and the frequency of meetings, publish the actions it requested industry to implement and how results would be measured, and provide regular reports to the governing bodies. The limited resources available for work on noncommunicable diseases must be spent with a view to maximizing effect.

The meeting rose at 12:30.

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[1] Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.