

Final Intervention for Honorable Dr Tinte Itinteang on Item 3

(on the occasion of WHA77, 27 May–1 June 2024)

Director-General of WHO

Mr President,

Honorable Ministers,

Distinguished delegations,

Kam na bane n mauri and warm greetings from the Government and people of Kiribati.

I begin by congratulating WHO for its commitments and contributions towards our pursuit of “health for all” in my country, Kiribati, and across the WHO regions.

More than 30 years have passed since health ministers before us, with good foresight, unanimously adopted at the 1981 World Health Assembly “Health for all” as a global vision. Two decades later “Health for all” became the slogan for a movement, to advocate for the highest possible standard of health.

Though some progress has been made towards attaining the health for all vision in my country, we continue to grapple with poorer health outcomes compared to most of our neighbouring Pacific Island Countries. Kiribati is a small Pacific Island developing state where social and environmental determinants of health are significant and limit the impact of health interventions. As an island nation, Kiribati is having to deal with the health impacts of climate change and the lack of access to quality water and proper sanitation. Our dispersed geography is challenging for our already weak and overstretched health systems and exacerbates our health inequities.

In this day and age, Health for all is synonymous with technology for all and access to finance for all, because without these health for all will not be possible. We need to innovate and collaborate, not just governments, but people, the private sector and communities themselves. With limited resources and technical capacity, developing countries like Kiribati will continue to rely on strategic and effective partnerships with more developed countries and technical organizations to deliver actionable solutions towards health for all.

Among the critical health service sectors, primary health care continues to play a fundamental role in the achievement of health for all. That is why in Kiribati, we have been working with our development and technical partners to strengthen our primary health care system by investing in our community health facilities, training more primary health workers, strengthening our supportive supervision systems, and community outreach and engagement. To address our dispersed geography we are equipping our remote health facilities with low orbit satellite internet and investing in digital health solutions to improve access, efficiency and effectiveness of our health interventions.

Ladies and gentlemen, health for all must not be a siloed task for developing nations. If we are to effectively address women, adolescent and child health, or if we are to fully deliver universal health coverage without leaving anyone behind, then we must step up as leaders, as multilateral organizations, as developed nations to help those beyond the development frontier.

Actionable solutions through strategic and effective partnerships, and greater investments in wholistic health is an investment in health for all and planetary health.

Chair, please allow me now to deliver a statement on behalf of the 56 Commonwealth nations, in my capacity as Chair of the 36th Commonwealth Health Ministers Meeting, which was held in Geneva on Saturday 25 May 2024. The theme of the meeting was ‘**Actionable solutions to build resilience in health systems within the Commonwealth, with an emphasis on small and vulnerable states**’.

Recalling previous ministerial commitments on the need to build resilient health systems for Universal Health Coverage (UHC) and emergency preparedness, we recognized the unique shocks and stressors on health systems such as climate change that are faced by small and vulnerable countries, including Small Island Developing States.

We reaffirmed our commitment to accelerate efforts in preparing for and responding to future health challenges, considering diverse contexts, and to work together to achieve the UN Political Declarations on UHC, Pandemic Preparedness Prevention and Response and Tuberculosis.

We agreed that strengthening primary health care (PHC) is crucial for health security and achieving UHC, and addressing health and care workforce challenges is integral to this.

We committed to work together to address the global workforce shortfalls in the Commonwealth, including to overcome the negative impacts of international migration of health workers, whilst maximising positive benefits.

Finally, we committed to working together with Ministries of Environment and other sectors, to build climate resilient health systems to deliver UHC and high-quality healthcare for all.

Chair, I conclude my remarks with my traditional blessings of Te Mauri, Te Raoi ao Te Tabomoa, peace, health and prosperity be upon us all.

Kam rabwa (Thank you)