EXECUTIVE BOARD **EB154/PSR/5**
154th session **3 May 2024**

PROVISIONAL SUMMARY RECORD OF THE FIFTH MEETING

WHO headquarters, Geneva
Wednesday, 24 January 2024, scheduled at 10:00

Chair: Dr H.M. AL KUWARI (Qatar)

CONTENTS

Page

FIFTH MEETING

Wednesday, 24 January 2024, at 10:15

Chair: Dr H.M. AL KUWARI (Qatar)

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

UNIVERSAL HEALTH COVERAGE: Item 6 of the agenda (document EB154/6)

The CHAIR drew attention to a draft decision, which contained a draft decision to be submitted to the Seventy-seventh World Health Assembly, on the development of a global strategy and action plan for integrated emergency, critical and operative care, 2026–2035, proposed by Brazil, China, Egypt, the Member States of the WHO African Region and the Member States of the European Union. The draft decision read:

> The Executive Board, having considered the report by the Director-General,[1]
>
> Decided to recommend to the Seventy-seventh World Health Assembly the adoption of the following decision:
>
> > The Seventy-seventh World Health Assembly,
> >
> > Recalling resolution WHA76.2 (2023), entitled "Integrated emergency, critical and operative care for universal health coverage and protection from health emergencies",[2,3,4]
> >
> > Decided to request the Director-General:
> >
> > (1) to develop, in consultation with Member States, relevant United Nations specialized agencies – as well as civil society, academia and other stakeholders, in line with WHO's Framework of Engagement with Non-State Actors – a global strategy for integrated emergency, critical and operative care to support the implementation of resolution WHA76.2 for the period 2026–2035, for consideration by the Seventy-ninth World Health Assembly, through the Executive Board at its 158th session;
> >
> > (2) to translate the global strategy into an action plan with targets to be achieved by 2035.

[1] Document EB154/6.

[2] https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76_R2-en.pdf (accessed 18 January 2024).

[3] https://www.who.int/teams/integrated-health-services/clinical-services-and-systems/emergency--critical-and-operative-care (accessed 18 January 2024).

[4] https://www.who.int/teams/integrated-health-services/clinical-services-and-systems/surgical-care (accessed 18 January 2024).

The financial and administrative implications of the draft decision for the Secretariat were:

Decision:	Development of a global strategy and action plan for integrated emergency, critical and operative care, 2026–2035
A.	**Link to the approved Programme budget 2024–2025**
1.	**Output(s) in the approved Programme budget 2024–2025 under which this draft decision would be implemented if adopted:** 1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results 2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict-affected and vulnerable settings
2.	**Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** Three years. The draft global strategy for integrated emergency, critical and operative care, 2026–2035 will be submitted for consideration by the Seventy-ninth World Health Assembly (May 2026) through the Executive Board at its 158th session and would subsequently be translated into an action plan.
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** Zero. The financial and administrative implications for the Secretariat of resolution WHA76.2 (2023) on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies were costed (see Extracts from document WHA76/2023/REC/1 for consideration by the Executive Board at its 154th session, Annex 3).
2.a.	**Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US$ millions:** Not applicable.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US$ millions:** Not applicable.

4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** Not applicable.
5.	**Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions** **– Resources available to fund the decision in the current biennium:** Not applicable. **– Remaining financing gap in the current biennium:** Not applicable. **– Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** Not applicable.

The CHAIR also drew attention to a draft decision, which contained a draft resolution to be submitted to the Seventy-seventh World Health Assembly, on social participation for universal health coverage, health and well-being, proposed by Brazil, Colombia, Croatia, Ecuador, Finland, France, Guatemala, Norway, Qatar, Slovakia, Slovenia, Sri Lanka, Thailand, Tunisia and the United States of America. The draft decision read:

> The Executive Board, having considered the report by the Director-General,[1]
>
> Decided to recommend to the Seventy-seventh World Health Assembly the adoption of the following resolution:
>
> > The Seventy-seventh World Health Assembly,
> > (PP1) Having considered the report by the Director-General;
> > (PP2) Reaffirming: the principle enshrined in the WHO Constitution of the enjoyment of the highest attainable standard of health as one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition; Sustainable Development Goal target 16.7 to ensure responsive, inclusive, participatory and representative decision-making at all levels;[2] and the importance of creating a safe and enabling environment for participation for universal health coverage respecting principles of equality, equity and non-discrimination;[3]
> > (PP3) Recalling the 2023 United Nations General Assembly's political declaration of the high-level meeting on universal health coverage,[3] which promotes participatory, inclusive approaches to health governance for universal health coverage, including by exploring modalities for enhancing a meaningful whole-of-society approach and social participation, involving all relevant stakeholders, including local communities, health

[1] Document EB154/6.

[2] Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels: SDG Target 16.7 "Ensure responsive, inclusive, participatory and representative decision-making at all levels" [website]. New York: United Nations (https://sdgs.un.org/goals/goal16#targets_and_indicators, accessed 10 January 2024).

[3] See General Assembly resolution 78/4.

workers and care workers in the health sector, volunteers, civil society organizations and youth in the design, implementation and review of universal health coverage, to systematically inform decisions that affect public health, so that policies, programmes and plans better respond to individual and community health needs, while fostering trust in health systems;

(PP4) Reiterating the importance of empowering people and communities as part of the primary health care approach, which includes the engagement of individuals, families, communities and civil society through their participation in the development and implementation of policies and plans that have an impact on health, as per the Declaration of Astana,[1] welcomed by the Health Assembly in resolution WHA72.2 (2019) and building on the Declaration of Alma Ata (1978);[2]

(PP5) Deeply concerned about the exacerbation of inequities within and between countries, due to the COVID-19 pandemic, climate change and conflicts, along with inadequate progress to address all determinants of health equity and well-being,[3] as well as the structural factors that affect these[4] and recalling the Rio Political Declaration on Social Determinants of Health (2011)[5] that identifies promoting participation in policy-making and implementation as one of five key action areas to address health inequities, and pledges to promote and enhance inclusive and transparent decision-making, implementation and accountability for health and health governance at all levels, including through public participation, and to empower the role of communities and strengthen civil society contribution to policy-making and implementation by adopting measures to enable their effective participation;

(PP6) Recalling the need to promote the participation of [persons/people/those] in vulnerable and/or marginalized situations,[6] including inter alia women,[7] persons with disabilities,[8] and Indigenous Peoples,[9] and to apply a [gender-sensitive/responsive] and age-responsive and disability-inclusive[10] perspective in the development and

[1] Declaration of Astana. Astana: Global Conference on Primary Health Care. 2018 (https://www.who.int/publications/i/item/WHO-HIS-SDS-2018.61, accessed 10 November 2023).

[2] Declaration of Alma-Ata. Alma-Ata: International Conference on Primary Health Care, Alma-Ata, USSR, 6–12 September 1978 (https://www.who.int/publications/i/item/WHO-EURO-1978-3938-43697-61471, accessed 10 November 2023).

[3] Including, but not restricted to, social, commercial, economic and cultural determinants.

[4] Structural factors relate to the governance and policy frameworks and cultural norms that produce the social determinants of health.

[5] Rio Political Declaration on Social Determinants of Health. Rio de Janeiro: World Conference on Social Determinants of Health. 2011 (https://www.who.int/publications/m/item/rio-political-declaration-on-social-determinants-of-health, accessed 10 November 2023).

[6] This is consistent with language in United Nations General Assembly resolution 76/136 (2021) on promoting social integration through social inclusion – "persons in vulnerable or marginalized groups or situations".

[7] See United Nations General Assembly resolution 58/142 (2003).

[8] See resolution WHA74.8 (2021).

[9] See resolution WHA76.16 (2023).

[10] Language on age- and gender-responsive and disability-inclusive has been adopted in resolutions including United Nations General Assembly resolution 78/195 (2023) on implementation of the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto: situations of risk and humanitarian emergencies, and United Nations General Assembly resolution (2021) on protection of migrants.

implementation of health-related policies and plans, as a strategy to achieve the Sustainable Development Goals' promise to reach first those who are furthest behind;[1]

(PP7) Noting the importance of long-term, sustained community engagement to ensure trust and effective public health interventions,[2] and expressing concern at the erosion of trust, particularly during the COVID-19 pandemic, as well as the negative impacts of health-related misinformation, disinformation, hate speech and stigmatization, on multiple media platforms, on people's physical and mental health, recalling the political declaration of the General Assembly high-level meeting on pandemic prevention, preparedness and response;[3]

(PP8) Acknowledging WHO's efforts to strengthen its own engagement with civil society at headquarters, regional and country office levels, including through initiatives such as the WHO Civil Society Commission, the WHO Youth Council, Civil Society Organizations-WHO Director-General's Dialogues and Ad Hoc Task Team on WHO-Civil Society Engagement, which are complementary to social participation in decision-making for health within countries;

(PP9) Noting the WHO definition of social participation as empowering people, communities and civil society through inclusive participation in decision-making processes that affect health across the policy cycle and at all levels of the system;[4,5]

(PP10) Noting also WHO's efforts to develop practical technical guidance on social participation;[6,7]

(PP11) Noting further the variety of social participation mechanisms[8] to facilitate two-way dialogue between governments and people, communities and civil society, that may be implemented either virtually or in-person, and the importance of a combination of relevant mechanisms to achieve broad and meaningful engagement that can improve health and well-being;

(PP12) Recognizing that empowering people, communities and civil society for equitable, diverse and inclusive participation involves strengthening their capacities to meaningfully engage, financing their participation, valuing lived and living experiences, and addressing power imbalances in the design of the participatory space;

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[1] See United Nations General Assembly resolution 70/1 (2015).

[2] See resolution WHA73.8 (2020).

[3] See United Nations General Assembly resolution 78/3 (2023).

[4] Social participation for universal health coverage: Technical paper. Geneva: World Health Organization; 2023 (https://iris.who.int/handle/10665/375276, accessed 1 January 2024).

[5] The policy cycle includes situational analysis, priority setting, planning, budgeting, implementation, monitoring, evaluation and review of progress, at local, sub-national and national levels. See Strategizing national health in the 21st century: A handbook. Geneva: World Health Organization; 2016 (https://www.who.int/publications/i/item/9789241549745, accessed 10 November 2023).

[6] Voice, agency, empowerment – handbook on social participation for universal health coverage. Geneva: World Health Organization; 2021 (https://www.who.int/publications/i/item/9789240027794, accessed 10 November 2023).

[7] Social participation for universal health coverage: Technical paper. Geneva: World Health Organization; 2023 (https://iris.who.int/handle/10665/375276, accessed 1 January 2024).

[8] A participatory space is one where people come together physically or virtually to interact. The term "social participation mechanism" encompasses various modalities, techniques, instruments and methods used by organizers to foster communication and debate in a participatory space. See Voice, agency, empowerment – handbook on social participation for universal health coverage. Geneva: World Health Organization; 2021 (https://www.who.int/publications/i/item/9789240027794, accessed 10 November 2023).

(PP13) Noting the need to prevent, manage and mitigate conflicts of interest to uphold the integrity of social participation through legitimate representation and ensure that private and personal interests do not override public health goals;

(PP14) Noting also that public policies and legislation may help to implement, fund and sustain social participation for health and well-being, promote transparency, and facilitate the inclusive, equitable and diverse representation of the population;[1]

(PP15) Noting further the importance of the monitoring and evaluation of social participation within countries, including the quality of engagement, whose interests are represented, and whether, how, and to what extent the recommendations influence higher-level decisions that affect health and well-being;

(PP16) Underlining the importance of implementing, strengthening and sustaining regular and meaningful social participation in health-related decisions across the system to foster mutual respect and trust, which can be leveraged during health emergencies and other crises with health impact as part of a whole-of-society approach for strengthened trust, preparedness, response and resilience;[2]

(PP17) Acknowledging the important contribution that social participation and robust community health services can make to improved health service delivery, health promotion, health literacy, resilience to health emergencies, effective risk communication and community engagement, tackling vaccine hesitancy, addressing the social determinants of health, fostering healthy aging, accelerating the health-related Sustainable Development Goals, and advancing gender equality, health equity and fairness,

(OP)1. URGES Member States[3] to implement, strengthen and sustain regular and meaningful social participation in health-related decisions across the system as appropriate, taking into consideration national context and priorities, through:

(1) strengthening public sector capacities for the design and implementation of meaningful social participation;

(2) enabling equitable, diverse and inclusive participation with particular focus on promoting the voices of [persons/people/those] in vulnerable and/or marginalized situations;

(3) striving to ensure that social participation influences transparent decision-making for health across the policy cycle, at all levels of the system;

(4) implementing and sustaining regular and transparent social participation using a range of mechanisms supported by public policy and legislation;

(5) allocating adequate and sustainable public sector resources in support of effective social participation;

(6) facilitating capacity strengthening for civil society to enable diverse, equitable, transparent and inclusive social participation; and

(7) supporting related research, and piloting projects/programmes and their monitoring and evaluation to promote implementation of social participation;

(OP)2. REQUESTS the Director-General:

(1) to advocate for the regular and sustained implementation of meaningful social participation, both within the health sector as well as across other sectors and

[1] See Voice, agency, empowerment – handbook on social participation for universal health coverage. Geneva: World Health Organization. 2021 (https://www.who.int/publications/i/item/9789240027794, accessed 10 November 2023).

[2] See, inter alia, resolutions WHA73.1 (2020), WHA73.8 (2020) and United Nations General Assembly Human Rights Council resolution 48/2 and United Nations General Assembly resolution 78/3 (2023).

[3] And, where applicable, regional economic integration organizations.

multilateral organizations that affect health equity and well-being, as a means to accelerate equitable progress towards universal health coverage, health security and the health-related Sustainable Development Goals;

(2) to develop technical guidance and operational tools for strengthening and sustaining social participation, including monitoring and evaluating implementation within countries, and provide training and technical support upon the request of Member States;

(3) to document, publish and disseminate Member States' experiences in implementing meaningful social participation through different types of mechanisms, at different stages of the policy cycle, and at different levels of the system;

(4) to facilitate regular sharing and exchange of Member States' experiences of social participation;

(5) to harmonize technical support on social participation across WHO divisions and the three levels of the Organization; and

(6) to report on progress in the implementation of this resolution to the Health Assembly in 2026, 2028 and 2030.

The financial and administrative implications of the draft decision for the Secretariat were:

Decision:	Social participation for universal health coverage, health and well-being
A.	**Link to the approved Programme budget 2024–2025**
1.	**Output(s) in the approved Programme budget 2024–2025 under which this draft decision would be implemented if adopted:** 1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages 1.1.4. Countries' health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities
2.	**Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** Six years.
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** US$ 53.92 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US$ millions:** US$ 11.26 million.

2.b. Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US$ millions:

Not applicable.

3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US$ millions:

US$ 18.55 million.

4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:

US$ 24.11 million.

5. Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions

– **Resources available to fund the decision in the current biennium:**

US$ 2.88 million.

– **Remaining financing gap in the current biennium:**

US$ 8.38 million.

– **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**

Various options are being considered to fill the funding gap:

- resources available at country level for social participation, regarding both human resources and activities, which are not yet accounted for in the resources available in the current biennium;
- funding from the Universal Health Coverage Partnership in its current fourth phase of implementation and additional resources expected from the fifth phase starting in 2025;
- funding sources through the International Health Partnership for UHC2030;
- other funding sources, considering the cross-cutting dimension of social participation as part of governance for health; and
- exploration of new funding opportunities by Member States co-sponsoring the draft decision.

Table. Breakdown of estimated resource requirements (in US$ millions)[a]

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2024–2025 resources already planned	Staff	2.42	1.00	0.81	0.91	0.73	1.25	1.17	8.31
	Activities	0.80	0.35	0.20	0.30	0.25	0.55	0.50	2.95
	Total	3.22	1.35	1.01	1.21	0.98	1.80	1.67	11.26
B.2.b. 2024–2025 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2026–2027 resources to be planned	Staff	4.54	1.61	1.52	1.47	1.37	2.02	1.22	13.75
	Activities	1.50	0.56	0.37	0.48	0.47	0.89	0.52	4.79
	Total	6.04	2.17	1.90	1.96	1.84	2.91	1.74	18.55
B.4. Future bienniums resources to be planned	Staff	5.90	2.09	1.98	1.92	1.78	2.63	1.59	17.88
	Activities	1.95	0.73	0.49	0.63	0.61	1.15	0.68	6.23
	Total	7.85	2.82	2.47	2.55	2.39	3.78	2.26	24.11

[a] The row and column totals may not always add up, owing to rounding.

The CHAIR said that consultations on the text of the draft resolution contained in the draft decision would continue during the intersessional period since that text was not yet ready for adoption.

The representative of RWANDA, speaking on behalf of the Member States of the African Region, noted the adoption by the United Nations General Assembly of the political declaration of the high-level meeting on universal health coverage and the commitments made to achieve universal health coverage by reorienting health systems and investment towards a primary health care approach. It was a cause of concern, however, that the world was not on track to achieve universal health coverage by 2030, and that, as noted by the United Nations Secretary-General, many countries were forced to spend more on debt servicing than on health and education. His Region continued to face challenges in achieving universal health coverage and had been the most affected by the coronavirus disease (COVID-19) pandemic. He called on the Secretariat to continue supporting Member States to reorient health systems towards a primary health care approach, with a focus on health worker training and retention. Measures were needed to address the negative impact of the migration from his Region of trained health personnel, including through full implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel, supported by the Global Strategy on Human Resources for Health: Workforce 2030. The Secretariat should continue to engage with Member States, international financial institutions, development banks, philanthropic partners and civil society through multistakeholder platforms and partnerships to drive progress towards universal health coverage. He encouraged the Board to adopt the draft decision on the development of a global strategy and action plan for integrated emergency, critical and operative care, 2026–2035.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the candidate countries of North Macedonia, Montenegro, Albania, Ukraine and Georgia aligned themselves with his statement. The European Union and its Member States welcomed the holding of the high-level meeting of the United Nations General Assembly on universal health coverage. The related political declaration would have benefited from a more balanced text, however, and the increasing difficulty in finding consensus was a cause of concern. The recalibration of the triple billion targets in the draft fourteenth general programme of work, 2025–2028, including the target for universal health coverage, was welcome. Achieving those targets and the 2030 Agenda for Sustainable Development would require a focus on primary health care and health systems strengthening, and the

European Union and its Member States therefore welcomed the emphasis in the report on reorienting health systems through a primary health care approach. Primary health services were a long-term investment in well-being and resilience against emergencies. They should be person centred, gender responsive and comprehensive and should include promotive, preventive, curative, rehabilitative and palliative health services for communities and individuals, including those in vulnerable and marginalized situations. The European Union and its Member States remained committed to human rights and to the Beijing Declaration and Platform of Action and the Programme of Action of the International Conference on Population and Development. Population-level essential public health functions, such as disease surveillance, were best organized at the national and subnational levels. Health systems strengthening should address financing, including financial protection systems, and other areas such as governance, human resources, information systems, meaningful social participation and community leadership at all levels of services. Expressing support for the WHO Academy, he highlighted the need for substantial investment in the training and professional development of health workers, who were critical to advancing universal health coverage to address evolving health needs, particularly in rural and underserved areas. He expressed support for the draft decision on social participation for universal health coverage, health and well-being.

The representative of MOROCCO, speaking on behalf of the Member States of the Eastern Mediterranean Region, noted with concern that more than half of the global population did not enjoy full coverage for essential health care services. Progress on universal health coverage had been slow in his Region, where nearly half of the Member States had experienced acute or chronic emergency situations in the previous decade. Whether in times of stability or turbulence, universal health coverage was a wise investment in ensuring the continuity of essential health service provision. Context-specific solutions were needed to achieve universal health coverage; the Secretariat should strengthen support to help Member States to determine effective measures for extending equitable coverage, strengthening financial participation and improving quality of care in fragile and conflict-affected situations, and identify and mobilize both external and innovative domestic financing.

The representative of ETHIOPIA said that he was pleased to note the level of support for the draft decision on the development of a global strategy and action plan for integrated emergency, critical and operative care, which would be instrumental to the implementation of resolution WHA76.2 (2023). Enhanced financing for universal health coverage would require greater political leadership and commitment to prioritizing universal health coverage in national plans. The development of a single plan, budget and report would increase efficiency and synergy to advance universal health coverage; expanded insurance systems would ensure access to care and prevent catastrophic health spending; fee waiver mechanisms should be implemented for high-impact interventions; an accountability framework should be introduced to track equity among different population groups; and public health systems should be optimized and reoriented towards primary health care. Investment in the health and care workforce should prioritize resilience and adaptability. It was crucial to ensure the availability of resources and infrastructure, and to protect the safety and mental health of health and care workers.

The representative of SLOVENIA observed that primary health care was the foundation for universal health coverage and crucial to comprehensive, integrated and person-centred care. In her country, new challenges included misinformation, growing inequities and health workforce shortages. Social participation in health policy implementation and decision-making could better identify and address the needs of the most vulnerable populations due to the involvement of civil society, including youth and patient organizations. She commended the Secretariat for its attention to meaningful engagement with young people and the publication of a handbook on social participation for universal health coverage. The Organization should explore further the potential of social participation and develop guidelines, tools, monitoring frameworks and platforms for the exchange of good practice to help Member States to promote social participation in their national context. Her Government looked

forward to further consultations on the draft decision on social participation, with a view to its adoption at the Seventy-seventh World Health Assembly.

The representative of BRAZIL noted that achieving universal health coverage required strong national health systems, a qualified health workforce, enhanced primary health care services and access to safe, affordable and quality medicines, vaccines, diagnostics and health technologies. Although inequities and poverty continued to hinder the achievement of that goal, the high-level meeting on universal health coverage had provided an opportunity to reinvigorate efforts. He called for the spirit of the Declaration of Alma-Ata and the Declaration of Astana to be restored and primary health care to be placed at the core of health services. At the national level, a holistic approach to individuals' needs offered a cost-effective way of addressing the social determinants of health. More broadly, better dialogue with financial experts was needed to address unmet needs, and serious gaps persisted in the availability, distribution, composition and capacity of human resources for health, particularly for primary health care. National policies on health professionals should be based on the principle of decent work.

The representative of CHINA said that better financing for health and a stronger health workforce were key to achieving universal health coverage. He advocated sustainable financing strategies, increased public investment, coordinated funding for disease prevention and treatment, and adequate funding for health institutions and service providers, including training and incentives for health workers. More health workers were needed in rural and underdeveloped areas to promote health equity. He expressed regret that agreement had not been reached on the draft decision on social participation for universal health coverage, health and well-being and remained committed to working with Member States on the draft decision in the intersessional period.

The representative of the UNITED STATES OF AMERICA said that central health services needed to be restored to a better level than before the COVID-19 pandemic, ideally by 2025. A supported, equipped and protected health workforce for primary health care was essential to regain lost ground and prepare for future health threats; its resilience should be supported through evidence-based training, including tools to boost public health literacy and build surge response capacity, and mental health and psychosocial support. It was essential to strengthen health systems and institutions; boost health security; combat HIV/AIDS, malaria and tuberculosis; advance sexual and reproductive health and rights; support maternal, neonatal and child health; and close gaps in the areas of nutrition, noncommunicable diseases and mental health in order to accelerate progress towards universal health coverage and the achievement of the 2030 Agenda for Sustainable Development. Women, girls, adolescents, the LGBTQIA+ community and other historically marginalized or underrepresented populations needed to be included in decision-making. She drew attention to the shaping role of political leadership in comprehensive and resilient health systems. Member States had an opportunity and a responsibility to recommit to investment in essential services and to collective efforts towards universal health coverage, with the help of civil society and the private sector, and to improve access to health services while protecting individuals from financial ruin. She expressed support for the draft decision on the development of a global strategy and action plan for integrated emergency, critical and operative care.

The representative of SLOVAKIA welcomed work on accelerating the achievement of universal health coverage, which required collaboration between Member States and the Secretariat at all three levels of WHO. He called for further work to develop strategic, up-to-date and evidence-informed national health programmes that took into account national context, epidemiological data and disease burdens, and prioritized primary health care as key to ensuring health security at all levels. Attention should also be paid to the political determinants of health, strategies on health financing and the optimization of investment in the health workforce, and the development of tailored, context-appropriate

approaches. A greater focus was needed on cross-cutting strategies, including on data and monitoring, international collaboration and innovative technology. A focus on partnership would enable Member States to accelerate progress towards universal health coverage and ensure the equitable, efficient and sustainable delivery of expanded health services.

The representative of JAPAN, noting the three health-related high-level meetings held in 2023, called for the level of interest in universal health coverage generated by the COVID-19 pandemic to be maintained and the momentum towards achieving that goal by 2030 to be furthered. Strengthened health financing was essential; in 2019 his Government had hosted a G20 meeting for health and finance ministers, while in 2023 it had hosted a discussion on the importance of a global hub function for financing, knowledge management and human resources for universal health coverage, as part of the G7 health ministers' meeting.

The representative of the REPUBLIC OF MOLDOVA said that achieving universal health coverage in countries with a higher degree of vulnerability would require the strengthening of primary health care though investment in infrastructure and the workforce. Primary health care suffered from attrition, particularly in rural areas, while family medicine was a difficult specialty that had been almost completely feminized and was struggling to attract new doctors. Changes in protocols and in the responsibilities and activities of doctors and nurses should be considered. Incentives such as supplementary payments could attract medical personnel to rural areas; her Government was a pioneer in that field. The adoption of digital health technologies should be accelerated to enhance access to health care, and support should be provided for disease prevention to reduce the burden on health care services. Action was needed to tackle weak governance and accountability, which were a barrier to achieving universal health coverage. The health-related Sustainable Development Goal targets and the primary health care measurement framework and indicators would play a crucial role in achieving universal health coverage. Activities should be developed at the regional level to help politicians to better understand the benefits of universal health coverage.

The representative of CANADA, welcoming the two draft decisions, said that to achieve universal health coverage, the Secretariat should provide technical and policy advice to Member States and support the alignment of global health actors around country-led strategies. Health systems strengthening, primary health care and integrated services should be prioritized, as they were key to building sustainable health systems and to strengthening global health security. Gender- and equity-responsive and community-driven health systems were essential to achieving universal health coverage and the Sustainable Development Goals, and included the integration in primary health care of, and universal access to, sexual and reproductive health services. Support for frontline workers, the majority of whom were women, was critical for strong and resilient health systems. Efforts to address the environmental drivers of disease were key to strengthening universal health coverage, health systems and health resilience, and promoting health and well-being. Multisectoral collaboration and alignment on global health initiatives and their investments would support country leadership and national plans on universal health coverage.

The representative of YEMEN said that the achievement of universal health coverage would require the mobilization of resources, particularly for low- and middle-income countries where high out-of-pocket expenditure on health exposed citizens to financial difficulty. The health sector in his country had to contend with ongoing conflict, high numbers of internally displaced persons, refugees and migrants, and an exodus of health personnel from rural areas to towns and also to neighbouring countries. Low- and middle-income countries required more resources and support from partners to expand primary health care and achieve universal health coverage, particularly for vulnerably population groups such as children and persons with disabilities. Improved health information systems and data

collection, and research on ways to finance health would support the achievement of universal health coverage and the Sustainable Development Goals.

The representative of MALAYSIA provided details of the measures taken in his country to provide universal health coverage through primary health care. In the context of a rising burden of communicable and noncommunicable diseases, ageing populations and increasing health care costs, greater investment was needed to provide adequate, equitable and sustainable health care services. His Government wished to be added to the list of sponsors of the draft decision on the development of a global strategy and action plan for integrated emergency, critical and operative care.

The representative of BARBADOS said that his country, like other small island developing States, faced financial pressure in a context of escalating health care costs and needed to find additional and alternative sources of funding to ensure the sustainability of the health care system. The strengthening of primary health care, including through improved infrastructure and facilities and the inclusion of mental health services, and adequate human resources for health were critical to achieving universal health coverage. His Government would welcome support and technical assistance on investment in human resources for health, particularly training in nursing and allied professions that suffered from shortages of personnel; investment in strengthening primary health care provision, particularly for the management of noncommunicable diseases; and investment in health information systems for evidence-based decision-making.

The representative of MALDIVES said that the draft fourteenth general programme of work, 2025–2028, would strengthen the commendable efforts made at all three levels of WHO towards achieving universal health coverage and would shift the focus towards promotive and preventive action for health. Welcoming recognition of the specific challenges faced by small island developing States, she said that pragmatic approaches would be needed to achieve and sustain universal health coverage in small economies vulnerable to external shocks caused by climate change and global conflict. Preventive efforts and financing efficiencies, such as a focus on low-cost interventions, a multidisciplinary health workforce and the early detection of noncommunicable diseases, would also be needed to maintain coverage.

The representative of BELARUS, describing the progress made at the national level towards achieving universal health coverage, said that the imposition of politically motivated, unilateral sanctions on his country prevented access to critical medicines and medical devices for vulnerable population groups such as children, older persons and those with cancer or other serious diseases. That action seemed to be at variance with the so-called humanitarian exemption to sanctions and surely raised similar problems for other countries affected by Western sanctions. He called on WHO to focus on the impact of such measures on access to essential medicines and medical devices for those in need.

The representative of AFGHANISTAN, highlighting his country as a case study of the impact on universal health coverage of neglecting hospital care, said that comprehensive hospital services were crucial to the effectiveness of primary health care as the path to universal health coverage, including the promotion of health equity and the reduction of out-of-pocket expenses. A shift was needed towards an up-to-date, evidence-based package of priority health care services, particularly in conflict zones, since the existing approach was not aligned with the current disease burden and was disconnected from humanitarian and development efforts. Human resources for health were also vital to achieving universal health coverage, particularly in areas with historic shortages of female health workers and high maternal mortality rates. Noting that the most recent ban on women's and girls' education in his country had worsened those shortages and had jeopardized the health of future generations, he called on WHO to advocate for the right of Afghan women and girls to education. His Government wished to join the list of sponsors of the draft decision on the development of a global strategy and action plan for integrated

emergency, critical and operative care, and the draft decision on social participation for universal health coverage, health and well-being.

The representative of the FEDERATED STATES OF MICRONESIA said that universal health coverage needed to be enhanced to advance health equity, primary health care and health services for underserved, marginalized and vulnerable population groups; recognition of that in the report was encouraging. Governments must increase budget allocations for health. Investment in health outcomes, health promotion and disease prevention was crucial to universal health coverage, as was supporting connections between health infrastructure and the environment, education and other social determinants of health. Investment in young people as leaders, with a focus on development, should be embedded in a future platform for universal health coverage. Investment in technical expertise for countries where it was lacking would also support the reorientation of health systems through primary health care and the achievement of universal health coverage. Furthermore, investment in South–South cooperation was vital for small island developing States. He expressed support for the two draft decisions.

The representative of TIMOR-LESTE said that her country required support from the Secretariat to address health service coverage for noncommunicable diseases and mental health, and to continue to improve mother, newborn and child health services. Increased domestic funding for primary health care was essential to improve the quality of health services, thereby building trust. Health system responsiveness and adequate stocks of medicines and diagnostic tools were key areas for improvement on which WHO should focus its technical collaboration at all three levels. Public health systems focused on primary care that was free at the point of delivery were critical; low- and middle-income countries should increase domestic funding in that domain.

The representative of FRANCE expressed support for recommendations to increase countries' budget allocations for health systems, strengthen equity and efficiency in health expenditure, enhance access to a comprehensive package of essential health services and collect reliable data. Universal health coverage was a right that should be collectively financed and publicly subsidized to ensure the pooling of resources and provide protection from financial hardship. Efforts to address social participation as a means of boosting public confidence in health systems and taking into consideration the views of patients, vulnerable populations, health professionals and social workers were welcome. She supported the extension of universal health coverage and the political declaration of the high-level meeting on universal health coverage and called for efforts to achieve the 2030 Agenda for Sustainable Development. Welcoming WHO's work in that regard, she called on Member States to support the International Health Partnership for UHC2030, the Universal Health Coverage Partnership and the Global Network for Health Financing and Social Health Protection.

The representative of LESOTHO called for strong political commitment to achieve universal health coverage and described longstanding efforts in her country to provide community health services. Despite gains such as epidemic control of HIV/AIDS, her country experienced a heavy burden of communicable diseases, including tuberculosis, and was affected by the emigration of trained health workers.

The representative of TOGO took note of the report and described the action taken in his country on universal health coverage, including reform and programmes that targeted vulnerable population groups.

The representative of PARAGUAY said that the political declaration of the high-level meeting on universal health coverage represented a clear commitment to make progress by 2030 on universal health coverage through primary health care. Universal access to health care based on a primary health care and person-centred approach was the best way of ensuring that all people enjoyed the right to health.

She described the measures taken by her Government in that regard, including the establishment of family health teams that focused on the social determinants of health and the promotion of healthy lifestyles.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA called for the implementation of the Delhi Declaration on strengthening primary health care as a key element towards achieving universal health coverage, which had been adopted at the 76th session of the WHO Regional Committee for South-East Asia in 2023, and the political declaration of the high-level meeting on universal health coverage. WHO recommendations should encourage Member States to introduce cost-effective approaches, such as mobile health apps and telemedicine, to reach underserved populations and tackle noncommunicable diseases. Member States should strengthen information, education and communication, and disease surveillance and reporting systems, and develop national action plans to provide quality education for the primary health care workforce. She called on the Secretariat to implement plans for universal health coverage with a clear target of 2027 and present the results to the high-level meeting on universal health coverage scheduled to take place that year.

The meeting rose at 11:45.

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