

## **SIXTH MEETING**

**Thursday, 23 May 2013, at 09:10**

**Chairman:** Dr W.T. GWENIGALE (Liberia)

**later:** Dr L.G. ROSS (Solomon Islands)

**later:** Dr W.T. GWENIGALE (Liberia)

### **1. SECOND REPORT OF COMMITTEE A (Document A66/65)**

Dr CUBA ORÉ (Peru), Rapporteur, read out the draft second report of Committee A.

**The report was adopted.<sup>1</sup>**

### **2. PROMOTING HEALTH THROUGH THE LIFE COURSE: Item 14 of the Agenda (continued)**

**Monitoring the achievement of the health-related Millennium Development Goals and Health in the post-2015 development agenda:** Item 14.1 of the Agenda (Documents A66/13 and A66/47) (continued from the fifth meeting, section 2)

Dr AL-TAAE (Iraq) said that, in order to maintain the progress achieved thus far, it would be necessary to refine the indicators and targets of the Millennium Development Goals in the post-2015 development agenda, taking into account the need for sustainability. He further suggested the establishment of a “maintenance workplan” to ensure that those indicators and targets were regularly updated in line with current epidemiological, demographic and other trends. The indicators should be incorporated into national strategies and plans, not only at the level of health ministries but also within strategic development workplans. Multisectoral collaboration and community participation were also vital to ensure sustainable development in the post-2015 environment. Health development should form part of development actions and policies across a wide range of sectors, contributing to the promotion of health through healthy life skills and lifestyles.

Ms BRANCHI (France) said that health should continue to be a crucial element in the post-2015 development agenda so as to build on the results achieved in relation to the Millennium Development Goals and because health was an indicator of sustainable development. Highlighting the need for innovative financing and the mobilization of national and international resources for health development in the post-2015 agenda, she noted that effective low-cost interventions existed and should be enhanced, such as prevention, action on social and economic determinants of health, gender equity, and access to sexual and reproductive health services. Universal health coverage was both a political aspiration and a specific objective that had a direct impact on the health of all peoples. Strengthened health systems were needed in order to reach the targets of the health-related Millennium Development Goals and combat noncommunicable diseases. Increasingly, universal health coverage was being used as a tool to reduce poverty and promote equity and sustainable development, the

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<sup>1</sup> See page 309.

concept being to enable the most vulnerable people to access basic health services without incurring financial difficulties. The United Nations General Assembly, in its resolution 67/81 on global health and foreign policy, had recommended the inclusion of universal health coverage in the post-2015 development agenda, highlighting the need for a multisectoral approach and political commitment going beyond the health sector.

Ms REITENBACH (Germany), referring to the need to ensure that health was an integral part of the post-2015 development agenda, said that she shared the views expressed by the Director-General in her address, namely that “[h]ealth contributes to and benefits from sustainable development and is a measurable indicator of the success of all other development policies”. Comprehensive, effective, affordable, well-managed and high-quality health services could be achieved through universal health coverage and the implementation of health-related policies across a broad range of sectors, and should be driven by an equity- and rights-based approach.

Dr ESCARTIN (Philippines) said that one of the three strategic components of his country’s universal health care agenda was the achievement of the Millennium Development Goals. Progress towards them was tracked, particularly in relation to maternal health care and maternal mortality, the high rate of which was being addressed through multisectoral actions and policies. With the support of WHO, his country was developing an instrument to monitor the intermediate outcomes of the implementation of universal health coverage. The results would be used to guide future decisions and actions. His Government would continue to support global initiatives to assess the progress made towards the Millennium Development Goals.

Dr AL LAMKI (Oman) endorsed the Director-General’s view that health contributed to and benefited from sustainable development. Work on achieving the health-related Millennium Development Goals would guide future actions and must continue. In view of the risk of noncommunicable diseases at the global level, he highlighted the need to include actions to reduce related morbidity in the post-2015 development agenda.

Ms ALI (Maldives) commended the leadership of WHO and the commitment of Member States to achieving the Millennium Development Goals. She expressed strong support for the overarching goal of “well-being and happiness” proposed during the South-East Asia Regional Consultation on the Post-2015 Development Agenda held in Bangkok, Thailand from 19 to 21 March 2013. Universal health coverage was a significant element of efforts to achieve the Millennium Development Goals. Although the Goals had led to significant improvements in health, progress towards all of them had not been consistent, underscoring the need to continue global efforts. Her country had achieved five of the eight Millennium Development Goals, including Goals 4 and 5. However, like other developing countries, Maldives faced numerous challenges in sustaining its achievements, such as limited human resources and the high cost of health care. Reducing the burden of noncommunicable diseases should be given high priority in the post-2015 development agenda, and emphasis should be placed on the importance of universal health coverage. The Secretariat should continue to provide support to Member States in terms of capacity-building, especially in relation to human resources, and should encourage collaboration between Member States in their efforts to achieve the health goals.

Dr ROZITA HALINA TUN HUSSEIN (Malaysia) said that, in order to accelerate progress towards attaining the Goals, interventions must be country-specific, as countries were at different levels of achievement. WHO should use its role as the leading global health agency to guide the coordination of global efforts, in order to identify cross-cutting issues that were applicable to the achievement of universal health coverage. National surveillance capacities must be strengthened so as to capture essential disaggregated data, and to that end the Secretariat should provide support to countries with minimal resources and limited data availability, thereby allowing them to measure progress in universal health coverage and equity through the development of a set of indicators.

Ms HARB (Lebanon), speaking on behalf of the Member States of the Eastern Mediterranean Region, said that, although commendable achievements had been made in some countries in the Region, not all Member States had made the same level of progress, owing to the diversity of the Region and the variety of its challenges, including political unrest, poverty, a low literacy rate and insufficient resources. One challenge faced by many Member States was achieving universal health coverage while optimizing investment and enhancing accountability. Further progress towards the health-related Millennium Development Goals could be made by taking action on cross-cutting problems, such as strengthening health systems, ensuring access to high-quality health care, and tackling the social determinants of health. She called on WHO, in coordination with other organizations of the United Nations system, to provide the resources needed to respond to the Dubai Declaration of 30 January 2013 on Saving the Lives of Mothers and Children: Rising to the Challenge, adopted by ministers of health and delegates of countries of the Eastern Mediterranean Region, and to provide the necessary support to Member States, particularly those experiencing political instability and civil wars.

All Millennium Development Goals were related to health. Poverty reduction and sustainable development were intrinsically linked to health; reducing poverty was therefore a key element of universal health coverage. She requested the Secretariat to provide support to Member States in the Region in their efforts to ensure fair access to quality, equitable and affordable health care services and promote healthy lifestyles, while maintaining the results already achieved in relation to the Millennium Development Goals.

Professor BAGGOLEY (Australia) said that the outcomes of the High-Level Dialogue on Health in the Post-2015 Development Agenda (Gaborone, Botswana, 4–6 March 2013) provided a good basis for further discussions on health in the post-2015 environment. Those discussions should be consultative and include broad country- and regional-level inputs. Significant progress had been made towards the health-related Millennium Development Goals, but large disparities existed between and within countries and not all targets would be met by 2015. Noting that the improvement of access to quality maternal and child health services was a key development objective of Australia's aid programme, he expressed particular concern at the lack of progress made in relation to Goal 5 and called for additional efforts to address maternal mortality. He supported WHO's work to ensure that health was an integral part of the post-2015 agenda, noting that the links between health and sustainable development must be clearly articulated and that reducing the burden of noncommunicable diseases was a crucial aspect of sustainable development. The United Nations Millennium Declaration (United Nations General Assembly resolution 55/2), with its focus on poverty reduction, should remain a key reference in the post-2015 agenda. Future goals must be clear, measurable and able to generate political commitment for health outcomes.

Dr ALHAJERI (Bahrain) thanked the Secretariat for its efforts to meet existing challenges in the Eastern Mediterranean Region, especially with respect to the post-2015 development agenda. It was essential to harmonize the action taken by United Nations agencies and their partners to achieve the Millennium Development Goals. Vigorous action was required to remove impediments to progress in some countries. It was also important to focus on areas in which delays in achieving the goals had been recorded. The fair distribution of appropriations was essential. Greater financial support and technical expertise must be made available to accelerate progress during the period prior to 2015, especially in countries that were carrying the greatest burdens in health. He supported the references in the documents under discussion to the need for speedier progress towards the achievement of the Millennium Development Goals, especially Goals 4 and 5, in the Eastern Mediterranean Region, as well as plans to achieve sustainable health for all.

Dr SEAKGOSING (Botswana) said that it was an opportune time to build on the successes achieved in relation to the health-related Millennium Development Goals, while also ensuring that their shortcomings, such as a lack of focus on equity and human rights and the absence of a multi-level consultative process, were better addressed in the post-2015 environment. Botswana had co-hosted the High-Level Dialogue on Health in the Post-2015 Development Agenda, at which participants had acknowledged the need for an overarching development goal that positioned health as a crucial contributor to, as well as an outcome of, sustainable development and human well-being. Issues related to equity, health system strengthening, accountability, partnerships and national ownership had also been highlighted as essential to the achievement of the post-2015 goals. He looked forward to the outcomes of the discussions of the Secretary-General's High-Level Panel of Eminent Persons on the Post-2015 Development Agenda. Health must retain a prominent position both in the sustainable development agenda and in the post-2015 development agenda. Furthermore, while it was important to determine the post-2015 agenda, work on achieving the current health-related Millennium Development Goals must not be sidelined.

Ms TRAVERSO ZEGARRA (Peru), speaking on behalf of the Member States of the Union of South American Nations, said that health should be viewed as a fundamental right; incorporating equity, universality and quality into health goals would allow the social, economic and environmental determinants of health to be addressed, thereby enabling multisectoral action and the inclusion of health in policies across all sectors. The Member States of the Union of South American Nations were fully committed to the discussion on health in the post-2015 environment. Referring to the impact of economic factors and the environment on health and the intrinsic link between development and health, she underlined the need to take development and sustainability into consideration when determining the post-2015 health agenda. Universal health coverage must be ensured and should include elements such as prevention, health promotion, rehabilitation, access to medicines, palliative care and work on the determinants of health; current health targets and actions, such as those related to maternal and infant mortality, must be incorporated into the post-2015 agenda.

Mr OVIEDO (Costa Rica), noting that global health inequities remained in spite of the progress made, said that work on the Millennium Development Goals must continue in the case of upper-middle-income countries such as Costa Rica, not only to achieve the agreed targets but also to maintain the progress already achieved. He expressed support for the approach of giving health a prominent position in the post-2015 development agenda. The objectives of the post-2015 agenda should be based on a clear and integral concept of health and should include targets to measure the quality and performance of health services and systems, actions related to the determinants of health, and a variety of goals to ensure access to basic services, such as sanitation and nutrition. Referring to the need to look beyond strategies targeting the provision of health services only, he asserted that additional key elements of the post-2015 agenda should include the extension of health coverage and the strengthening of primary health care, through which the determinants of health could be comprehensively addressed.

Dr BARBOSA (Brazil) said that health was the link between poverty reduction, well-being and sustainable development and, as such, together with its related elements of universality and equity, should maintain a primary role in the post-2015 agenda, thereby addressing the political, social and economic determinants of health. In particular, his country supported universal health coverage, including the promotion of effective access to health services, efforts to increase life expectancy, and work to conclude the unfinished agenda on reducing the burden of maternal and child mortality. Endorsing the emphasis in document A66/47 on a comprehensive, inclusive health objective that clearly articulated the relationship between health and poverty reduction, he stated that his country was committed to building an improved health environment for the future.

Dr DIAZ ANAÍZ (Chile) endorsed the view expressed in a WHO discussion paper in October 2012 that the Millennium Development Goals were “a powerful force in maintaining political support for development” and should be considered in the process of defining the post-2015 agenda, in order to shape future global health efforts and ensure that existing high-priority goals were completed and emerging global health issues addressed. While further efforts were needed to achieve the Millennium Development Goals, it was important to recognize the multitude of challenges faced by individual countries in achieving them. His country had made significant progress in reducing maternal and child mortality and in providing treatment for people with HIV/AIDS and tuberculosis. Given that, in many countries progress in the treatment of HIV infection had been possible as a result of more equitable access to antiretroviral therapy and prompt diagnosis, there was a need to remove all barriers to universal access to medicines.

Although the maternal mortality ratio had considerably decreased at the global level, further multisectoral, political and social efforts were needed to lower the rate in countries that still had a ratio above 100 deaths per 100 000 live births. In line with WHO’s aim of reducing early pregnancy, his country had established a range of services for adolescents, including counselling and contraceptive services, leading to a significant reduction in early pregnancy. Those policies could be replicated at the intraregional and interregional levels.

Ms CHUNG (Canada) said that the current health-related Millennium Development Goals remained highly relevant, and work on them should continue as part of the post-2015 framework. In view of the changing global health landscape, it was important to strengthen linkages with the sustainable development agenda, tackle emerging health problems such as noncommunicable diseases and the social determinants of health, ensure that due attention was paid to gender equality and equity issues, recommit to strengthening health systems, and ensure that children and youth remained at the centre of global health efforts.

Dr WOLDEMARIAM (Ethiopia) said that the Millennium Development Goals had proved to be successful in constituting a common development platform and had mobilized action to improve the lives of many people. He underlined the need to ensure the relevance of health system strengthening by maintaining country ownership and increased financing. Noting the importance of harmonizing and aligning global action to achieve health results, he emphasized that health should be an integral component of the post-2015 development agenda, which should incorporate valuable inputs from the successes and setbacks experienced in achieving the Millennium Development Goals.

Mr PIPPO (Argentina) said that construction of the post-2015 development agenda must be based on an integrated vision, with a focus on people and their communities. The post-2015 agenda must also be capable of responding to emerging challenges and place health at the forefront of global actions, in part because health provided a yardstick against which the success of multisectoral socioeconomic policies could be measured. The links between health and development should be clearly defined in the post-2015 agenda, providing impetus to policies that viewed health as a pivotal determinant in terms of its effect on socioeconomic, political and cultural development. In that connection, he noted the adverse health impacts of the recent global economic crisis.

Life expectancy could be increased by ensuring universal access to services such as safe drinking-water and sanitation, education and coverage of health services. Current and future discussions on the post-2015 agenda must adopt an integrated approach to health and consider a wide range of objectives in view of the changing global health landscape. Noting that universal health coverage and access were fundamental components of efforts to achieve the highest possible level of health for all, he highlighted the need for further work on them, including the establishment of related objectives.

Dr WAPADA (Nigeria) said that his country had made significant progress and was on track to achieve the Millennium Development Goals, especially Goals 4 and 5, as a result of national health strategies and activities to target maternal and child health. His Government was committed to ensuring universal health coverage and was in the process of enacting legislation that would improve funding for the health sector; most states in Nigeria were providing free maternal and child health services. He endorsed the post-2015 development agenda.

Mr FERDINAN TARIGAN (Indonesia) said that the Secretariat's focus on achieving the Millennium Development Goals was welcome, although further efforts were needed, particularly in relation to reducing infant and maternal mortality and HIV prevalence. Geographical and socioeconomic disparities, the lack of an adequate health workforce and low government awareness were contributory factors to the slower progress made in some countries. His Government had implemented a number of actions to achieve the Millennium Development Goals, including legislation to promote breastfeeding. The new set of objectives in the post-2015 development agenda should also cover indicators relating to well-being and happiness, and should include not only well-managed, effective public health initiatives to promote healthy behaviour but also partnerships to promote universal access to health care. His country had set aside a significant budget to ensure universal access to health care for all its citizens.

Dr VALLEJO (Ecuador) said that, in order to have a genuine impact on future development, a holistic and integrated approach to health was required. In his country, health was regarded as a component of overall well-being. His Government was working to ensure that health was integrated into all policies, and its multisectoral action, together with political commitment, had led to substantial progress in reducing poverty and inequity.

The post-2015 development objectives should focus on the principle of equity and on the social determinants of health, thereby helping to reduce health disparities among countries. The process to develop the post-2015 objectives, which would not be easy, should be inclusive and open to all Member States and must be shaped by feedback at the global, regional, subregional and national levels. It was important to continue efforts to achieve the current Millennium Development Goals, especially those related to maternal and child mortality, while maintaining and building on the results achieved. A variety of strategies should be implemented, including a monitoring and evaluation framework to measure progress in achieving the post-2015 objectives and a clear set of indicators would therefore need to be established. In that context, the Secretariat at headquarters and in regional offices must provide technical support to Member States.

Dr ST. JOHN (Barbados) said that the Millennium Development Goals had focused global efforts to redress inequities and had resulted in significant progress even in a time of global unrest, socioeconomic upheaval and economic instability. She supported the aim of completing the Millennium Development Goal agenda in the post-2015 environment, but emphasized that the post-2015 objectives must focus more sharply on human rights and gender-based approaches, among other principles enshrined in the United Nations Millennium Declaration (United Nations General Assembly resolution 55/2). Noting that a global, multisectoral approach with an emphasis on prevention would be essential to tackle noncommunicable diseases, she urged Member States to promote efforts in that regard. She endorsed the life course approach to addressing health needs in the post-2015 agenda and the proposed focus on wellness rather than illness. Efforts to ensure universal health coverage were essential and would not only lead to strengthened health systems and better quality health care delivery but would also give countries the flexibility to determine their package of health services and the method of providing sustainable financing for those services.

Dr MARTÍNEZ DE CUELLAR (Paraguay) said that, although many of the Millennium Development Goals would not be achieved in her country despite considerable efforts to do so, Paraguay had made progress towards some, including a reduction in maternal and child mortality and in mortality and morbidity due to HIV infection and tuberculosis, as well as the eradication of malaria. Global strategies must be identified to accelerate progress towards those Goals that could be achieved by 2015. She also highlighted the need to mobilize efforts, strengthen the network of health services and secure sufficient resources in order to achieve the forthcoming objectives of the post-2015 agenda, which should contain not only clear actions to maintain the success achieved to date but also actions that would contribute to achieving the Millennium Development Goals that had not yet been attained. The post-2015 agenda should further include objectives to tackle the social determinants of health, such as universal access to health, safe drinking-water and education.

Dr AFZAL (Pakistan) noted that the Millennium Development Goals had helped to shape political agendas, had served as fiscal instruments and had helped to institutionalize policies, but, despite the gains made, the Goals must be regarded as unfinished business. At the same time, it was important to build further on the aspirations underlying them. The post-2015 framework should include: mainstreaming the Millennium Development Goals in public health planning; embracing universal health coverage and access as a policy goal; putting in place structures to compel accountability; and paying attention to factors outside the health sector that shaped human well-being. Putting health at the heart of the post-2015 development agenda would not only save lives and enhance economic development, but would also contribute to environmental sustainability and the advancement of well-being and social justice.

The CHAIRMAN drew the Committee's attention to the draft resolution proposed by the Member States of the African Region.

Dr GWINJI (Zimbabwe) said that the Health Assembly needed to make a clear statement to the international community as to the importance of placing health at the centre of the post-2015 development agenda. To that end, he presented the following draft resolution on health in the post-2015 agenda, and proposed that an informal working group of interested Member States be convened to further strengthen the drafting of that resolution.

The Sixty-sixth World Health Assembly,

PP1 Recalling global, regional and national health consultations on the post-2015 development agenda which are still underway;

PP2 Reaffirming the WHO Constitution which states that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;

PP3 Appreciating the need to sustain current commitments and interventions on the health related MDGs;

PP4 Ensuring that the process of defining the post-2015 agenda does not detract ongoing efforts to achieve MDG targets by 2015 and builds on the strong foundation established towards the attainment of these goals;

PP5 Recognising that health is central to human development as both a contributor and outcome and that Universal Health Coverage is an important measure of development;

PP6 Cognisant of the importance of a whole of Government, whole of society and health in all policies approach towards a common post-2015 agenda;

PP7 Cognizant of the need for a holistic approach by addressing the determinants of health;

PP8 Underlining the importance of strengthening health systems: service delivery, health workforce, health information system and health research, essential medicines, health financing and leadership and governance, including health research;

PP9 While recognising the progress that has been made in attaining some of the health related MDGs many countries are not on track to fully attain some of the health related MDGs.

PP10 Cognizant of the high burden of communicable and the rising burden of Non-Communicable and Neglected Tropical Diseases exacerbated by poor nutrition and access to safe water and sanitation services and their devastating effects on the health of individuals and communities;

PP11 Recognising that inequitable access to quality health care, especially for women and children, continues to be an issue of major concern;

1. URGES Member States:

- (1) to ensure community empowerment and participation to attain the desired health outcomes;
- (2) to strengthen country ownership in articulating national plans and priorities and aligning efforts and resources;
- (3) to build towards sustainable progress on health outcomes through universal health coverage as an over-arching goal;
- (4) to honour their commitments towards agreed health targets and goals and take all necessary action to accelerate the attainment of the 2015 MDGs;
- (5) to fully engage on discussions on the post-2015 agenda to ensure that health is central to the development agenda and that universal health coverage (UHC) features prominently in the post-2015 agenda;
- (6) to strengthen all the dimensions of the six health system blocks assuring efficiency, effectiveness and equity;

2. CALLS UPON the Director-General:

- (1) to ensure that subsequent consultations on health in the post-2015 agenda continue to be inclusive at all levels and also well coordinated with other ongoing consultations;
- (2) to facilitate partnerships and more effective collaboration by different stakeholders as well as ensuring transparency and accountability;
- (3) to continue to mobilize financial and technical resources to enable Member States attain the 2015 MDG targets;
- (4) to further engage the High Level Committee on the post-2015 Agenda and the Office of the UN Secretary General to impress on the UN General Assembly the centrality of health in development.

Mr WANGDI (Bhutan) said that the primary goal of the post-2015 development agenda should be sustainable development for well-being and happiness for all. Good health was an important precondition for that, thus health should be a major focus. Noting that the particular concerns of small States – such as difficulties in the procurement of good-quality medicines, and the high cost of implementation – were often lost in the global arena owing to the small numbers of people affected, he asked that the post-2015 agenda reflected the concerns of small States, especially those that were landlocked.

Ms Jie-Ru TZENG (Chinese Taipei) said that all the other issues under consideration for inclusion in the post-2015 development agenda depended on health, and that more comprehensive consideration of health issues would therefore allow other problems to be better addressed. She supported the inclusion in the development agenda of human rights, participation, poverty eradication, equality and sustainability. Universal health coverage must play a key role, in conjunction with sustainable development and poverty reduction. Chinese Taipei was willing to share its own experiences of introducing universal health coverage.



Ms SCHULTZ (International Organization for Migration), speaking at the invitation of the CHAIRMAN, said that the post-2015 development agenda would need to address the health needs of the estimated 1000 million migrants worldwide, particularly women and child migrants, the undocumented and the lower-skilled. She emphasized that migrants' right to health had to be safeguarded in the light of the more restrictive policies on migrants' access to health care that were being considered in many countries; that guaranteeing migrants equitable access to health care and the inclusion of factors related to migrants and mobility in disease control programmes was necessary and cost-effective, improving public health outcomes; and that healthy migrants contributed to social and economic development and enhanced the well-being of their families and communities. Her organization wanted to see a focus on the underlying social determinants of migrants' health, and called for the inclusion of explicit indicators for monitoring their health in line with resolution WHA61.17 on health of migrants.

Ms SPELLER (Medicus Mundi International – International Organisation for Cooperation in Health Care), speaking at the invitation of the CHAIRMAN, said that identifying key lessons from the Millennium Development Goals was crucial if the post-2015 framework was not to replicate identified shortcomings. For example, measuring progress in terms of country averages had resulted in a failure to reflect the persistence of inequity and poor conditions of health among the poorest and most marginalized communities. The top-down process through which the Millennium Development Goals had been conceived and implemented had meant that questions of governance and participation had been insufficiently addressed. As those Goals had failed to address inequity in health, an increase in per capita income alone would not improve health outcomes without specific redistributive policies, and the achievement of equity within and between countries must therefore be a top priority in the new development agenda. The assumption that development could be achieved largely through the medium of international aid was an illusion that had diverted attention from the deeper and persistent political issues of structural imbalance. The prevailing "charity" model needed to be replaced by a human rights-based approach, with clearly delineated responsibilities and strong accountability mechanisms. The present day's global challenges merely touched on the surface of underlying problems, which meant that sustainable and equitable development – including governance reform and the restructuring of economic and political relationships – would be achieved only through new approaches to national and global decision-making, based on popular participation and direct democracy. The right to health would not be achieved unless the concept of development went beyond mere economic growth and industrialization.

Mr WRIGHT (The Save the Children Fund), speaking at the invitation of the CHAIRMAN, asked why the ambitious outcomes of the High Level Dialogue on Health organized by Botswana and Sweden were not yet reflected in the recommendations of the High-Level Panel, and suggested that the problem was that the access to private health care enjoyed in many countries by members of parliament and officials often made them disinclined to vote for systems that would compel them to contribute financially to the essential health care of the poor. Similarly, in a process that was dominated by governments of wealthy countries, the voices of the intended beneficiaries of development were not being heard. Thus the report of the High-Level Panel, which was due soon, marked the beginning of the process, not the end, and the subsequent process involving the Open Working Group on Sustainable Development Goals would strongly influence the goals that emerged. Stakeholders should ensure that their governments' and their people's voices were heard, as that was the only way to secure a global commitment to ambitious health targets aimed at reducing inequality and ending all preventable deaths.

Ms BARCLAY (International Planned Parenthood Federation), speaking at the invitation of the CHAIRMAN, expressed concern that the initial omission and then late inclusion in 2007 of sexual and reproductive health in the Millennium Development Goal framework had undermined progress, particularly towards Targets 5.A and 5.B. Low-income countries were disproportionately affected by

the lack of access to modern contraception, and the lives and opportunities of their people would continue to be compromised as a result. Family planning was one of the most cost-effective health and development interventions. Access to sexual and reproductive health services must be a basic building block of the post-2015 global development framework if it was to support sustainable social and economic growth and improve human well-being. The development framework must therefore include a specific target on sexual and reproductive health and rights, the continuation and expansion of Millennium Development Goal Target 5.B, and a stand-alone goal on gender equality and women's empowerment.

Ms EARDLEY (World Vision International), speaking at the invitation of the CHAIRMAN, called on Member States to ensure that health, particularly of the world's poorest women and children, remained central to the post-2015 development agenda. The current Millennium Development Goals ignored inequalities, and the post-2015 development agenda should therefore ensure that proven maternal, newborn and child health interventions targeted the poorest children and families. A high-level goal to end preventable maternal, newborn and child deaths was needed; articulating a goal for the universal extension of services or clustering maternal and child mortality alongside other health-related objectives would not be sufficient. Drawing attention to the recommendations of the United Nations Commission on Information and Accountability for Women's and Children's Health, she said that accountability should be enhanced by involving communities in the planning, monitoring and review of new health goals at all levels.

Miss DHATT (International Federation of Medical Students' Associations), speaking at the invitation of the CHAIRMAN, said that the construction of future development goals must be informed by the identified deficiencies of the Millennium Development Goals. She therefore called on Member States and the health community to champion the outcome report of the global thematic consultation on health; to press for the inclusion of health as a central theme in the post-2015 agenda and the incorporation of the principle of equity into all goals; and, in the context of the upcoming Open Working Group meetings, to engage with other sectors, in recognition of the multisectoral nature of global health. In the Millennium Development Goals, the best progress had been seen in those that were specific and measurable, which made it vitally important that at-risk populations such as young women and girls be specifically mentioned and that specific indicators be created. Monitoring of those indicators must be based on disaggregated data, as a means of ensuring that progress was equitable.

Dr KIENY (Assistant Director-General) said that the contributions made by delegates and representatives of civil society reflected the major progress made by many Member States towards the Millennium Development Goal targets but also highlighted the need for accelerated action to make more progress in the 934 days that remained until the end of 2015. Greater focus on areas that were lagging behind would be critical – including maternal mortality, sexual and reproductive health and rights, and adolescent health. Several speakers had emphasized the role of other sectors and of social determinants of health. She had noted the desire for the existing Millennium Development Goals that would not be attained to be a central part of the post-2015 agenda. Noncommunicable diseases and universal health coverage, including health systems strengthening, good-quality health services and financial risk protection, were also items to be included. Many interventions had highlighted the outcome of the global thematic consultation on health that had been facilitated by the Governments of Botswana and Sweden, UNICEF and WHO during the previous six months. That consultation had concluded with a high-level meeting in Botswana in March, and the report of the consultation had been submitted to the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda that was to report to the United Nations Secretary-General. That report was a good basis for further engagement in the post-2015 development agenda, for instance as an input to the discussion of the Open Working Group on Sustainable Development Goals about positioning health in the overall development agenda and developing targets and indicators. The Secretariat was committed to continuing to work with Member States, civil society and other organizations in the United Nations

system on the post-2015 development agenda process, in order to ensure that health would occupy a central place.

The CHAIRMAN said that he took it that the Committee wished to suspend consideration of agenda item 14.1, pending the outcome of work by an informal drafting group convened to work further on the draft resolution that had been presented.

**It was so agreed.**

(For continuation of the discussion and approval of the draft resolution, see the summary record of the twelfth meeting, section 2.)

**Follow-up actions to recommendations of the high-level commissions convened to advance women's and children's health:** Item 14.2 of the Agenda (Documents A66/14 and EB132/2013/REC/1, resolution EB132.R4)

Dr ST. JOHN (Barbados, representative of the Executive Board) introduced resolution EB132.R4, entitled "Implementation of the recommendations of the United Nations Commission on Life-Saving Commodities for Women and Children".

**Dr Ross took the Chair.**

Dr THI HONG LUU (Viet Nam) said that her country had been actively implementing the recommendations of the Commission on Information and Accountability for Women's and Children's Health. The implementation of those recommendations would go hand in hand with Viet Nam's strategy on population/reproductive health 2011–2020, as part of the country's effort to achieve Millennium Development Goals 4 and 5 by 2015. Support from WHO and other partners would be welcome in that regard.

Ms STIRØ (Norway) said that initiatives under the United Nations Secretary-General's Global Strategy for Women's and Children's Health had led to landmark results in progress towards Millennium Development Goals 4 (Reduce child mortality) and 5 (Improve maternal health). A great deal remained to be done, however, and the collective commitment of the international community was still needed. The United Nations Commission on Life-Saving Commodities for Women and Children, co-chaired by Nigeria and Norway, had estimated that an ambitious scaling-up of 13 essential commodities would save more than 6 million lives over the coming five years. It had produced 10 recommendations for ensuring delivery of those commodities to people most in need and had listed practical proposals for eliminating the major hindrances to expansion of coverage and access to them. She strongly recommended that those proposals be put into action and welcomed the fact that an implementation plan developed to ensure rapid progress had already attracted considerable support. In the Abuja Ministerial Communiqué on the Implementation of the Recommendations of the Commission, a number of African countries had pledged to implement the recommendations adjusted to local needs and priorities. The Executive Board at its 132nd session had adopted resolution EB132.R4, which recommended a draft resolution for adoption by the Health Assembly, which she hoped it would do.

Dr KESKİNKILIÇ (Turkey) generally supported the draft resolution recommended in resolution EB132.R4 but expressed concern about two of the 13 recommended life-saving commodities listed in the annex to the draft resolution. First, misoprostol had been recommended for the control of postpartum haemorrhage but had not been licensed for that purpose by the European Medicines Agency or the United States Food and Drug Administration; and given that it was known to be used for medical abortion by health care professionals, it might give rise to other complications. Secondly,

antenatal corticosteroids, in view of concerns raised about the safety of their use during pregnancy, should be prescribed on a case-by-case basis. He therefore proposed that the words “under the supervision of health care professionals and” be inserted after “life-saving commodities” in subparagraph 1(1) of the draft resolution; and that the words “and the 13 life-saving commodities” in subparagraph 1(2) be deleted.

Dr ABHE (Côte d’Ivoire) said that Côte d’Ivoire was in the process of finalizing its country roadmap for strengthening accountability for women’s and children’s health, and that maternal, newborn and child health programmes had been mainstreamed into the national health accounts. Major challenges included strengthening the national health information system, monitoring and evaluating maternal and child health programmes, and increasing national resources for health. Further, the 13 recommended commodities listed in the annex to the draft resolution had been added to the list of essential medicines. Key concerns included frequent disruptions to the supply of essential products, insufficient funding to acquire those products and a lack of training for service providers in their use.

Mr ÁLVAREZ LUCAS (Mexico) reiterated his country’s endorsement of the recommendations of the Commission on Information and Accountability for Women’s and Children’s Health and agreed with the assessment in document A66/14 of the barriers hindering access to the 13 commodities recommended by the United Nations Commission on Life-Saving Commodities for Women and Children. Mexico was already working to implement the latter’s recommendations, especially with regard to the quality and availability of those commodities, particularly to the most vulnerable groups.

Dr AL-TAAE (Iraq), stressing the importance of attaining Millennium Development Goals 4 and 5 in paving the way towards achievement of the other Goals, said that the related indicators should be aligned with priorities in regard to reproductive and maternal and child health services according to each country’s epidemiological and demographic data. Particular emphasis should be placed on monitoring growth, combating malnutrition and promoting immunization in coordination with the Integrated Management of Childhood Illnesses strategy, with breastfeeding regarded as a child’s first dose of immunization. Relevant programmes must be incorporated into primary health care, centring on evidence-based practices in family medicine and family health services.

Dr DA COSTA SARMENTO (Timor-Leste) said that her country supported implementation of the recommendations of the Commission on Information and Accountability for Women’s and Children’s Health through its country accountability framework. Timor-Leste was strongly committed to achieving Millennium Development Goals 4 and 5, and she urged the Secretariat to work with Member States and partners to provide the technical support needed to ensure the quality of essential medicines and life-saving commodities. Quality information for civil registration and vital statistics systems, results monitoring and review systems was essential.

Timor-Leste was ready to carry forward the recommendations of the United Nations Commission on Life-Saving Commodities for Women and Children; to support the availability and quality of relevant raw materials and products through capacity-building for prequalification; and to define regulatory pathways to eliminate the impediments to expansion of coverage with and access to recommended commodities. In the area of reproductive health, however, the recommendation on emergency contraception could not be implemented in her country or countries that had introduced anti-abortion legislation.

Dr CARTIER (Belgium), also speaking on behalf of the Netherlands, strongly supported the draft resolution and requested the Secretariat to step up efforts to stimulate research, to promote best practices in low-income countries and to update the reproductive health strategy, in order to accelerate progress towards attainment of international development goals.

**Dr Gwenigale resumed the Chair.**

Dr GOYITO (Benin), speaking on behalf of the Member States of the African Region, said that African countries were committed to stepping up their response to the United Nations Secretary-General's Campaign for Accelerated Reduction of Maternal Mortality. Each, in its efforts to achieve the Millennium Development Goals, had carried out self-assessment of its current situation concerning accountability for health through the monitoring of results, tracking of resources and strengthening of civil registration and vital statistics systems, as well as through maternal mortality surveillance and response, and advocacy for accountability. Given that maternal, child and youth mortality in the African Region was among the highest in the world, the implementation of accountability roadmaps should involve the concerted efforts of all stakeholders, including local and national governments, research institutions, civil society and nongovernmental organizations. New funding mechanisms should be developed, aid should be better coordinated and strategies should be developed to strengthen health systems, with a particular emphasis on human resources for service provision, monitoring and evaluation.

Dr DIAZ ANAÍZ (Chile) said that his Government supported the work being done by WHO to help countries meet their commitments to attain the Millennium Development Goals in relation to child mortality and maternal health. Reproductive health services in his country, including monitoring during pregnancy and childbirth, family planning and the prevention of sexually transmitted diseases, had brought about significant reductions in maternal and perinatal morbidity and the incidence of miscarriage. He supported the draft resolution.

Professor PRASAD (India) said that his Government's five-year plan (2012–2017) placed particular emphasis on the promotion of health sector governance and accountability, which was critical for monitoring outputs and outcomes following significant increases in health expenditures. India was one of the six countries in the South-East Asia Region involved in developing the country accountability frameworks and roadmaps recommended by the Commission on Information and Accountability for Women's and Children's Health, and work was in progress. Bearing in mind the importance of intersectoral coordination, the Government was preparing to finalize a roadmap aimed, inter alia, at implementing a nationwide accountability framework adapted to the country's specific needs and priorities; strengthening the health management information system and national health accounts; and scaling up the civil registration and vital statistics system. India endorsed WHO's proposed actions to follow up on the Commission's recommendations.

Dr ALZAYANI (Bahrain), speaking on behalf of the Member States of the Eastern Mediterranean Region, reported that eight of the 10 countries in the Region identified by the Commission on Information and Accountability for Women's and Children's Health had already conducted training and established roadmaps and country plans. Implementation of the roadmaps would contribute greatly to WHO's initiatives to accelerate progress towards attainment of Millennium Development Goals 4 and 5. Joint efforts were needed, drawing on global, regional and national expertise, in order to ensure that every country had the capacity to meet their commitments and to operationalize the recommended accountability frameworks. WHO should also work with partner agencies on scaling up coordinated support, including in the area of policy-making; expand access to quality interventions and life-saving commodities, and on continuing to strengthen health information systems, to improve maternal and child mortality data for more effective monitoring of impacts and changes. The Member States in the Region supported the draft resolution.

Dr USHIO (Japan) said that it was important to examine and discuss ways to tackle the bottlenecks hindering progress in providing women and children in resource-limited settings with access to life-saving commodities. Even though the Independent Expert Review Group would play a major role in monitoring progress at the global level, an effective evaluation system would be essential to clarify the roles and responsibilities of the many different agencies and partners involved in country-level monitoring, and to assess the achievements and challenges of initiatives such as the

Every Woman Every Child movement in efforts to attain Millennium Development Goals 4 and 5. With just two years remaining before the deadline, increased coordination was needed for Member States and international partners to implement the recommendations of the two high-level commissions.

Dr PABLOS-MENDEZ (United States of America) said that his country worked closely with international partners to increase the availability and rational use of quality-assured commodities for women and children, and was especially encouraged by the success achieved in many developing nations. At the Child Survival Call to Action high-level forum, held recently in Washington DC on 14 and 15 June 2012, representatives of countries from all over the world had come together to renew their commitment to ensuring that every child, no matter where born, enjoyed a healthy and secure start in life. A comprehensive women-centred approach would ensure that every woman was aware of and had access to the tools and services needed to maintain her health and that of her children. He supported the draft resolution.

Professor ARSLAN (Bangladesh) said that his country was actively engaged in implementing the recommendations of the Commission on Information and Accountability for Women's and Children's Health and, with technical support from WHO, had already prepared its country accountability framework. Considerable progress had been made in the area of eHealth and the use of information and communication technologies in the national health system, with all stakeholders from the national to the grassroots level being interlinked through a common Internet-based platform. The eHealth backbone would serve to register and monitor every pregnant woman and every child under five years of age and would use the Commission's 11 indicators in real time to track progress towards attainment of Millennium Development Goals 4 and 5. Meanwhile, Bangladesh was also following up on the recommendations of the Independent Expert Review Group and the United Nations Commission on Life-Saving Commodities for Women and Children. He supported the draft resolution.

Dr DAKULALA (Papua New Guinea) said that his Government had been particularly interested in the report in view of its own work in the area of accountability, including a pilot project and model to improve child health service delivery and outcomes. He welcomed the various high-level initiatives aimed at accelerating progress towards Millennium Development Goals 4 and 5, including the Child Survival Call to Action to which his country was a signatory. He acknowledged the significant financial and technical support received from WHO and multiple donors over the years, but said that the prioritization of child health had been inadequate, meaning that the country's accountability initiative lacked donor support that was balanced and aligned with the country's real needs. He supported the adoption of the draft resolution, taking into account the concerns expressed and amendments proposed by the delegate of Turkey.

Dr CHOMPOONUT THAICHINDA (Thailand) acknowledged the recommendations of the United Nations Commission on Life-Saving Commodities for Women and Children and welcomed the draft resolution. In view of the financial barriers hindering access to those commodities by the poorest members of society, however, and reiterating the importance of universal health coverage as a means of achieving equity and reducing poverty, she proposed that subparagraph 1(3) of the resolution be amended to read: "providing universal access to all members of society, regardless of their ability to pay, to have access to the 13 life-saving commodities and any other appropriately related commodities;".

Ms CHUNG (Canada) said that Canada remained committed to supporting implementation of the recommendations of the Commission on Information and Accountability for Women's and Children's Health and, welcoming WHO's continued leadership in the field, she encouraged all Member States and partners to do likewise. Canada also supported implementation of the recommendations of the United Nations Commission on Life-Saving Commodities for Women and

Children, calling for increased coordination among the two commissions and all of the initiatives under the United Nations Secretary-General's Global Strategy for Women's and Children's Health.

Dr AFZAL (Pakistan) acknowledged the fact that Pakistan, as one of the 10 countries in the Eastern Mediterranean Region with a high burden of maternal and child mortality, had a strong need to strengthen its essential maternal, newborn and child health services. Workshops had been held to consolidate provincial roadmaps into a single national roadmap identifying costed and priority actions for the period 2013–2015, and a model had been introduced to quantify needs with respect to the supply of contraceptives. Further technical collaboration with WHO and its partners would be highly appreciated. She supported the draft resolution.

Ms WENDLING (Germany) said that more rapid progress towards the Millennium Development Goals depended on better access to quality health services for women and children, which would remain a priority of her country's development cooperation. In view of the importance of providing affordable and effective life-saving commodities, especially for newborn infants, she supported the draft resolution. Its adoption would help to implement the United Nations Secretary-General's Global Strategy for Women's and Children's Health, to which Germany was fully committed.

Professor BAGGOLEY (Australia), stressed that access to the 13 life-saving commodities recommended by the United Nations Commission on Life-Saving Commodities for Women and Children was the key to reducing maternal and child mortality and to achieving the Millennium Development Goals, and that timely and adequate distribution of such commodities was crucial in the Asia-Pacific region, where supply difficulties had a major impact on health care delivery. He therefore urged the Health Assembly to adopt the draft. Australia had been closely involved in the Child Survival Call to Action and at the London Summit on Family Planning had pledged to double its expenditure on family planning programmes.

Dr ESCARTIN (Philippines) said that his country was committed to implementation of the United Nations Secretary-General's Global Strategy for Women's and Children's Health. The Government sought to ensure the safety of mothers and their children during pregnancy and childbirth through the provision of quality emergency obstetrics and newborn care in primary health care facilities and access to life-saving commodities, backed by universal health insurance coverage for the poor. It also provided funding for contraception and was preparing to enact a law on responsible parenthood and reproductive health, which would serve as a springboard for a national maternal and child health programme.

Dr MWINYI (United Republic of Tanzania), underlined his country's commitment to continuing to strengthen information accountability for women's and children's health. He commended WHO's support for the development of country frameworks; the significant progress made on the associated workplans was encouraging.

Regarding the recommendations of the United Nations Commission on Life-Saving Commodities for Women and Children, he proposed that the words "and other essential commodities for reproductive, maternal, newborn and child health" be inserted into two subparagraphs of the draft resolution: subparagraph 1(1), between "13 life-saving commodities" and "and building upon"; and subparagraph 1(3), in place of "and any other appropriately related commodities". The United Republic of Tanzania supported the adoption of the draft resolution, as amended.

Ms JAMEEL (Maldives) said that her country, in spite of the challenges faced in delivering health care services to a population spread across more than 1000 islands, had already attained Millennium Development Goals 4 (Reduce child mortality) and 5 (Improve maternal health), and was taking measures to sustain those achievements. She stressed the importance of educating not only

health service professionals but also the community, especially its most vulnerable groups, on the commodities listed in the resolution, as to availability, right to use and methods of use. She agreed with the comments of the delegate of Thailand concerning financial barriers, emphasized the importance of universal health coverage and requested continued support from WHO and other development partners.

Dr KAMALIAH MOHAMAD NOH (Malaysia) said that the 10 recommendations of the Commission on Information and Accountability for Women's and Children's Health would assist countries in evaluating and monitoring progress through systematic self-assessment of their current situation. Noting the recommendations of the United Nations Commission on Life-Saving Commodities for Women and Children, she said that her Government's national medicines policy sought to ensure adequate, equitable and continuous access to safe and effective, high-quality, essential medicines for the entire population. She endorsed the draft resolution.

Dr IMRAN PAMBUDHI (Indonesia) expressed appreciation to the Secretariat for the report, which was of particular importance to his country in its continuing struggle to achieve the Millennium Development Goal targets on maternal and neonatal mortality. With regard to the maternal health commodities recommended by the United Nations Commission on Life-Saving Commodities for Women and Children, he pointed out that misoprostol was registered in his country for the treatment of gastric ulcer, not postpartum haemorrhage, for which oxytocin and magnesium sulphate were already established as the essential medicines in Indonesia. His Government was committed to using the WHO guidelines on newborn cord care, and he requested that guidelines on postpartum haemorrhage and management of newborn care be improved using an evidence-based approach.

Dr RODRÍGUEZ (El Salvador) said that her country's health reform and network of integrated health services had led to significant improvements in maternal and child health in line with the recommendations of the two high-level commissions, which El Salvador supported fully. She expressed appreciation for the support of WHO and in particular of the Pan American Health Organization, through the Safe Motherhood initiative, which had contributed to reducing both maternal and infant mortality, to increased antenatal care and to skilled attendance at births.

Mr SHI Guang (China) endorsed all the recommendations of the Commission on Information and Accountability for Women's and Children's Health, stressing that establishing an efficient and transparent accountability framework was key to implementation of the United Nations Secretary-General's Global Strategy for Women's and Children's Health. His Government attached great importance to the construction of information systems for the surveillance of maternal health and mortality. It was currently developing an accountability framework for self-evaluation of its national situation to ensure progress towards achievement of the Millennium Development Goal on maternal health. China was ready to reinforce international cooperation and to share its experience.

China endorsed the 10 recommendations of the United Nations Commission on Life-Saving Commodities for Women and Children, suggesting that Member States should undertake relevant technical training; that guidelines should be developed for equitable access to and correct use of the 13 recommended commodities, as well as for their supply to poverty-stricken areas; and that WHO and its partners should play a more active role in providing technical support.

Dr HABTEMARIAM (Ethiopia) drew attention to the importance of health system strengthening for delivering maternal and child health services, and to the need for resource tracking and partnership to improve health outcomes. Ethiopia supported the efforts of WHO and its partners and called for greater emphasis on alignment and harmonization among plans.



Dr TESFAZION (Eritrea) drew attention to some of the strategies adopted in his country to tackle maternal and newborn mortality, including the establishment of maternity clinics in remote areas; health system strengthening; the development of a country roadmap for strengthening accountability; the elaboration of guidelines and training manuals on integrated management of neonatal and childhood illnesses, sexual and reproductive health and the treatment of women of child-bearing age; and the preparation of documentation on best practices. Such strategies had established Eritrea as one of the countries of his Region that were on track towards achieving the relevant Millennium Development Goals. He fully supported the initiative of identifying the 13 life-saving commodities listed in the annex to the draft resolution.

Dr LOKADI OTETE OPETHA (Democratic Republic of the Congo) said that his Government had organized a series of workshops to promote national adoption of the recommendations of the high-level commissions, had developed a plan to accelerate the country's progress towards Millennium Development Goals 4 and 5, and had incorporated the 13 recommended life-saving commodities into its list of essential medicines. A national consensus had been reached on the commodities; precautionary measures had been taken to enhance on-the-ground supervision so as to ensure their correct use; and arrangements had been made with the support of UNICEF to conduct a pilot project in five districts before their general introduction. He requested WHO to continue advocacy for increased mobilization of the 13 commodities and to pursue its work in the field of human capacity-building and coordination. He supported the draft resolution.

Dr WAPADA (Nigeria) said that Nigeria, as Co-Chair of the United Nations Commission on Life-Saving Commodities for Women and Children, strongly endorsed the draft. A national social protection framework was being developed to guide the efforts of stakeholders in his country; mechanisms were being put in place to remove financial barriers to women's and children's access to health care services; and steps were being taken to mainstream gender issues into policy-making and programming in the health sector, among others.

Dr RAMOKGOPA (South Africa) highlighted the need to strengthen national health systems with the inclusion of primary health care services and referral systems, and to ensure the availability of human resources for health, with the recommended training. South Africa was co-convening an international conference on maternal and child health with the African Union, to be held in August 2013, with a view to taking stock of progress and developing measures to accelerate improvements. She invited WHO to provide the necessary technical support.

Dr CLAURE (Plurinational State of Bolivia) said that his country was committed to achieving the health-related Millennium Development Goals and that increased public spending on the health system and the recruitment of medical and paramedical professionals, especially at the primary health care level, had led to significant reductions in maternal and under-five child morbidity and mortality. The Government, having decided to step up its support and to extend services in the near future to the whole population, was seeking external support, which should respect local customs and national sovereignty, in order to facilitate its work and further progress towards the Goals.

Ms MARTHOLM FRIED (Sweden) agreed with most of the amendments proposed. With regard to the amendment to subparagraph 1(1) proposed by the delegate of Turkey, however, she said that not all of the 13 life-saving commodities would need to be used under the supervision of health-care professionals and suggested that the new text be amended to read: "under the supervision and guidance of health care professionals, where needed". Once that suggestion had been taken into account, she would be ready to adopt the draft resolution, as amended.

Monsignor VITILLO (Holy See), speaking at the invitation of the CHAIRMAN, expressed grave concern about the reference in the report to the scaling up of access to “emergency contraception”. It was unacceptable to encourage the increased use of abortifacient substances and to describe them as “life-saving commodities” when they constituted a direct attack on the life of the child in utero. The Holy See did not regard abortion or abortion services as a dimension of reproductive health and it urged the international public health community to focus its attention and resources on measures in the report that defended and preserved life at all stages, including in utero.

Ms Yu-Hsuan LIN (Chinese Taipei) said that Chinese Taipei placed great emphasis on the holistic promotion of women’s and children’s health through policies including the provision of prenatal examinations; health insurance coverage for delivery expenses; screening for congenital anomalies and diseases leading to premature births and low birth weight; and voluntary reporting of such cases to provide appropriate follow-up health care services. Chinese Taipei, which had the 20th lowest infant mortality rate in the world, was ready to share its experience with all Member States and health authorities.

Ms UPLEKAR (International Alliance of Women), speaking at the invitation of the CHAIRMAN and also on behalf of the International Federation of Business and Professional Women, welcomed the progress outlined in the report with regard to the recommendations of the two high-level commissions. She expressed satisfaction that most of the 75 countries where 95% of maternal and child deaths occurred had carried out a systematic self-assessment of their current situation as to accountability for health, adding that countries lagging behind should be encouraged to join the majority without delay. She also called for the rapid scaling-up of access to emergency contraception and other relevant interventions. Countries where sexual abuse was most prevalent must improve information and accountability at every level of society, where appropriate by harmonizing traditional legal norms with international human rights.

Ms O’SHEA (World Vision International), speaking at the invitation of the CHAIRMAN, stressed the importance of harmonizing implementation of the recommendations of the United Nations Commission on Life-Saving Commodities for Women and Children with other relevant initiatives, such as the integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea and the forthcoming Global Newborn Action Plan; and of encouraging world leaders to commit funding to support national implementation plans. The progress made in implementing the recommendations of the Commission on Information and Accountability for Women’s and Children’s Health was encouraging, but only 25 country roadmaps had been completed by the end of 2012. Particular emphasis should be placed on community involvement in planning, monitoring and evaluation, as that could play a key role in improving service delivery and health outcomes, backed by the establishment or strengthening of accountability mechanisms at the local level. World Vision International commended the Independent Expert Review Group’s transparent and inclusive work to date in reaching out to stakeholders and encouraging the meaningful participation of civil society.

Miss DHATT (International Federation of Medical Students’ Associations), speaking at the invitation of the CHAIRMAN, noted the absence of young people from the current debate on advancing women’s and children’s health. She called on Member States, as they determined young people’s immediate future, to consider recommendations such as ensuring access to secondary education; setting the minimum legal age for marriage at 18 years; guaranteeing the sexual and reproductive rights of young people, and mainstreaming those rights into youth-friendly primary health care for all, especially the most vulnerable populations; and ensuring that the voices of youth were heard in the debate on women’s and children’s health and welfare. The Secretariat should follow the example set by the United Nations Secretary-General in proposing to engage with young people, and Member States should include youth representatives as active members of their delegations.

(For continuation of the discussion and approval of the draft resolution, see the summary record of the seventh meeting, section 1.)

### **3. ORGANIZATION OF WORK**

The CHAIRMAN announced that, according to the agreement by the General Committee on the allocation of work to the main committees,<sup>1</sup> and following consultation between the vice-chairmen of Committees A and B and the President of the Health Assembly, item 17 (Health systems) and item 18 (Progress reports) would be transferred to the agenda of Committee B. The latter Committee would begin its consideration of item 17 by discussing item 17.3, Universal health coverage.

**It was so agreed.**

**The meeting rose at 12:05.**

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<sup>1</sup> See the summary record of the second meeting of the General Committee, section 2.