

First report of Committee A

(Draft)

Committee A held its first meeting on 23 May 2016 under the chairmanship of Mr Martin Bowles (Australia).

It was decided to recommend to the Sixty-ninth World Health Assembly the adoption of the attached decision relating to the following agenda item:

11. WHO reform

11.2 Member State consultative process on governance reform

One decision entitled:

- Decision based on the agreed recommendations of the Open-ended Intergovernmental Meeting on Governance Reform (Geneva, 8 and 9 March 2016 and 28 and 29 April 2016)

Committee A held its third meeting on 24 May 2016 under the chairmanship of Mr Martin Bowles (Australia).

It was decided to recommend to the Sixty-ninth World Health Assembly the adoption of the attached resolution relating to the following agenda item:

13. Promoting health through the life course

13.2 Health in the 2030 Agenda for Sustainable Development

One resolution entitled:

- Strengthening essential public health functions in support of the achievement of universal health coverage

Agenda item 11.2

Decision based on the agreed recommendations of the Open-ended Intergovernmental Meeting on Governance Reform (Geneva, 8 and 9 March 2016 and 28 and 29 April 2016)

The Sixty-ninth World Health Assembly, having considered the report on the Member State consultative process on governance reform,¹ decided:

Forward looking schedule for the agenda of the Executive Board and Health Assembly

- (1) to request that the Director General develop a six-year, forward-looking planning schedule of expected agenda items for the Executive Board, including its standing committees, and the Health Assembly, based on standing items, requirements established by decisions and resolutions of the governing bodies, as well those required by the Constitution, regulations and rules of the Organization – especially taking into account the General Programme of Work, and without prejudice to additional, supplementary and urgent agenda items that might be added to the governing body agendas;
- (2) to request the Director General to submit the above-mentioned forward-looking planning schedule, as an information document, to the Executive Board at its 140th session, and to update the schedule regularly, as needed;

Agenda management

- (3) to request the Bureau of the Executive Board, taking into account inputs from Member States,² to review the criteria currently applied in considering items for inclusion on the provisional agenda of the Board,³ and to develop proposals for new and/or revised criteria for the consideration of the 140th session of the Executive Board;
- (4) to request the Director General, in consultation with Member States and taking into account previous Member State discussions,⁴ to develop by the end of October 2016, proposals to improve the level of correspondence between the number of items on the provisional agendas of the governing bodies and the number, length and timing of their sessions, including the financial implications of proposed options, for consideration by the Seventieth World Health Assembly through the 140th session of the Executive Board;

¹ Document A69/5.

² Available at <http://apps.who.int/gb/mscp/mscp.html> (accessed 9 May 2016).

³ See decision WHA65(9) (2012) and resolution EB121.R1 (2007).

⁴ See document EB136/2015/REC/2, summary records of the fourth meeting; document EB134/2014/REC/2, summary records of the fifth meeting and twelfth meeting, section 4; and document EB132/2013/REC/2, summary records of the fifth meeting and sixth meeting.

Rules of additional, supplementary and urgent agenda items

(5) to request the Director-General to prepare an analysis of the current Rules of Procedure of the Executive Board and Rules of Procedure of the World Health Assembly in order to identify interpretational ambiguities and gaps in the processes for the inclusion of additional, supplementary and urgent agenda items and to make recommendations on the further improvement of those processes; and to report to the Seventy-first World Health Assembly through the Executive Board;

Improvement of information technology tools for better access

(6) to request the Director-General to continue strengthening, and making more user-friendly, the use of existing and new information technology tools in order to improve timely and cost-effective access to governing body meetings and documentation, both pre- and post-session, and to continue making arrangements for access to the webcasts post-session of public governing body meetings;

Senior management coordination

(7) to recognize the Global Policy Group¹ as an advisory mechanism to the Director-General and encourage the Director-General, in accordance with the WHO Constitution, to continue to strengthen senior management coordination for the coherent implementation of decisions, policies and strategies of the Organization across all levels;

Improving transparency and accountability

(8) to request the Director-General and Regional Directors to make the delegations of authority and letters of representation publicly available on an electronic platform² in order to improve transparency and accountability;

Increasing harmonization across the regional committees in relation to the nomination of Regional Directors

(9) in accordance with decision WHA65(9) (2012), to invite each Regional Committee to consider measures to improve the process of nomination of Regional Directors, taking into consideration best practices from the six regions;

Improving transparency of the process for the selection of Assistant Directors-General

(10) to request the Director-General to improve transparency of the process for the selection of Assistant Directors-General, including through timely advertisement of the Assistant Director-General positions in all official languages;

¹ It is noted that the Global Policy Group currently comprises the Director-General, Deputy Director-General and the Regional Directors.

² For example the governance reform section of the WHO website.

Strengthening planning mechanisms

(11) to encourage the Director-General and Regional Directors, working with Heads of WHO Country Offices, to strengthen the implementation of planning mechanisms¹ that improve alignment across the three levels of the Organization;

Enhancing alignment

(12) to request the Director-General, working with the Regional Directors, to assess and report on the implementation of operative paragraph 4 of decision WHA65(9) in the context of reporting on WHO reform, with the aim of enhancing alignment between the Regional Committees and the Executive Board, in relation to each subparagraph;

Strengthening oversight functions

(13) to invite Regional Committees to consider reviewing their current practices, including those of their standing committees and subcommittees, where applicable, with a view to strengthening their oversight functions; and request the Director-General, working with Regional Directors, to develop and maintain a platform² for sharing the outcome of the reviews to assist in identifying best practices in the oversight functions and to report at the appropriate time to the Executive Board;

Strengthening WHO cooperation with countries

(14) to invite the Regional Committees to improve oversight of the work of regional and country offices, including through identifying best practices and establishing a set of requirements on the reporting of regional and country office management, financial information and programme results to Regional Committees;

(15) to request the Director-General and the Regional Directors to provide the biennial WHO country presence report for review by the Regional Committees, and as an information document for the Health Assembly, through the Executive Board and its Programme, Budget and Administration Committee.

¹ For example category networks and the results chain.

² For example, the governance reform homepage on the WHO website.

Agenda item 13.2

Strengthening essential public health functions in support of the achievement of universal health coverage

The Sixty-ninth World Health Assembly,

Having considered the report on health in the 2030 Agenda for Sustainable Development;¹

Noting the importance of public health functions as the most cost-effective, comprehensive and sustainable ways to enhance the health of populations and individuals and to reduce the burden of disease;

Recognizing also the need to strengthen public health governance and institutional and technical capacities in countries in order to contribute effectively to population health and protect people from the social and economic consequences of ill-health in a globalized world;

Acknowledging that Goal 3 of the 2030 Agenda for Sustainable Development (Ensure healthy lives and promote well-being for all at all ages) with its 13 health targets, together with the multiple other health-related targets and goals in the 2030 Agenda, will require strong intersectoral action in order to be fully implemented;

Reaffirming the commitment made in United Nations General Assembly resolution 70/1 of 25 September 2015, entitled “Transforming our world: the 2030 Agenda for Sustainable Development”, especially target 3.8 (Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all) which will contribute to ending poverty and fighting inequality and injustice;

Recalling United Nations General Assembly resolution 67/81 (2012) on global health and foreign policy, which acknowledges that universal health coverage implies that all people have access, without discrimination, to nationally determined sets of the needed promotive, preventive, curative and rehabilitative basic health services and essential, safe, affordable, effective and quality medicines, while ensuring that the use of these services does not expose the users to financial hardship, with a special emphasis on the poor, vulnerable and marginalized segments of populations in accordance with the principle of social inclusion, in order to enhance their ability to realize their right to the enjoyment of the highest attainable standard of physical and mental health;

Further recalling that United Nations General Assembly resolution 67/81 (2012) also recognizes that effective and financially sustainable implementation of universal health coverage is based on a resilient and responsive health system that provides comprehensive primary health care services, with extensive geographical coverage, including in remote and rural areas, and with a special emphasis on access to populations most in need, and that has an adequate skilled, well-trained and motivated workforce, as well as capacities for broad public health measures, health protection and addressing

¹ Document A69/15.

determinants of health through policies across sectors, including promoting the health literacy of the population;

Recalling also resolution WHA62.12 (2009) on primary health care, including health system strengthening, which urges Member States to put people at the centre of health care by adopting, as appropriate, delivery models focused on local and district levels that provide comprehensive primary health care services including health promotion, disease prevention, curative and palliative care, and noting the importance of equitable and affordable access to services;

Further recalling resolution WHA64.9 (2011) on sustainable health financing structures and universal coverage, which recognizes that effective health systems delivering comprehensive health services, including preventive services, are of utmost importance for health, economic development and well-being and that these systems need to be based on equitable and sustainable financing;

Recalling also United Nations General Assembly resolution 68/300 (2014), the outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of noncommunicable diseases, which reaffirms the commitment to the prevention and control of noncommunicable diseases, which undermine social and economic development throughout the world, and which commits to the implementation of effective multisectoral public policies to promote health, and to strengthen and orient health systems to address prevention and control of noncommunicable diseases and underlying social determinants through people-centred primary health care and universal health coverage throughout the life cycle;

Recalling regional resolutions EUR/RC61/R2 (2011) on strengthening public health capacities and services in Europe: a framework for action, CD42.R14 (2000) on essential public health functions and CD53.R14 on the Strategy for Universal access to Health and Universal Health Coverage, WPR/RC53.R7 on essential public health functions, as well as the briefing to the sixty-second session of the WHO Regional Committee for the Eastern Mediterranean on assessing essential public health functions in the Eastern Mediterranean Region, encouraging Member States to strengthen essential public health functions as a basis for improving public health practice and as a means of achieving resilient health systems moving towards universal health coverage;

Recognizing that essential public health functions are the responsibility of Member States; that they support the achievement of the objectives of universal health coverage, facilitate the financial feasibility thereof by reducing health risks and threats, the burden of noncommunicable and communicable diseases; and that they contribute to the achievement of other health related sustainable development goals and targets;

Noting that essential public health functions that span multiple non-health sectors and address, among other things, economic, environmental and social determinants of health, benefit the health of the entire population and could be undersupplied without government intervention;

Recognizing that successful implementation of essential public health functions requires strengthening of governance and public health capacities, which may include, inter alia, building the knowledge and evidence base for policy options and strategies; ensuring sustainable and adequate resources, agency support and skilled and dedicated staff; assessing health and health-related gender impacts of different policy options; understanding the political agendas of other sectors and creating intersectoral platforms for dialogue and addressing challenges, including with social participation;

evaluating the effectiveness of intersectoral work and integrated policy-making and working with other sectors of government to advance health and well-being;

Recalling resolution WHA58.3 (2005) on revision of the International Health Regulations, which urges Member States to strengthen and maintain public health capacities to detect, report, assess and respond to public health emergencies and public health risks, as part of countries' obligations to fully implement the International Health Regulations (2005); and resolution EBSS3.R1 (2015) of the Special Session of the Executive Board on Ebola, which recognizes the importance of addressing long-term systemic gaps in capacity to prevent and detect health threats and to respond to them effectively with the aim to improve health security at national, regional and global levels, and noting that this equally requires intersectoral action;

Underscoring the integrated, cross-cutting nature of the Sustainable Development Goals, which call for multisectoral action and provide new legitimacy for addressing wider determinants of health,

1. URGES Member States:¹

- (1) to show leadership and ownership in establishing effective health governance by national and subnational health authorities including cross-sectoral health policies and integrated strategies aiming to improve population health to achieve Sustainable Development Goal target 3.8 on universal health coverage and other health related Sustainable Development Goals, in accordance with nationally set priorities, accelerating their achievement, as appropriate, through establishing and enhancing monitoring, evaluation and accountability mechanisms and capacities;
- (2) to enhance international cooperation to achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all;
- (3) to invest adequate sustainable resources for health system strengthening in support of universal health coverage, including needs-based allocation among socioeconomic groups in favour of the most vulnerable and deprived populations within national contexts in order to reduce burden of disease, financial risks, inequality and injustice;
- (4) to enhance institutional and operational capacity and infrastructure for public health, including scientific and operational competence of public health institutions, as appropriate to national circumstances, as well as a cross-sectoral infrastructure for delivering essential public health functions, including the capacity to address existing and emerging health threats and risks;
- (5) to invest into the education, recruitment and retention of a fit-for-purpose and responsive public health workforce that is effectively and equitably deployed to contribute to effective and efficient delivery of essential public health functions, based on population needs;
- (6) to ensure coordination, collaboration, communication and synergies across sectors, programmes and, as appropriate, other relevant stakeholders, with a view to improving health, protecting people from the financial risk of ill-health, and promoting a comprehensive approach

¹ And, where applicable, regional economic integration organizations.

to public health in support of the achievement of universal health coverage throughout the life cycle;

(7) to foster approaches that systematically tackle social, environmental and economic determinants of health and health inequity, taking into account gender impacts;

(8) to monitor, evaluate, analyse and improve health outcomes, including through the establishment of comprehensive and effective civil registration and vital statistics systems and effective delivery of essential public health functions, equitable access to quality health care services, and the level of financial risk protection;

2. REQUESTS the Director-General:

(1) to develop and disseminate technical guidance on the application of essential public health functions, taking into account WHO regional definitions, in the strengthening of health systems and for the achievement of universal health coverage;

(2) to facilitate international cooperation and to continue and enhance support to Member States upon request in their efforts to build the necessary institutional, administrative and scientific capacity, providing technical support in relation to essential public health functions, for health system strengthening, including to prevent, detect, assess and respond to public health events, and integrated and multisectoral approaches towards universal health coverage; and to develop facilitating tools in this regard;

(3) to take the leading role, facilitate international cooperation and foster coordination in global health at all levels, particularly in relation to health system strengthening, including essential public health functions, supportive of the achievement of the health-related Sustainable Development Goals and targets;

(4) to report to the Health Assembly on the implementation of this resolution as a contribution to the achievement of the health-related targets in the 2030 Agenda for Sustainable Development.

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