

## **Second report of Committee A**

**(Draft)**

Committee A held its fourth and fifth meetings on 22 May 2019 under the chairmanship of Dr Silvia Paula Valentim Lutucuta (Angola) and Dr Yasuhiro Suzuki (Japan).

It was decided to recommend to the Seventy-second World Health Assembly the adoption of the attached three resolutions relating to the following agenda item:

11. Strategic priority matters

11.5 Universal health coverage

One resolution, as amended, entitled:

- Primary health care

One resolution entitled:

- Community health workers delivering primary health care: opportunities and challenges

One resolution entitled:

- Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage

## Agenda item 11.5

### Primary health care

The Seventy-second World Health Assembly,

Having considered the report on universal health coverage: primary health care towards universal health coverage;<sup>1</sup>

Recalling the 2030 Agenda for Sustainable Development, adopted in 2015, in particular Sustainable Development Goal 3 which calls on stakeholders to ensure healthy lives and promote well-being for all individuals at all ages;

Reaffirming the ambitious and visionary Declaration of Alma-Ata (1978) in pursuit of health for all;

Welcoming the convening of the Global Conference on Primary Health Care: from Alma-Ata towards universal health coverage and the Sustainable Development Goals (Astana, 25 and 26 October 2018), during which Member States renewed their commitment to primary health care through a whole-of-society approach around primary health care as a cornerstone of a sustainable health system for universal health coverage and the health-related Sustainable Development Goals, in particular target 3.8 on achieving universal health coverage;

Recalling the approach regarding primary health care and universal health coverage contained in resolution WHA69.11 (2016) on health in the 2030 Agenda for Sustainable Development,

1. WELCOMES the Declaration of Astana adopted at the Global Conference on Primary Health Care in Astana on 25 October 2018;
2. URGES Member States<sup>2</sup> to take measures to share and implement the vision and commitments of the Declaration of Astana according to national contexts;
3. CALLS UPON all relevant stakeholders:
  - (1) to align their actions and support to national policies, strategies and plans in the spirit of partnership and effective development cooperation in implementing the vision and commitments of the Declaration of Astana;
  - (2) to provide support to Member States in mobilizing human, technological, financial and information resources to help to build strong and sustainable primary health care, as envisaged in the Declaration of Astana;

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<sup>1</sup> Document A72/12.

<sup>2</sup> And, where applicable, regional economic integration organizations.

4. REQUESTS the Director-General:

- (1) to support Member States, as appropriate, in strengthening primary health care, including the implementation of the vision and commitments of the Declaration of Astana in coordination with all relevant stakeholders;
- (2) to develop, in consultation with, and with the involvement of more expertise from, Member States, and in time for consideration by the Seventy-third World Health Assembly, an operational framework for primary health care, to be taken fully into account in the WHO general programmes of work and programme budgets to strengthen health systems and support countries in scaling-up national implementation efforts on primary health care;
- (3) to ensure that WHO promotes the vision and commitments in the Declaration of Astana in its work and overall organizational efforts, and enhances the institutional capacity and leadership across WHO at all levels of the Organization, including regional and country offices, in order to support Member States in strengthening primary health care;
- (4) to report regularly through the Executive Board to the Health Assembly on progress made in strengthening primary health care, including implementation of the vision and commitments of the Declaration of Astana, as part of all reporting on progress towards achieving universal health coverage by 2030;

## Agenda item 11.5

### **Community health workers delivering primary health care: opportunities and challenges**

The Seventy-second World Health Assembly,

Having considered the report on community health workers delivering primary health care – opportunities and challenges,<sup>1</sup> and the associated WHO guideline on health policy and system support to optimize community health worker programmes;<sup>2</sup>

Inspired by the ambition of the 2030 Agenda for Sustainable Development, with its vision to leave no one behind, its 17 indivisible goals and its 169 targets;

Recognizing that universal health coverage is central to achievement of the Sustainable Development Goals, and that a strong primary health care sector is one of the cornerstones of a sustainable health system;

Emphasizing that health workers are integral to building strong, resilient and safe health systems that contribute to the achievement of the Sustainable Development Goals and targets related to nutrition, education, health, gender, employment and the reduction of inequalities;

Noting in particular that Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and its targets will be advanced through substantive and strategic investments in the global health workforce, as well as a substantial shift in health workforce-related planning, education, deployment, retention, management and remuneration, supported by strong systems that enable and empower the health workforce to deliver safe and high-quality care for all;

Recognizing the need for more coherent and inclusive approaches to safeguard and expand primary health care as a pillar of universal health coverage in emergencies, ensuring the continuum and provision of essential health services and public health functions, in line with humanitarian principles;

Concerned by the threats against humanitarian personnel and health workers, hospitals and ambulances, which severely restrict the provision of life-saving assistance and hinder the protection of populations at risk;

Expressing deep concern at the significant security risks faced by humanitarian and health personnel, United Nations and associated personnel, as they operate in increasingly high-risk environments;

Noting further the importance of health workers to the realization of the three interconnected strategic priorities in WHO's Thirteenth General Programme of Work, 2019–2023, namely: achieving universal health coverage, addressing health emergencies and promoting healthier populations;

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<sup>1</sup> Document A72/13.

<sup>2</sup> WHO guideline on health policy and system support to optimize community health worker programmes. Geneva: World Health Organization; 2018. Available at <http://www.who.int/hrh/community/guideline-health-support-optimize-hw-programmes/en/> (accessed 6 February 2019).

Reaffirming resolution WHA69.19 (2016) on the global strategy on human resources for health: workforce 2030, in which the Health Assembly adopted WHO's Global Strategy on Human Resources for Health: Workforce 2030, with the Global Strategy identifying the opportunity to optimize the performance, quality and impact of community health workers for the achievement of universal health coverage and the Sustainable Development Goals;

Reaffirming also resolution WHA70.6 (2017) on human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth, including its call to "stimulate investments in creating decent health and social jobs with the right skills, in the right numbers and in the right places, particularly in countries facing the greatest challenges in attaining universal health coverage" and to strengthen the progressive development and implementation of national health workforce accounts;

Recalling the Declaration of Alma-Ata (1978) and the Declaration of Astana from the Global Conference on Primary Health Care (Astana, 25 and 26 October 2018) through which participating governments reaffirmed people-centred health care services, recognized human resources for health as a key component of successful primary health care, and committed themselves to "create decent work and appropriate compensation for health professionals and other health personnel working at the primary health care level to respond effectively to people's health needs in a multidisciplinary context";

Emphasizing further that investment in universal health coverage, including investments in the education, employment and retention of the health workforce, is a major driver of economic growth;

Acknowledging that gaps in human resources and community health workforces within health systems have to be addressed, notably through a multisectoral and community-centred approach, in order to assure that universal health coverage and comprehensive health services reach difficult-to-access areas and vulnerable populations;

Recognizing that globally seven out of every 10 jobs in the health and social sectors are held by women and that accelerating investments in job creation and decent work in primary health care will have a positive impact on women and youth, thereby supporting achievement of Sustainable Development Goal 5 (Achieve gender equality and empower all women and girls) and Goal 8 (Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all);

Noting the launch in 2018 of the World Bank Group's Human Capital Project, which calls for more and better investment in the education, health and skills of people to accelerate progress towards the Sustainable Development Goals, and its potential to leverage new investments in the health workers who provide primary health care services;

Recognizing the published evidence and WHO's existing guidelines, as consolidated in the WHO guideline on health policy and system support to optimize community health worker programmes, on the role, effectiveness and cost-effectiveness of community health workers;

Highlighting the role of community health workers in advancing equitable access to safe, comprehensive health services in urban and rural areas and the reduction of inequities, including with respect to residence, gender, education and socioeconomic position, as well as their role in gaining the trust and engagement of the communities served;

Noting with concern the uneven integration of community health workers into health systems, as well the limited use of evidence-informed policies, international labour standards and best practices to inform the education, deployment, retention, management and remuneration of community health workers, and noting the negative impact this may have on access to services, quality of health services and patient safety;

Reaffirming the WHO Global Code of Practice on the International Recruitment of Health Personnel, which calls upon Member States to provide equal rights, terms of employment, and conditions of work for domestic and migrant health workers;

Noting that community health workers are an integral part of all phases of an emergency health response (prevention, detection and response) in their own communities and are indispensable to contribute to ongoing primary health care services during emergencies,

1. TAKES NOTE OF the WHO guideline on health policy and system support to optimize community health worker programmes;
2. URGES all Member States,<sup>1</sup> as appropriate to local and national contexts and having as their objective the success of primary health care and the achievement of universal health coverage:<sup>2</sup>

(1) to align the design, implementation, performance and evaluation of community health worker programmes, by means including the greater use of digital technology, with the consolidated evidence presented in the WHO guideline on health policy and system support to optimize community health worker programmes, with specific emphasis on implementing these programmes in order to enable community health workers to deliver safe and high-quality care;

(2) to adapt as appropriate and support implementation of the WHO guideline on health policy and system support to optimize community health worker programmes at national level as part of national health workforce and broader health sector, employment and economic development strategies, in line with national priorities, resources, and specificities;

(3) to strengthen the relevance, effectiveness and implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel, including cooperation with health ministries, civil service commissions, and employers to deliver fair terms for health workers and a positive practice environment to enable their effective deployment, retention and adequate motivation to deliver high-quality care and build a positive relationship with patients;

(4) to allocate, as part of broader health workforce strategies and financing, adequate resources from domestic budgets and from a variety of sources, as appropriate, to the capital and recurrent costs required for the successful implementation of community health worker programmes and for the integration of community health workers into the health workforce in the context of investments in primary health care, health systems and job creation strategies, as appropriate;

(5) to improve and maintain the quality of health services provided by community health workers in line with the consolidated evidence presented in the WHO guideline on health policy

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<sup>1</sup> And, where applicable, regional economic integration organizations.

<sup>2</sup> Taking into account the context of federated States where health is a shared responsibility between national and subnational authorities.

and system support to optimize community health worker programmes, including appropriate pre-service selection and training, competency-based certification, and supportive supervision;

(6) to strengthen voluntary collection and sharing of data, based on national legislation, on community health workers and community health worker programmes, through the use of national health workforce accounts, as appropriate, thus enabling national reporting on Sustainable Development Goal indicator 3.c.1 on the density and distribution of their health workforce;

(7) to ensure the respect and protection of all medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, as well as hospitals and other medical facilities;

3. INVITES international, regional, national and local partners to support implementation of the WHO guideline on health policy and system support to optimize community health worker programmes, taking into account national context, and to contribute to monitoring and evaluation of implementation;

4. ALSO INVITES global health initiatives, bilateral and multilateral financing agencies and development banks to support the national community health worker programmes in line with the approach of the WHO guideline on health policy and system support to optimize community health worker programmes with programme development and financing decisions to support human capital and health workforce development, as appropriate to national context and national resources;

5. REQUESTS the Director-General:

(1) to continue to collect and evaluate data on community health worker performance and impacts, in order to ensure a strong evidence base for their promotion, especially in the context of low- and middle-income countries;

(2) to integrate and monitor the implementation of the WHO guideline on health policy and system support to optimize community health worker programmes in its normative and technical cooperation activities in support of universal health coverage, primary health care, health systems, and disease and population health priorities, including patient safety, as relevant to the Thirteenth General Programme of Work, 2019–2023;

(3) to provide support to Member States, upon request, with respect to implementation of the WHO guideline on health policy and system support to optimize community health worker programmes in alignment with national health labour markets and health care priorities;

(4) to support both information exchange and technical cooperation and implementation research between Member States and relevant stakeholders – including South–South cooperation – in respect of community health workers, primary health care teams and supportive supervision, including supervision performed by, inter alia, senior community health workers and other health professionals (for example clinical officers, midwives, nurses, pharmacists and physicians);

(5) to recognize the role of community health workers in an emergency, and provide support to Member States on how to integrate them within emergency response, as appropriate to local and national context and national resources;

(6) to strengthen WHO's capacity and leadership on human resources for health at all levels of the Organization through engagement with all relevant stakeholders and provision of high-quality and timely technical assistance from global, regional and country levels to accelerate implementation of resolution WHA69.19 (2016) on the global strategy on human resources for health and resolution WHA70.6 (2017) in which the Health Assembly adopted "Working for Health": the ILO, OECD, WHO five-year action plan for health employment and inclusive economic growth (2017–2021), and future work on community health worker programmes;

(7) to submit a report every three years to the Health Assembly on progress made in implementing this resolution, integrated with the regular progress reporting on implementation of resolution WHA69.19 (2016) on the global strategy on human resources for health: workforce 2030.



## **Agenda item 11.5**

### **Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage**

The Seventy-second World Health Assembly,

Having considered the Director-General's report on preparation for the high-level meeting of the United Nations General Assembly on universal health coverage,<sup>1</sup>

Recalling the Constitution of the World Health Organization, which recognizes 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;

Recalling also United Nations General Assembly resolution 70/1 (2015) entitled "Transforming our world: The 2030 Agenda for Sustainable Development," by which Member States adopted a comprehensive, far-reaching and people-centred set of universal and transformative sustainable development goals and targets that are integrated and indivisible; and recognizing that achieving universal health coverage will greatly contribute to ensuring healthy lives and well-being for all at all ages;

Recognizing that health is a precondition for and an outcome and indicator of all three dimensions – economic, social and environmental – of sustainable development;

Acknowledging that the Sustainable Development Goals are aimed at realizing the human rights of all, leaving no one behind and reaching those farthest behind first by, inter alia, achieving gender equality and empowerment of women and girls;

Recognizing that through the adoption of the 2030 Agenda and its Sustainable Development Goals in September 2015, Heads of State and Government made a bold commitment to achieve universal health coverage by 2030, 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;

Recognizing also that Heads of State and Government committed themselves to ensuring, by 2030, universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes;

Recalling resolution WHA69.11 (2016) on health in the 2030 Agenda for Sustainable Development, which recognizes that universal health coverage implies that all people have access, without discrimination, to nationally determined sets of the needed promotive, preventive, curative, rehabilitative and palliative essential health services, and essential, safe, affordable, effective, and quality medicines and vaccines, 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 the population;

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<sup>1</sup> Document A72/14.

Recalling also United Nations General Assembly resolution 67/81 of 12 December 2012, entitled “Global health and foreign policy,” which urges governments, civil society organizations and international organizations to collaborate and to promote the inclusion of universal health coverage as an important element on the international development agenda, and a means of promoting sustained, inclusive and equitable growth, social cohesion and the well-being of the population, as well as achieving other milestones for social development;

Recognizing the responsibility of governments to urgently and significantly scale up efforts to accelerate the transition towards universal access to affordable and quality health care services, and reaffirming the primary responsibility of Member States to determine and promote their own paths towards achieving universal health coverage;

Recalling United Nations General Assembly resolution 69/313 on the Addis Ababa Action Agenda of the Third International Conference on Financing for Development, adopted on 27 July 2015, which reaffirmed the strong political commitment to address the challenge of financing and create an enabling environment at all levels for sustainable development in the spirit of global partnership and solidarity, and which encouraged countries to consider setting nationally appropriate spending targets for quality investments in health and better alignment of global health initiatives’ programmes to national systems;

Recalling also United Nations General Assembly resolution 72/139 of 12 December 2017, entitled “Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society”, in which Member States decided to hold a high-level meeting of the General Assembly in 2019 on universal health coverage;

Recalling further the United Nations General Assembly resolution 72/138 of 12 December 2017, entitled “International Universal Health Coverage Day”, in which the General Assembly decided to proclaim 12 December as International Universal Health Coverage Day;

Reaffirming WHO Member States’ commitment in resolution WHA71.1 (2018) on the Thirteenth General Programme of Work, 2019–2023 to support the work towards achieving the vision of the “triple billion” goals, including one billion more people benefitting from universal health coverage, one billion more people better protected from health emergencies, as well as further contributing to one billion more people enjoying better health and well-being;

Recalling United Nations General Assembly resolution 73/2 of 10 October 2018 on the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, which committed to promote increased access to affordable, safe, effective and quality medicines and diagnostics and other technologies, reaffirming the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), as amended, and also reaffirming the Doha Declaration on the TRIPS Agreement and Public Health (2001), which recognizes that intellectual property rights should be interpreted and implemented in a manner supportive of the right of Member States to protect public health and, in particular, to promote access to medicines for all, and which notes the need for appropriate incentives in the development of new health products;

Reiterating that health research and development should be needs-driven, evidence-based, guided by the core principles of affordability, effectiveness, efficiency and equity and considered a shared responsibility;

Recalling all previous Health Assembly resolutions aimed at promoting physical and mental health and well-being, as well as contributing to the achievement of universal health coverage;

Noting with great concern that the current slow progress in achieving universal health coverage means that many countries are not on track to achieve target 3.8 of the Sustainable Development Goals on achieving universal health coverage;

Noting also that health is a major driver of economic growth;

Noting further that current government spending on and available resources for health, particularly in many low- and middle-income countries, are not adequate for achieving universal health coverage, including financial risk protection of the population;

Acknowledging the important role and necessary contribution of nongovernmental organizations, private sector entities, philanthropic foundations, and academic institutions, as appropriate, to the achievement of national objectives for universal health coverage, and the need in this regard for synergy and collaboration among all relevant stakeholders;

Recognizing the role of parliamentarians in advancing the universal health coverage agenda;

Noting that investment is essential for strong, transparent, accountable, and effective health service delivery systems, including an adequately distributed, skilled, motivated, and fit-for-purpose health workforce;

Recognizing that effective and financially sustainable implementation of universal health coverage is based on a resilient and responsive health system with capacities for broad public health measures, disease prevention, health protection, health promotion, and addressing of determinants of health through policies across sectors, including promotion of the health literacy of the population;

Noting that the increasing number of complex emergencies is hindering the achievement of universal health coverage, and that coherent and inclusive approaches to safeguard universal health coverage in emergencies are essential, including through international cooperation, ensuring the continuum and provision of essential health services and public health functions, in line with humanitarian principles;

Recognizing the fundamental role of primary health care in achieving universal health coverage and other health-related Sustainable Development Goals and targets, as envisioned in the Declaration of Astana from the Global Conference on Primary Health Care (Astana, Kazakhstan, 25 and 26 October 2018), and in providing equitable access to a comprehensive range of services and care that are people-centred, gender-sensitive, high quality, safe, integrated, accessible, available and affordable, and that contribute to the health and well-being of all;

Recognizing also that patient safety, strengthening health systems, and access to quality promotive, preventive, curative, as well as rehabilitation, services, together with palliative care, are essential to achieving universal health coverage,

1. URGES Member States:<sup>1</sup>

- (1) to accelerate progress towards achieving Sustainable Development Goal target 3.8 on universal health coverage by 2030, leaving no one behind, especially the poor, the vulnerable and marginalized populations;
- (2) to support the preparation for the high-level meeting of the United Nations General Assembly in 2019 on universal health coverage, participating at the highest possible level, preferably at the level of Head of State and Government, and to engage in the development of the action-oriented, consensus-based political declaration;
- (3) to continue to mobilize adequate and sustainable resources for universal health coverage, as well as ensuring efficient, equitable and transparent resource allocation through good governance of health systems; and to ensure collaboration across sectors, as appropriate, with a special focus on reducing health inequities and inequalities;
- (4) to support better prioritization and decision-making, notably by strengthening institutional capacities and governance on health intervention and technology assessment, in order to achieve efficiencies and evidence-based decisions, while respecting patient privacy and promoting data security; and to encourage the greater and systematic utilization of new technologies and approaches, including digital technologies and integrated health information systems as a means of promoting equitable, affordable, and universal access to health and to inform policy decisions in support of universal health coverage;
- (5) to continue investing in and strengthening primary health care as a cornerstone of a sustainable health system, to achieve universal health coverage and other health-related Sustainable Development Goals, with a view to providing a comprehensive range of services and care that are people-centred, of high quality, safe, integrated, accessible, available and affordable, as well as providing public health functions as envisioned in the Declaration of Astana from the Global Conference on Primary Health Care (Astana, Kazakhstan, 25 and 26 October 2018) and implementing the commitments of that Declaration;
- (6) to continue investing in and strengthening gender-sensitive health care services that address gender-related barriers to health and secure women and girls' equitable access to health, in order to realize the right to the enjoyment of the highest attainable standard of health for all and achieve gender equality and the empowerment of women and girls;
- (7) to invest in an adequate, competent and committed health workforce and promote the recruitment, development, training, and retention of the health workforce in developing countries, especially in least developed countries and small island developing States, by active implementation of the Global Strategy on Human Resources for Health: Workforce 2030;
- (8) to promote access to affordable, safe, effective, and quality medicines, vaccines, diagnostics, and other technologies;

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<sup>1</sup> And, where applicable, economic integration organizations.

(9) to support research and development on medicines and vaccines for communicable and noncommunicable diseases, including neglected tropical diseases, particularly those that primarily affect developing countries;

(10) to consider integrating, as appropriate, safe and evidence-based traditional and complementary medicine services within national and/or subnational health systems, particularly at the level of primary health care, according to national context and priorities;

(11) to promote more coherent and inclusive approaches to safeguard universal health coverage in emergencies, including through international cooperation, ensuring the continuum and provision of essential health services and public health functions, in line with humanitarian principles;

(12) to promote health literacy in the population, especially among vulnerable groups, in order to strengthen patient involvement in clinical decision-making with a focus on the health professional-patient communication, and to further invest in easily accessible, accurate, understandable, and evidence-based health information, including through the Internet;

(13) to continue to strengthen prevention and health promotion by addressing the determinants of health and health equity through multisectoral approaches involving the whole of government and the whole of society, as well as the private sector;

(14) to strengthen monitoring and evaluation platforms to support regular tracking of the progress made in improving equitable access to a comprehensive range of services and care within the health system and to financial risk protection and make best use of such platforms for policy decisions;

(15) to make the best use of the annual International Universal Health Coverage Day, including by considering appropriate activities, in accordance with national needs and priorities;

2. CALLS UPON all development cooperation partners and stakeholders from the health sector and beyond to harmonize, synergize, and enhance their support to countries' objectives in achieving universal health coverage, and to encourage the engagement of such partners and stakeholders in, as appropriate, the development of the global action plan for healthy lives and well-being for all in order to accelerate the progress on Sustainable Development Goal 3 (Ensure healthy lives and promote health and well-being for all at all ages) and other health-related Sustainable Development Goals and targets in order to achieve the Agenda 2030 for Sustainable Development;

3. REQUESTS the Director-General:

(1) to fully support Member States' efforts, in collaboration with the broader United Nations system and other relevant stakeholders, towards achieving universal health coverage by 2030, in particular with regard to health systems' strengthening, including by strengthening WHO's normative work and the Organization's capacity to provide technical support and policy advice to Member States;

(2) to work closely with the Inter-Parliamentary Union to raise further awareness among parliamentarians about universal health coverage and fully engage them both in advocacy and for sustained political support towards achieving universal health coverage by 2030;

- (3) to facilitate and support the learning from, and sharing of, universal health coverage experiences, best practices and challenges across WHO Member States, including by engaging relevant non-State actors, as appropriate, as well as initiatives such as the International Health Partnership for Universal Health Coverage 2030, and in support of the preparatory process and the high-level meeting of the United Nations General Assembly on universal health coverage;
- (4) to produce a report on universal health coverage as a technical input to facilitate informed discussions at the high-level meeting of the United Nations General Assembly on universal health coverage;
- (5) to make the best use of International Universal Health Coverage Day to drive the universal health coverage agenda, including by encouraging increased political commitment to universal health coverage;
- (6) to submit biennial reports on progress made in implementing this resolution, starting with the Seventy-third World Health Assembly in 2020 and ending with the Eighty-third World Health Assembly in 2030, as part of existing reporting on resolution WHA69.11 (2016).

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