

WHA 66 PHM Daily Report

Day 4: Thursday 23 May

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Committee A: 6th Meeting

CHAIR

We're behind time, need to work on Saturday morning. But we'll try to despatch the work for today's meeting to avoid a meeting on Saturday

Draft second report of Committee A

Report ([Journal No 4](#), p7) contains a resolution from Item 13.4 “Draft action plan avoidable blindness: a global action plan 2014-2019”.

Committee adapts report

Item 14.1: Monitoring MDGs

Documents:

- [A66/13](#): Monitoring the achievement of the health-related Millennium Development Goals
- [A66/47](#):
- A/66/A/Conf./3:

CHAIR

Go back to yesterday's discussion on Item 14.1 (Monitoring on MDGs)

IRAQ

Very important to refine MDGs sustainable. The community participation was important in MDGs

FRANCE

France associates itself with the statement by Ireland. Need to be more ingenious to implement the MDGs. In regards to UHC: achievements of MDGs in terms of health require strong health system. UHC provides equity and WHO has a leading role in this capacity

GERMANY

Fully aligns itself with Ireland on behalf of EU. All people need to take advantage of health care coverage.

PHILIPPINES

The Philippines recognizes the importance of tracking MDGs, especially maternal mortality. The Philippines continues to support global efforts to monitor progress in the MDGS and the post-15 agenda.

MALDIVES

Align with Botswana. Need attention on MDGs that are lacking behind. Recognizes the significance of UHC as a means of achieving MDGs. Recognize that MDGs that are lagging require additional efforts; have achieved 5 of the 8 MDGs in Maldives; the remaining 3 are on track.

MALAYSIA

We focus on inequities. National surveillance systems need to be improved to chart progress. To support countries with minimal resources, we request WHO to assist in increasing technical capacity to survey for equity and progress in this area.

Because countries are at varying levels of achievements, need to be country specific. WHO as the lead organization need to implement UHC and to strengthen national efforts. Capacities of national surveillance system need to be more effective.

OMAN

Agree with director general. Health is one of the pillars of sustainable development. Given the spread of NCDs we see an important place for that in the post 2015 MDG agenda

AUSTRALIA

Significant progress has been made under all MDGs. There are large disparities within countries, must do more to improve maternal mortality. Australia supports the WHO priority for a post 2015 agenda. Focus on poverty reduction should remain a key item in the post 2015 agenda. Austr agrees that reducing the burden of NCDs is a critical aspect.

BAHRAIN

Supports Lebanon. We must seek justice in allocating funds and technical assistance to speed up MDG process. Bahrain supports both documents with regards to the achievement of the 4th and 5th goals. Reaffirms support for health for all in post-2015 agenda

BOTSWANA

Aligns itself with statement of Zimbabwe and the African region. No doubt that health MDGs had remarkable success. However, there were shortcomings like lack of focus on inequities and human rights. Now's the time to build on the successes and overcome the constraints.

PAKISTAN

(not in the room)

PARAGUAY

(not in the room either)

PERU

Speaking on behalf of UNASUR. We perceive health as an human right. Recognize social, economic, and environmental determinants of health. We need to think about “development” by ensuring that UHC is comprehensive and goes beyond providing medical interventions. We need to consider that the MDG goals have not been reached. We need to promote preventative services as well in a UHC system.

BRAZIL

Need to promote effective access. A66/47 does not express relationship between health and poverty reduction.

COSTA RICA

Inequalities and health gaps are continuously present. For a MIC like CR, it's important to focus not only on the goals itself. Primary health care aims to address the basic causes of the health problems of the people.

CANADA

Children and youth should remain at the centre of the upcoming agenda

ARGENTINA

Associates itself with the statement of Peru on behalf of UNASUR. Post 2015 agenda should be focussed on the human wellbeing. Believe that in the post 1015 agenda the link in between development and health should be clearly stated. Thematic fragmentation of discussion will impair health as an integral part of agenda. Challenges continue to exist. Should consider universal access will be achieved by UHC

NIGERIA

Subscribe to alignment of the African countries, esp Botswana and Zimbabwe. Nigeria has strived to address maternal and child health. Nigeria is committed to UHC, is presently trying to enact a bill on health coverage. Nigeria has made significant steps in the achievements of MCH

ECUADOR:

We believe that in order to have a real impact we need a change in the current paradigm. Health has to be seen as a pillar of wellbeing, we work to ensure that health is included in all policies. Need for strong political commitment. Equity must be the guiding principle to define the post 2015 agenda. This means make operational this approach. Use of open consultations and sub-regional platforms is fundamental. We should also work hard in order to maintain the achievements made, and focus on strategies for monitoring and evaluation. Technical support from WHO is fundamental.

BARBADOS

The period of MDG implementation has focused the world on addressing inequity and has allowed progress in public health even as economies have been struggling. The end of MDGs should cement partnerships towards achieving the goals. Supports completing the unfinished MDG agenda. Greater human rights and gender based approach needed moving forwards. Barbados advocates the NCD agenda- need a global multisectoral approach, focused on prevention. The life course approach is best way of focusing on wellness, not

illness. UHC focus is critical- focuses on HSS and quality in delivery. Allows each country to determine its choices packaging and financing of services.

PARAGUAY

Thanks for the report. Paraguay has made tremendous efforts to achieve MDGs. Have reduced maternal and newborn mortality, no indigenous cases of malaria since 2009. Still a lot to be done, not everything will be achieved by 2015. Need to identify what needs adjustments in strategies, like focus on safe water supply.

PAKISTAN:

Thank you for the report. MDGs helped to shape the political agenda but it is still an unfinished business. Factors outside the health sector also need critical attention. Placing health at the heart of the post 2015 agenda will also contribute to equity and social justice.

ZIMBABWE

Introduced a draft resolution on health. WHA66/A/Conf/3. We need to make a clear statement on health in the focus on the post 2015 agenda. Submit the resolution to the UNGA.

BHUTAN

Aligns itself with the statement of Maldives. Small states face problems in regards to drug access and health workforce migration.

IOM

CHINESE TAIPEI:

Support the report. Human rights, inclusion and participation should be taken into account in the post 2015 agenda. UHC should play a critical role in collaboration with poverty reduction strategies. We are implementing important health reform (e.g. compulsory assurance scheme).

IOM

1 billion migrants world wide need health needs addressed in post 2015 agenda. Post 2015 needs to include migrant health. 2. cost effective 3. Health migrants contribute to social and economic development. Include explicit indicators on the health of migrants and social determinations of health.

MMI/PHM STATEMENT

Thank you, Chair, for giving me the opportunity to address the distinguished members of the World Health Assembly on behalf of Medicus Mundi International and the People's Health Movement.

We welcome the prospect of a global commitment to sustainable and equitable development in drafting the post-2015 agenda. However, we strongly believe that identifying key lessons from the MDGs is a critical step towards ensuring that the post-2015 framework will not replicate the identified shortcomings of the MDGs. Indeed, the MDG approach- that was based on a fragmented and quantitative framework- taught us that isolating goals from their context is not effective.

The values and principles expressed in the Millennium Declaration were lost in implementation. It was an opportunity lost and we had to be satisfied with a few short term achievements. Progress was measured in terms of country averages and, as a consequence, it did not reflect the persistence of inequity and poor conditions of health in the most under-served areas and among the poorest and most marginalized communities. The MDGs were conceived, defined and implemented in a top-down process. Issues of governance, participation and empowerment were insufficiently addressed.

We'd like to emphasize that the MDGs failed to address inequity in health. Health outcomes will not improve merely through an increase in per capita income without concrete policies aimed at balancing distribution of power and resources. The new development agenda must include the achievement of equity within countries and between countries as a top priority.

The MDGs presumed that development could be achieved largely through the medium of international aid; this is an illusion which has served to divert attention from the deeper political issues of structural imbalances that continue to exist. The prevailing 'charity' model needs to be replaced by a human rights-based approach with clearly delineated responsibilities and strong accountability mechanisms involving communities, peoples organizations and civil society.

"Today's Global Challenges" merely touch on the surface of underlying problems. Sustainable and equitable development - including governance reform and the restructuring of economic and political relationships - will be achieved only through new approaches to national and global decision-making, based on popular participation, direct democracy, solidarity, equity and security.

Addressing the post-2015 agenda must involve re-thinking the concept of development. "Development" must not be equated solely with economic growth and industrialization; it must include cultural and institutional development; and include the rich world as well as low and middle-income countries. The right to health will not be achieved unless the post-2015 is based on such a comprehensive and holistic approach to development.

Thank you.

INTERNATIONAL PLANNED PARENTHOOD FEDERATION

Provide health services to 65,000 health points. The late inclusion of sexual and reproductive health contributed to the lagging indicator 5b. For every 1 dollar invested in family planning, 4 dollars in public health spending is saved. When mortality and fertility rates decline, there can be enhanced economic growth when paired with economic services. The next development plan must include an indicator on sexual and reproductive health and a stand alone goal on women's empowerment.

INTERNATIONAL FEDERATION OF MIDWIVES

not here

WORLD VISION INTERNATIONAL

Poorest and marginalized women and children remain central in the post 2015 agenda. Even if MDG 4 was met, there's still 4 millions unnecessary maternal deaths annually.

Nutrition was overlooked in the MDGs and requires greater attention. Accountability on existing health goals is paramount, as well as planning and monitoring. The UN commission accountability framework on MCH provides a sound basis for the further progress. It's important that new targets are set achievable.

INTERNATIONAL FEDERATION OF MEDICAL STUDENTS ASSOCIATIONS

It is crucial to keep in mind the deficiencies of the MDGs. 1. MS need to champion outcome of global thematic consultation of health. Incorporate equity. Take the opportunity to engage with other sectors. Progress is best seen in specific and measurable indicators. Need consideration of national and regional contexts. 2. Need indicators specific to women and girls. 3. UHC as a concept should not become a toothless slogan. Need to ensure that health for all occurs in our generation.

SECRETARIAT

More focus on areas that are lagging behind is necessary. The role of other sectors was also emphasized by several countries. The post 2015 agenda should also include NCDs and UHC. Many interventions are very well aligned with the consultation facilitated by Botswana, Norway and UNICEF in the past months. The WHO Secretariat is committed to work with MS, CSOs and other agencies on this issue.

CHAIR:

We will suspend the consideration of MDGs and come back later.

Item 14.2: Follow-up actions to recommendations of the high-level commissions convened to advance women's and children's health

Documents

- EB132/2013/Rec/1:
- Resolution [EB132.R4](#): Implementation of the recommendations of the Commission on Life-Saving Commodities for Women and Children
- [A66/14](#): Follow-up actions to recommendations of the high-level commissions convened to advance women's and children's health

NORWAY

Our job is not yet finished. The Commission of life saving commodities made general recommendations listing practical proposals. We strongly support that these proposals are put in action. The Abuja declaration from October 2012 also asked to implement these recommendations. When the resolution was presented at the EB, it received a strong support. We hope the WHA will give the text the same consideration.

TURKEY

Supports the essence of the draft resolution to reduce Maternal and child deaths. Commission report recommends Misoprostol, which is approved to protect from gastric ulcer, but is also know, that this drug is used off label for abortions, so we should be careful with the recommendation. Same with the application of antenatal corticosteroids, their use is tricky during pregnancy, not enough information on safety of the drug exist in these circumstances. Turkey suggests amendments to resolution

COTE D'IVOIRE

We recommend the adoption of resolution. We have some concerns: 1. frequent unavailability of these life saving commodities; 2. The issue of capacity building

MEXICO

Just would like to say that we agree with the recommendations by commission for accountability in MCH

IRAQ

Working on MDGs 4 and 5 is fundamental. Importance of combining the indicators and of using a PHC approach.

TIMOR LESTE

WHO is a main partner in ensuring effectiveness and improving the level of health. Would like to propose support for the recommendations of the commission on accountability MCH. As a new country we have a stronger commitment to MDGs and esp MDGs 4 and 5. Would like to encourage WHO to provide technical support to member states.

BELGIUM

We commend the Secretariat for the report. We fully support the resolution. Request the Secretariat to step up its effort, promoting use of best practices and fostering research.

BENIN

Speak on behalf of 46 countries of African region. The African region appreciates the quality of the report. States of the region are committed to step up their efforts to reduce maternal mortality. All countries have different approaches to MDGs 4 and 5. The implementation of the roadmap for accountability should bring together stakeholders and should benefit from allocation of resources. To optimize the actions and overcome obstacles in implementation and monitoring like lack of data. Particular stress should be set on human resources in neonatal and obstetric care.

CHILE

Support the work done by WHO to reduce maternal and child mortality. We achieved significant progress in Chile, but there is much work to be done before 2015. We are reformulating our strategies to take into account the demographic and epidemiological changes. We urge countries to continue implementing national plans in favour of women and newborns. We support the resolution.

INDIA

There has been a manifold increase in budget outlet on health. SEARO has taken further framework for health, brought together stakeholders and partner countries.

BAHRAIN

On behalf of EMRO. Eight countries in EMRO have already conducting training and are updating national plans. Need for joint efforts to support countries that have not the capacities to implement these strategies. Data collection and strengthening of information system is also important. EMRO supports the draft resolution

JAPAN

Support recommendations of the UN commission. Along with the implementation we must also discuss the reason for slow progress. A stronger coordinated effort is needed among countries for improvements.

USA

We support the resolution. We are working closely with partners such as Nigeria, Norway, Unicef, Gates Foundation on this issue. We recognize the commitment of several MS, but these efforts must continue.

BANGLADESH

Appreciate the report. Bangladesh is participating in implementing the recommendations of the Commission. With technical assistance from WHO we realized the country accountability framework. We would like to share our impressive progress in the implementation. We successfully implemented the use of ICT from grassroots facilities and community health workers to higher levels. We support the resolution EB132.R4

PAPUA NEW GUINEA:

We looked at this report with interest. We welcome the global strategy for women and children health in order to achieve MDGs 4 and 5. It is important to receive WHO's support and donors' support in order to implement the recommendations. The concept of accountability is fundamental. We support the resolution and the issues raised by Turkey.

THAILAND

Welcome EB resolution 132.R4. Delegation has 1 concern and 1 amendment: Importance of UHC as an overarching developing goal. UHC reflects the need to maximize health outcomes. Amendments are reformulated as follows: [...]

CANADA

Welcome the WHO leadership in improving women and children health. Support the implementation of the recommendations. Increase coordination is needed.

CANADA

Welcome the WHO leadership on this effort. Support the implementation of the recommendations of commission on accountability framework. Support the implementation of commission on lifesaving commodities. Finally Canada supports to increase coordination between these two initiatives.

GERMANY

Improve access to health services for women and children is vital. Support the resolution.

AUSTRALIA

Urges the WHA to adopt the resolution. Life saving commodities are key for MCH.

PHILIPPINES:

Committed to the global strategy. Description of the actions currently implemented in Philippines on maternal and children health.

UNITED REP OF TANZANIA

Align with statement of AR by Benin. Tanzania is committed to strengthen the implementation of the framework. Recommendations are an important contribution towards the achievement of the MDGs 4 and 5. Two amendments proposed [...]

Support the resolution with the proposed amendments

MALDIVES

We endorse the resolution. Delivery of health care services is been challenged to due the fact that our population is spread among different islands. Support the Thailand concern on UHC and on financial implications.

MALAYSIA

Take note of document EB132/13. Support with the recommendation of the commission on accountability. Supports and agrees with recommendations of the commission on lifesaving commodities. Endorse and support Resolution EB 132/R4.

INDONESIA

Appreciation for the documentation. Indonesia is paying high attention to newborn care using WHO's guidelines. We request WHO to improve post partum hemorrhage guidelines

EL SALVADOR

Health reform in our country fully support recommendation of the commission. El Salvador achieved overcoming of the MDG 5 in 2011 with 50.8 newborn deaths per 100.000 life births. Safe maternity project in PAHO achieved strong results, therefore want to thank for their effort and support.

CHINA

Chinese government is working on data collection and surveillance system. The recommendations are very important. MS should develop guidelines for the appropriate use of medicine. WHO should play a more active role in helping MS to implement appropriate technologies.

ETHIOPIA

Support statement of Benin.

ERITREA

Supporting Benin statement. Congrats for high quality of the report. Support draft EB 132/R4.

NIGERIA

As Vicechariman of the commission, we support the resolution. Various mechanisms should be put in place to reduce barriers to access to care for women and children. Capacity building is also vital.

SOUTH AFRICA

Support Benin statement. Further wish to highlight the need to strengthen health system esp advancing UHC and human resource for health. Wish to re-iterate the honour of hosting the AU commission on how to improve our progress on MCH in Africa. Hope, WHO supports us.

BOLIVIA

Importance of external assistance that respects local habits and needs.

CHINESE TAIPEI

We would like to share our experience in this area: Strengthening information system, pregnancy registration...

SWEDEN

We have listened carefully to the amendments, we propose to modify an amendment proposed by Turkey.

CHAIR

We will suspend for lunch. Since we're running late, agenda items 17 and 18 will be transferred to Committee B

These changes will be reflected in tomorrow's journal.

[Overnight break]

Plenary

Election of members of the Executive Board

http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_67-en.pdf

1. At its meeting on 22 May 2013, the General Committee, in accordance with Rule 100 of the Rules of Procedure of the World Health Assembly, drew up the following list of 12 Members, in the English alphabetical order, to be transmitted to the Health Assembly for the purpose of the election of 12 Members to be entitled to designate a person to serve on the Executive Board: Albania, Andorra, Argentina, Brazil, Democratic People's Republic of Korea, Egypt, Japan, Namibia, Republic of Korea, Saudi Arabia, South Africa, Suriname .

2. In the General Committee's opinion these 12 Members would provide, if elected, a balanced distribution of the Board as a whole

Committee A: 7th Meeting

Item 14.2: Follow-up actions to recommendations of the high-level commissions convened to advance women's and children's health (continued)

SECRETARIAT (FLAVIA BUSTREO)

I note the work of Nigeria and Norway for the leadership of the commission. We are witnessing renewed commitment. We are working with other agencies and partners in order

to include these recommendations in the training of health workers. We have taken note of the desire that many delegates have expressed for more coordination and synergies. We are working with our sister agency the World Bank. We are revising the guidelines on use of uterotonic agents. We have taken note of the request to update the reproductive health strategies. We will work on it.

CHAIR

We will now read the resolution with the proposed amendments.

USA

Suggests a language amendment.

LEBANON

Suggests to add “and facilitate access regardless of the ability to pay” in par.4

THAILAND

“providing universal access to all members of society regardless of their ability to pay”

This was our previous amendment but now we agree with USA to delete the part “regardless of their ability to pay”.

USA

This seems to cover our concern

LEBANON

“providing universal access to poorest members of society and facilitate access to all members regardless of their ability to pay”

NORWAY

Facilitating universal access to all member of society in particular the poorest ones.

CHAIR

The resolution is adopted.

MALTA

My delegation would like to raise the issue of emergency contraception.

Item 14.3 Social determinants of health

TURKEY

Addressing SDH is a goal to be achieved for the health population. We will work in our national and regional office, but there is the need for stronger cooperation to strengthen it worldwide. The strategic framework of ‘health in all policies’ has to address social economic environmental determinants. We must be able to reduce differentials between rich and poor, women and men. To do that requires a multisectoral approach, an appropriate resource allocation among programmes and sectors. The progress reports are also important.

GABON (ON BEHALF OF AFRO)

All agencies within the UN system are working on a global plan on SDH. A number of initiatives have been taken at regional and country level. Development of this global work plan will make it possible for all stakeholders to face the challenges of NCDs, NTDs and promotion of health and sustainable development. Implementation of such a plan must involve capacity building, HSS, development of guidelines and tools.

CHILE

Thanks to the secretariat. Chile has progressed in the area of SDH, thank to the health policies of the government, the national health strategy 2012-2020 that set goals looking at education, social matters, housing integrating policies through all sectors. Health is socially determined, involving society in policy making is fundamental. Need to stop the separation between public and private health sector. Facing the challenge of ageing, reduce inequities and strengthen phc through promotion of health in all policies, participation of young people. Youth participation is a social determinant and has to be taken into account in policy making.

PHILIPPINES

Health in all policy approach will be our guiding principle. Suggest: further research on SDH and initiatives to expand health observatories.

PAKISTAN

Most SDH originate beyond the health sector, need to strong community participation.

THAILAND

SDH have to be addressed thorough 'health in all policies', strongly connected to inequities, and it is related to UHC. There will be no health improvement without universal access. Health targets are not reflected and included in the agenda. Once health targets are there it is imperative for WHO and MS to follow them. Global conference on health promotion and other conference . We hope these two conferences can deepen the discussion on SDH.

TRINIDAD & TOBAGO

We are working following the principles identified in the Rio Declaration. We should not use a silos approach. SDH must be an essential part of the post 2015 agenda. We have benefited from global integrated approach facilitated by WHO. We urge continuous support from WHO and PAHO to build capacity at country level.

MALAYSIA

We recognise the importance of SDH, specifically from the perspective of health financing, we suggest to go on collaboration to support poorest and most vulnerable populations. Intersectoral collaboration must remain in this agenda.

FINLAND

We stress that action on SDOH needs to focus on health systems and health promotion. The need for action across policies is particularly important in times of austerity. It is important to emphasize health inequities. Health in All Policies can form an essential part in addressing SDOH, as will be discussed at the upcoming Helsinki conference. Strength in

capacities in countries are needed as well as in the WHO, especially so the WHO can provide support and guidance.

CANADA

Health inequalities persist in our country and sometimes they grow. We will continue to go on investing and search for new approaches. We look for learning from best practices and share collaboration from WHO and other countries.

OMAN

Health is a right that should be enjoyed by all. Capacity is needed in order to address the Rio Declaration.

CHINA

Propose more studies on SDH mobilising more resources and involving all society. Strengthen collaboration with other sectors, and we recommend: strengthen cooperation among WHO and MS in education and capacity building; SDH to reduce inequities; SDH in the post 2015.

BARBADOS

Supports Trinidad and Tobago. Barbados is willing to share its own experiences, where it has created partnerships with the private sector and trade unions, which has worked very well. We also wish to share our work in web-based applications

IRAQ

All of our strategic work plans incorporate SDOH and indicators.

ECUADOR

The report should have more references, above all in Latin America, Caribbean region and the work of UNASUR. Latin America is one of the regions where social determination of health (academia, ALAMES...) is being addressed. We ask not to mention the collaboration of WHO with other UN agencies, but the lack of collaboration with other agencies that are missing (WTO...). We ask to expose in the conference in Finland on SDH.

SWITZERLAND

We would like to congratulate those in the areas of research in SDOH. We would like to talk about the training of health care professionals. To face the challenge of SDOH, we need to work with other sectors. Switzerland is interested in ongoing work in Mozambique and Rwanda driven by UN groups. Results achieved through MDGs show us that global health challenges must recognize SDOH. Universal health care is important.

USA

Appreciate the advances in implementing. Our national health care reform is going in this direction. WHO has an important role to identify best practices. Strengthen collaboration with other UN agencies. Indicators should be outside the health sector. And appropriate indicators based on local contexts.

PARAGUAY

Thanks for the report. A priority for us. Emphasise improving equity, increased number of bed in the countries. Increased resources and set up new vaccination for HPV, we are working on ncds, and set up the policies on physical activity, reduce salt content in food production and strengthen control on alcohol.

BAHRAIN

Welcome the document to operationalize the Rio Declaration. Concerns on national capacity for implementation of Rio Declaration. Need for disaggregated data on determinants. What is the mechanism that MS need to use to implement multi-sectoral engagement?

CONGO

Align statement from Gabon and focus on climate change. Communicable and NCDs that depend on environment. The changes of ecosystems need to be taken into account, need look at season changes to commit this to health problems that our societies are facing.

PANAMA

Panama achieved major progresses in the area of SDH with special attention of vulnerable groups. Description of national activities. We need crosscutting measures that incorporate health in all policies.

World Health Assembly: Draft Of NCD Action Plan Shows Compromises On IPRs
<http://www.ip-watch.org/2013/05/23/world-health-assembly-draft-of-ncd-action-plan-shows-compromises-on-iprs/>

MMI/PHM STATEMENT ON SDH:

Thank you, Chair, for giving me the opportunity to address the distinguished members of the World Health Assembly on behalf of Medicus Mundi International and the People's Health Movement.

Member States have expressed their commitment to SDH and have identified it as a priority area for WHO's work. It is of concern that the report presented to the Health Assembly is limited to a list of activities without qualitative assessment of the impacts of these activities. In the absence of a more substantive engagement with conceptual and operational issues around SDH, the report constitutes evidence of a narrow and superficial engagement with and understanding of SDH.

In order to take forward its work on the SDH it is imperative for the WHO to undertake more robust research and initiate actions into the structural causes of SDH – very appropriately termed as the 'causes of causes' by the Commission on Social Determinants of Health.

The approach to SDH should encompass more than classic risk factors and individual lifestyles. Underlying down-stream risk factors -- such as smoking, sedentary behavior and poor nutrition – are structural causes that are embedded in social, cultural, economic and environmental factors. For example, austerity measures designed to address the present financial crisis in Europe, are driving the privatization of health systems and the dismantling of the welfare state. Similarly, trade and financial liberalization policies and global power imbalances have a profound impact on health in different contexts across the world. Any

action on SDH will have to find ways to address these and other structural causes of ill health.

It is matter of real concern that the budget for social determinants, at \$30m, accounts for only 0.7% of the WHO's budget. This level of gross underfunding reflects a profound mismatch between WHO's stated commitment to the social determinants of health and its actual work program.

Further, progress on health outcomes related to SDH cannot be meaningfully measured unless the indicators adopted for measurement and evaluation are disaggregated using meaningful stratifiers.

Finally, the report fails to clearly identify the causes of health inequities rooted in social determinants. Without a clear equity lens action on SDH will not be effective in reaching to the most marginalized sections. The opportunity to address the post 2015 development agenda in facing health inequities through actions on their root causes cannot be wasted.

We call upon WHO and Member States to adopt a comprehensive approach to SDH within a cross- cutting framework and to ensure budgetary allocations commensurate to the task.

SECRETARIAT

WHO has been working with other UN agencies. We have heard the request to assist in capacity building, we hope the financing dialogue will help address the lack of resources. We are working in the identification of indicators to assess progresses.

CHAIR

The report is noted.

Item 15.1: Implementation of the International Health Regulations

SECRETARIAT:

World experiencing evolving emergencies: avian influenza and novel coronavirus. Several critical gaps in understanding: geographic spread, possibility of super-spreaders, degree of transmissibility between people, most important exposures leading to infection, countries and global community not adequately prepared (awareness, surveillance, readiness for potential impact on health systems).

WHO strategic goals are: 1. protect people and communities; 2. assess and monitor the situation; 3. ensure preparedness by all countries; 4. provide global leadership and coordination.

Central role of the IHR: legally binding framework for global health and security; strengthen detection, assessment; minimize public health/economic impact of events.

MS reporting requirements to WHO: Notification to WHO within 24 hours; continued reporting. The situation is evolving. We need to intensify surveillance and increase awareness.

SAUDI ARABIA

Experience with Novel Coronavirus. 44 lab confirmed cases, and 22 deaths. Several countries in the Middle East have been affected. In France, Germany, UK there are also cases.

First case reported, 68 year old man, was diagnosed with pneumonia, condition deteriorated quickly and died in a few days. Examination of contacts in family and health care providers found no more symptoms. At that point Saudi Arabia was not aware of the virus and the virus was notified and sent out of the country without the government's knowledge. Invited WHO to support and assist in the investigation. Put in place surveillance activities in key cities. 3 million pilgrims were there at that time. Worked along with French colleagues, Egypt and all cases came out negative. After the pilgrimage period, surveillance was expanded. EMRO held a consultation meeting on how to move forward on the surveillance and control of Novel Coronavirus.

Stressed that Saudi Arabia is still struggling with investigation as the virus was patented by scientists which impeded the examination.

Discussed the outbreak in April-May 2013 in Alhasa region, eastern province of Saudi Arabia. Outbreak was identified in a private facility where high number of cases of pneumonia resulting in deaths increased. As of may 1 2013, no more cases. Intervention was a collective effort, including several global experts and international bodies.

Current situation is that the interventions of the government were very effective. Active surveillance is still in place. Source still needs to be determined, transmission has not been established, incubation can be between one and a half and 14 days. Struggling with diagnostics. Many challenges remain. Saudi Arabia takes its responsibility seriously and has a clear plan, mostly based on surveillance and global collaboration.

IRAQ

I have 3 questions. 1. is there any joint research between countries? 2. kits for coronavirus; 3. are there other viruses which can threaten public health?

SECRETARIAT

1. researchers have been brought together, we need additional meeting
2. kits: the serologic tests are still under development. The primary test now is PCR
3. I don't know which viruses you're mentioning, up to now we are focusing on avian influenza and novel coronavirus

UNITED ARAB EMIRATES

People are worried about travelling and need of clarity on the current situation with regard to screening and travel restrictions.

Virus is copy righted and what are the implications of this and what are the costs of vaccine primers – is it similar to influenza virus.

SAUDI ARABIA

Delay in development in serum testing and diagnostic procedures is due to patenting of the virus, it was patented by vaccine companies and this is an issue and it should not happen again.

SECRETARIAT

In relation to the question of UEA, there is no travel restriction in Jordan. How similar are the cases with those in Ethiopia. It is difficult to know, but need surveillance system. Implications, the last question asked, framework on pandemic influenza virus is important in case of any emerging infectious disease. There cannot be delays in diagnostics and other procedures and therefore countries have to give the viruses they find to the WHO.

DIRECTOR GENERAL

I see several flags up but now there will be an award meeting so I think we can continue tomorrow. Let me pick a couple of points. WHO belongs to 194 countries. In 2005 you revised and adopted the IHR. As your DG, I want you to consider the following points.

Any new disease is full of uncertainties. WHO is not able to answer to some of your questions because new viruses are full of surprises. We have to share information, knowledge and viruses (share your specimens with WHO collaborating centres and not on a bilateral manner because your scientists want to publish in scientific journals or because of IP. Please, tell this to your scientists! No IP can stand in the way of public health actions! I promise you that critical programmes for WHO will not be left unfunded.

CHAIR

We will start tomorrow at 9 with IHR.

Committee B: Second Meeting (Thursday, 23 May, 0900-1200)

Draft first report of Committee B

Document: [A66/66](#)

Item 24.4: Reassignment of South Sudan from EMRO to AFRO

Docs

[A66/43](#): Secretariat report

[A66/43 Add.1](#): Fin / admin implications

Item 21.2: Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution

Documents

- [A66/30](#): Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution
- [A66/55](#): PBAC report on A66/30

Item 21.3: Special arrangements for the settlement of arrears [if any]

Documents

- [A66/45](#): Special arrangements for settlement of arrears: Tajikistan
- [A66/55](#): PBAC report

Item 21.4: Scale of assessments for 2014-2015

Docs

- [EB 132/2013/REC/1](#): discussion at the EB in Jan
- [EB132.R6](#): EB recommended draft resolution on scale of assessments
- [A66/31](#); Secretariat report on scale of assessments 2014-15

CHAIR

We are considering EB132.R6

TURKEY

We have paid increased amounts recent years.

CHINA

China supports. Notes our increased payments. Appeals to those whose ACs have decreased to contribute that amount as VCs.

CHAIR

Do we adopt EB132.R6?

Yes

Item 21.4: Foreign exchange risk management

Documents

- [A66/32](#): Secretariat report: scale of assessments: foreign exchange risk management
- [A66/56](#): PBAC report on foreign exchange risk

MS assessed contributions are invoiced in US dollars but much of the expenditure is in Swiss Francs. When the value of the US dollar falls the purchasing value in Swiss francs also falls.

Secretariat report suggests a split currency arrangement: to invoice MSs 50% in CHE and 50% in USD. However, might cause admin difficulties for some members so would only apply to those who contribute \$200k or more.

CHAIR OF PBAC

Spoke to the report of PBAC A66/56. The Secretariat had suggested a split currency assessment which would only apply to those whose contribution is above a threshold level of \$US200,000 pa. PBAC noted that this threshold approach would be not be consistent with

the rest of the UN system. Nevertheless PBAC recommended that the Secretariat draft resolution be put to the WHA66.

CHAIR

No debate

Draft resolution at Para 10 of A66/32 adopted..

Item 22.1 External Auditor Report

Docs

- [A66/34](#): Secretariat report conveying report of External Auditor
- [A66/58](#): Report of PBAC on the Report of the Ext Auditor

CHAIR OF PBAC

Commented on the report of the Ext Auditor and reported the considerations of the PBAC on the Ext Auditor's report. Mentioned in particular:

- Shortcomings in inventory management (drug stockpiling, drugs past date)
- Need to improve the results based mgt system
- Full implementation of the global enterprise risk mgt system
- Address weaknesses in internal controls framework which led to rules not being respected;
- Sect has not attained targets in gender parity and geog balance.

MS on EB commended Ext Auditors report.

PBAC on behalf of EB rec adopt the rec to accept the report

MRS TAN. EXT AUDITOR. PHILIPPINES

Report on ext audit for 2012. Described briefly the mandate and scope of her audit. Looked at IPSAS implementation (Int Pub Sector Acc Standards). Looked at inventory mgt, ent risk, risk framework. Issued unqualified opinion regarding the financial report. Made a number of recs to mgt and regarding governance. **Need to include annual estimates in the biennial program budget if there is to be any comparability between budgets and expenditure reports.** Strategise stock pile strategy

INDIA

Strong support

USA

Thanks Ext Auditor. Constructive recommendations. Welcome focus on risk management; time line for dev risk register. Note weaknesses in int controls framework

AUSTRALIA

Welcomes report. Urge implementation. Need to move to stronger management control. Welcomes efforts to address outstanding audit recs. Audit and fraud practices have been identified by AusAID as an issue

TURKEY

Thanks for comprehensive and well str report. Useful information. Req further info on strategy and impl plan re timing and scope of corrective actions and separate report on implementation. Urge full implementation

MEXICO

Thanks. Was discussed in PBAC. Pay tribute to WHO for following IPSAS and welcomes favourable report from the auditor. Transition to IPSAS requires further attention by Sect and MS. Invite Ext Auditor to remain in consultation with Sect and P BAC.

MALDIVES

Supports statement by India on budgeting as well as fin reporting on annual basis. Drug shortages have been a problem. Hope increased focus will help to address these.

EXTERNAL AUDITOR RESPONSE

Thanks for commendations

ADG GEN MGT

Responding to India and Turkey. Thanks to all MS who spoke.

Assure you that DG has accepted all Ext Audit recs as well as those of Int Audit and IOAC. Strictly tracked and report twice a year to the PBAC. Paper [PBAC18/5](#) includes implementation report. Org wide RM is a paper to be considered by EB next week. Risk register will be impl if approved. Booklet and trg prog for Int Control inclu RM, delegations, HRs, R&Rs, etc. All the obligations. Clarify roles of mgrs. Aim to be more effective at country level and respond to Ext Audit. Ask MS for support in DFC (direct financial cooperation) in those countries we are working with. GSM has internal controls. Being improved. Rules alone not enough. Will also try to ach culture change. Training, mentoring, implementation. reviews.

DG

Reassure that RDs and DG take audits (incl IOAC) very seriously. Read carefully. Thank Ext Auditor for excellent report. Accepted all recs. Will cont to str Int Audit. Work with IOAC. These reports are important for the mgrs. Str Int Control. Start with culture: transparency and accountability. Rules and responsibilities must be adhered to. Trg is important. Lots of good technical experts who move into mgt position must go into proper mgt trg. Need to provide incentives to recognise good behaviour. Likewise those who try to circumvent rules there will be consequences. Need to pay more attention to procurement. In DFC (direct fin coopn), looking at audit reports; we cannot do our work properly if the countries involved in DFC do not provide fin information; difficult for WR to push you for report; sometimes they feel nervous; fear you many complain; but this is their job.

You must lead by example. If you don't provide timely reports on mgt of funds I cannot mge this org; might have to discontinue DFC if it is not working; want to continue with the DFC and improve it but if it doesn't improve we might have to discontinue.

CHAIR

All round good behaviour. Accountability is key. Attend to draft reg in A66/58.

Resolution accepting report of Ext Auditor adopted.

Item 22.2: Report of Int Auditor

Docs

- [A66/35](#): report
- [A66/59](#): report of PBAC consideration

PBAC CHAIR

Concern at shortcomings in compliance. Urged impl of Int Contr Framework. Ctee requested follow up info on staff discipline and recovery and work of Ethics Office. Sect reported that they are working on strengthening the int controls framework. Assured that discipline action had been taken and recoveries were proceeding.

PBAC rec that A66 note the report

UK

Welcomes both audit reports. Important that WHO is kept accountable and open and transparent. Important that WHO has moved to IPSAS compliance. But remain outstanding audit cases with uncertainty as to when they will be resolved. Welcome str'g of audit controls. Greater awareness of risks. Encouraged by est of new ethics unit. Enc WHO to maintain transparency.

GERMANY

Thanks Sect for excellent report. Germany committed to acc and transp. Appreciates Int Audit work. Supports Int Auditor frank conclusion.

Unacceptable level of residual risk. In the past have concentrated on follow up of individual cases. This is not enough. Unacc risk and major weakness. Must draw conclusions and take measures. Take metaanalysis as starting point. IOAC shares concern about size of office. Need more staff in IOS. No of auditors (8) has remained the same. Positively impressed with message of DG. Welcome review by senior mgt to improve compliance. Str link between audit and WHO Reform. Big org must have appro strs in place for quality assurance.

AUSTRALIA

Support Germany. Welcomes report. Continue to be concerned by instances of unimplemented recs and lack of control in some areas. Welcome DG's commitment as just given.

CHAIR

Bless you

CHINA

Thanks Sect for report of Int Auditor and IOAC. Support PBAC concern for rules esp for residual risk. Support Sect for its work. Hope will further str its work. Sect says considering extra measures to evaluation and examination of staff. Support Sect setting up Ethics Office. Str edu of staff reward the good ones and incr culture of compliance.

CANADA

Appreciates assurance of DG. Touched on concerns of Canada. Note sig activities of IOS. Need to focus on procurement. Need to expand capacity of IOS

INDIA

Commends Sect for excellent report. Appreciates steps taken. Continued comments on inad controls esp procurement is a matter of concern. Need to be addressed.

MR WEBB. INT AUDITOR.

Thanks to MS for their encouragement. Scope of work of IOS was not impaired by limits on size of office. Issues raised: re follow up / re capacity of office / systemic rec issues Has been progress in FU of recommendations. esp the highest risks. reflected in no of audits closed and addressed. Re Capacity of office. Yes we have a limited capacity. DG has committed to strg the o.ffice. In process. str technical and evaluation capacity. Have a sound risk asst model which ensures that audit resources are directed to the areas of highest risk. Has been shared with PBAC in 2011 and with the IOAC. Have sought to accelerate coverage by using more modern techniques. Improving GMS and Info system means we are more efficient. Re systemic errors, esp in country offices, we are identifying the areas which need attention. We have presented papers to the GPG every year; int control, ent resources, str GSM. We are on track

ADG GM (DR JAAMA)

Thanks. We are closely monitoring impl of IOS rec. In A66/35 p 11 you can see the status of recs from last three years. Have closed over 80% of o/s cases although we still have 12 which are open. From 2011 we are at 78%. 16% in progress. 6% not enacted. Why do the same issues emerge over and over again? Why? From 5 June we will have a new upgrade of GSM including a dashboard which tracks 11 key areas for control including country offices . We are refining and reviewing job descriptions; reviewing management jobs and delegations and tightening rewards and sanctions. Looking at the management practices of individual staff (mgt of people and money). Trg of staff. Need to train. There will be consequences.

CHAIR

Committee takes note of Int Auditor Report.

Item 23.1: Human resources: annual report

Documents

- [A66/36](#): HR annual report
- [A66/60](#): PBAC report on HR annual report

CHAIR OF PBAC

Welcomed. but regrets late status. PBAC supports incr use of non-staff contracts but not to carry out regular work. Concerned about Polio lots of staff but time limited project. Concerned that no sig impr in reaching gender parity, particular senior grades also geographical parity esp from developing countries. Rec that Assembly note the Sects report.

GERMANY

Excellent report. but regrets that it was late. HR key aspect of reform agenda. Focus on org wide imple of gender policy and str presence in countries. Support gender parity. Needs further thought. Str support imple of comprehensive gender policy. Need more in HR report. Have called for immediate action in all regions. Need to hear what senior staff in regions need to ach gender parity. Succession planning show numbers who will retire. WHO staff in country offices. Major shift from Hq and Regional offices to countries. support. from HR report more than half is allocated to country offices. Support need for full transparency for efficiencies. Need to hear about country reports. Need to be shared with GBs. Seek feedback from Sect

SWAZILAND (ON BEHALF OF AFRICA REGION)

Note and commend HR report. Highlight work on SD and well being. Depend on high skilled and motivated. Women still under represented. Falls below 50%. Need woman power. Geogr distrib of staff 54% DC and 46% UDC. Some countries not represented. Current recruitment process favours staff who are in the UN system. Need injection of new fresh thinking.

USA

Endorses PBAC report. Ref to rec re LT liabilities associated with routine conversion of short term jobs to LT associated with Polio program. Glad to see that this will be reported on. While US satisfied by progress and keen to move on, HR is the one area where further diligence is important. Career progression, outside recruitment and the principles in para 52 . Agree with Germany on country office development. Needs continued attetntion.

UK

Thanks. Given importance of staff in total expenditure. Welcome. Succinct and well presented. Given a clear explanation as to why it was so late. Enc Sect to ensure such reports are released in a timely manner. Welcome reassurances re HR reform – part of the reform agenda generally. Echo re gender balance. Need for more flexibility and mobility of key staff. Right people in right place. Mgt systems. Full support.

CHINA

re 14.8 of report % of nat office has doubled. more balanced and more strategic. WHO should play a bigger role in strategy and convening. An important part of the reform. Importan part of role of country office. Need more details.

ADG HR

Thanks. Gender: you can see 39.5% of women in Sect. One of the diff we have is women applicants for positions in Afro mena and SEARO only 24-29% of all applicants. Causes a problem. Lot of work being done. Need to review the outreach we do. Notwithstanding continuing our efforts to address gender parity. Have submitted an impl plan to the UN and will be following strictly and will report to you. Impl cap bldg strategy also.

In terms of HR policies to retain women in WHO, have flexible wk arts such as tele working and work life balance. In terms of diversity ensure at least one female candidate in short list. 'always look at geographical distr of candidates. Assure MS that we are rigorous comp process for every selection. Especially all senior positions are open and always go for

the best candidate. Presentation of report. Format in transition. Have taken on board suggestions from MS on what to include. section on Polio. will be included in next session.

DR JAAMA ADG GM

Inc use of non-staff in WHO. is an effort on our part to ensure that non staff do not do staff functions in the workplace. will be monitoring in this regard. LT liability re polio. While there are thousands of people on contract working for WHO only 934 people on fixed term contracts and we recognise that this is a LT liability. Looking for ST and LT solutions. a more flexible workforce and appointments policy. covering recruitment, management of staffing levels and effective use of non-staff members that will allow the Organization to respond quickly to staffing needs; a more mobile workforce for whom rotation and mobility are part of an integrated approach to career development that includes tools, such as a skills inventory and an online career path mapping tool; a high-performance culture based on improved performance management processes and tools and complementary policies on rewards and recognition, accountability and improving performance; and enhanced staff development and learning through an Organization wide eLearning system and a management development programme.

DG

About gender parity, geographical sourcing, younger people, rotation versus corporate memory, must address the four pillars. These are my **“early” thoughts on how to change HR policy.**

TURKEY

Thanks. Gap of \$820m of unfunded health insurance for employees. Need committee to consider this.

CHAIR

Report Noted

Item 23.2: Report of Int Civil Service Commission

Docs

- [A66/37](#): Report of Int Civil Service Commission
- [A66/61](#): PBAC report on

PBAC

rec note the report

MEXICO

Welcomes review of staff in higher categories. Vital importance of these efforts. Seek to be informed on progress

SECT

Compensation package. UN launching a study. will be completed towards end 2014. Will be made available as soon as that study is completed.

CHAIR

Takes note

Item 23.3: Amendts to staff reg and staff rules

[A66/38](#)

No discussion.

Cttee takes note. Salaries of senior staff remain unchanged.

Item 23.4: Report of Joint staff pension fund

[A66/39](#)

ETHIOPIA (AFRICA)

Thanks. Fund in deficit. Downwards in investment returns. Improve investment.
Leading cause of disability is psychiatric problem. Sect to investigate

SECT

Fund has rec that retrt age be raised to 65 to ensure sustainability of fund. Assure that WHO actively participates in Fund discussions. Will convey your concerns.

CHAIR

noted

Item 23.5: Appt of reps to who staff pension ctee

[A66/40](#)

Nominate Dr Viroj and Mrs Petit... from Samoa

Ctee agrees.

Announcements

CHAIR

Items 17& 18 to be transferred from Ctee A to B

After our own agenda items.

Will start with 17.3

Because it will be very likely that there will be a drafting group.

Committee B: Third Meeting (Thursday, May 23, 1430-1700)

Item 24.1 – Follow-up of the report of the Working Group on the Election of the Director-General of the World Health Organization

Documents

- [EB132/2013/REC/1](#),
- resolution [EB132.R14](#) and

- [A66/41](#)

CHAIR

Introduces

FRANCE

Speaking on behalf of Euro Region. Supports resolution. Elected to see Assembly adopt this.

support standard event and standard CV

changes in standard rules.

Consider costs of Electronic voting system

Keep secret ballot.

Consolidate into one doc all processes related to election of DG

GHANA

On behalf of Afro Region.

Recognises efforts of WG and Sect and commend for commitment. WHO has a wealth of talent, skills and leadership talent within its people. Must be given full expression.

Resolution and annexes capture the salient issues.

Welcome intro of candidates forum. to assess and interact with candidates

code of conduct level playing field

voluntary nature but will follow closely their compliance with the code

notes with satisfaction the change in rules to allow for more than one candidate by EB for consideration by the MSs.

Reemphasize that due regard be paid to geographical repn. Candidates so far have hailed from only 3 regions although must be driven by candidate's competencies.

KOREA

About the competencies required by the DG. Competencies, commitment

Appoint a mother or father to take good care of the baby.

IRAQ

Support regional equity but primacy to competency. Appeal to all states and regions to present their proposals on mechanisms for designation to ensure transparent and equitable.

CHAIR

Approved.

Item 24.2 - Real estate

Documents

[A66/42](#) and [A66/62](#)

CHAIR OF PBAC

Speaking to A66/62

Renovations of WHO HQ

New country offices

GUINEA

Speaking on behalf of AFRO. Thanks to Sect for quality of report.

Sect to draw up a new strategy.

MEXICO

Thanks.

Welcome proposals for integral policy which takes into account the state of the buildings. But should also consider the Reform Program and need to bring down running costs in the LT.

ITALY

ECUADOR

Any refurbishment must take into account the appr facilities for disabled persons.

SECRETARIAT (MR PRESTON)

Thanks.

Disability access of paramount importance. Each time we develop a new project we take into account disability access.

Switzerland. Looking for agreement in principal to proceed for a loan. Thanks to swiss

Table 6 on the sale of buildings. responding to Italy

This is a LT strategy Comprehensive and LT strategy. 40 yrs.

Sorry it was late . We intended to submit for A67

Chair

See draft resolution

Approved.

Item 24.3 – Agreements with intergovernmental organizations

Document

[A66/46](#)

CHINA

Thanks and appreciation.

South Centre has facilitated DC collaboration and has promoted UN Organisatoin activity. and in South South countries

China has used our down to earth approach to SS activities. Standardise relationship will facilitate the LT relationship between two organisations

Support agreement between SC and WHO

SRI LANKA

DCs need to work harder, double our efforts, use all the help we can get. South Centre has played a valuable role. Org is well known, staff extremely competent. Sri Lanka urges support

BOLIVIA

Bolivia appreciates its relationship with the South Centre. 54 countries. Greatly valued by my country. Strong support for relation between WHO and SC. Collaboration to the benefit of the DCs. Support.

INDIA

Welcomes proposed agreement. Acknowledge important role played by SC in multilateral issues. Supports draft resolution and draft agreement

IRAQ

Collaboration would help us to make the best use of both. this kind of agreement will help us to improve our coordination with the organisations with whom we work.

ECUADOR

MALAYSIA

Strong support

USA

Brief observation. Due appreciate the strong support for the SC and this proposed agreement. SC does a lot of good work in relation to SS cooperation. We know that they focus on

WHO is an evidence based organisation. Topic which comes up frequently is need for WHO to be protected from any vested interests.

We do agree for the agreement to go forward

UK

Support the agreement being proposed. Welcome engagement by all NSAs. Recognise the capacity and quality of the work that the Centre provides to a number of countries. Recognise that the SC has remit beyond WHO. In the context of WHO we reiterate the primary interest of global health and the poor in this. Want to see MS working together to best reach those global objectives.

THAILAND

SC is the champion of Southern Countries. builds our intellectual capacity to cope with strong influence of trade and IP in order to prevent our people lapsing into poverty. SC

has strong vested interest which is to protect the interest of the people in the developing world. Strongly support. This agreement will further the role of SC in building Intellectual capacity of DCs.

CHAIR

Do we approve draft resolution?

No objection

So approved.

Acclamation (not universal)

Item 25 Collaboration within the United Nations system and with other intergovernmental organizations

Document

[A66/44](#)

SWITZERLAND

Speaking on behalf of Australia UK, Sweden,

Speaking about the Quadrennial Comprehensive Policy Review and the Resident Coordinator System

True ownership essential for UN coherence and coordination. But surprised by the tone of the document suggesting some possible doubts about this process.

Want to hear about these doubts if they exist. Or alternatively we want to hear that WHO is committed

SWEDEN

Align with Switzerland on behalf of several countries

who REPORT QUESTIONS THE CONCEPT OF COORDINATION AS IT IS CURRENTLY CARRIED OUT

But Sweden wants to be very clear that in the so called cost sharing agreement. Recognise that in the budget PB14-15 WHO has included funds for coordination.

Coordination at the country level is important. All UN agencies should accept their fair share

BELGIUM

Supports statement of Switzerland.

SECRETARIAT (Dr Troadson)

Thanks MSs for views expressed here and in other consultations.

WHO is fully committed to UN coordination at all levels. Sorry if this has been misinterpreted in the report. What we have tried to convey in this report is that we are committed to coordination at country level.

What the report reflects are discussions in UN DG and in bilaterally with other agencies.

The discussion has been how we should divide up the additional cost of the resident coordinator system after the donors had withdrawn support for RCS. After UNDP taken on major share. and also specialised agencies. Negotiating in order to get fair distribution of cost. WHO has accepted \$5.2m additional for RCS,. sometimes can be seen that WHO at country level, not seen to be always included in UN plans. Reason is MS.

Example. a country wanted assistance on legislation on transplantation. Took it to the UN team which said that this was not a matter for the UN 'delivering as one' but it was important for WHO and the country. But where possible we try to work through UNDAF. But there are some issues which are not covered by the UN joint program.

CHAIR

Do we note the report?

Noted.

Item 17.3 – Universal health coverage

Documents

- [A66/24](#)
- A66/A/Conf./2
- A66/A/Conf./2 Add.1

THAILAND

Health workforce is a neglected agenda item. 21 states propose drafting group. If we agree then we change the informal to a formal drafting group

USA

Notes the report. Proud to support UHC. Expansion of health care coverage. Fundamentally about all people having equal access to care. ACA seeks to expand American's access to health care and keep health care costs low. Expand health coverage to 30m. Many ways to achieving UHC but belongs to national govts. WHO can provide guidance. UHC important in the discussion of post 2015. Should include targets and strategies. US would support addition of NCDs to the discussion focusing on prevention.

MEXICO

Thanks. Grateful to the Sect report. Important events. Note UNGA resolution on foreign policy, note the discussion on UHC for post 2015. Indicators helpful. Our president has said that the protection of the RTH must be promoted and achieved. Equity. Guarantee access to good quality health care for all. Should be universal.

SOUTH AFRICA (ON BEHALF OF THE AFRO REGION)

Congratulate Sect for the UHC report. Applaud for finalising plan of action for health care financing. Will assist many countries in the region to move forward. Meaning in WHO/WB report from Jan. Possible to achieve UHC despite the challenges. Take note of the recs from 2010. reducing oops. pooling. additional financing where nec. PHC and broad health systems development. Note that the focus in the action plan is on financing. Need to also look at acceptability, availability, quality at PHC level. Improving PHC level services, str facility and district health systems. Support accountability, ownership.

Global Health and FP. Reducing health inequalities is a commitment we should work towards. People's survival and health is among the most important development outcomes. Address unfair inequalities in people's survival and health.

IRELAND (SPEAKING ON BEHALF OF EU AND OTHER PARA EU MS)

Effective UHC requires a health system with sufficient capacities etc. Min set of services is not sufficient. Need targeted efforts for the poor and marginalised to be protected from OOP. Address SDH requires health system with broad public health measures and HIAP approach with support from finance, trade, labour, etc.

Devt partners should align their efforts preferably through IHP or other. Recalls UNGA resolution on Health and FP. also UHC in UN led thematic consultations on post 2015 goals.

SENEGAL

Senegal is a member of the GH and FP initiative. Support what SA has said on behalf of the region. Committed to Universal health coverage in Senegal. Appreciate most of what is said in the paper. Para 15 should say that health map needs to be kept up to date. for an accurate account. The limit for protection against fin risks should be taken into account. In para 24 need to mention need to fight against SDH.

COLOMBIA

The challenges in UHC is part of the HSR currently in Colombia. Everybody should have access to good quality care without financial risk. Good quality health care at an affordable price.

Equitable access to drugs. Over the last few years has been problem in getting access to drugs. Sometimes not available or of low quality or not being used rationally. WHO Bulletin have highlighted these as world wide problems. Colombia is exchanging with other countries to analyse these issues: **need to understand the factors behind the shortages; need to provide a global evaluation of shortage of essential drugs,** management strategies to strengthen this issue. Grateful for support. Colombia supports UHC in the post 2015.

JAPAN

About Japan's UHC. Strong back bone for social economic development. High level training course. Japan training course for int health diplomacy with UHC as an ultimate goal. Work through bilateral and regional challenges.

SWITZERLAND

Grateful to the Sect for report. Equitable access without excessive fin exp for users. Considerable progress to achieving UHC world wide. To str equitable efficient and sustainable health systems. Need a fairer type of access to health care services. See Rio Declaration. Convinced of need for multisectoral approach. Take account of social, economic and environmental determinants. Concept of UHC relevant for sustainable development. Encourage WHO to improve its coordination role and develop P4Health initiative.

NORWAY

Recognises the importance of health personnel therefore cosponsoring Thai initiative and therefore a drafting group.

INDONESIA

Thanks Sect for report on UHC. Needs to continuously support and strengthen. Equal health services for all of our population. Str the health of our peoples and help development. Indonesia is str and enlarging coverage to all by 2019. Also conducted global health diplomacy in the SEA region. Support Thai resolution on transforming health education workforce for UHC.

CHILE

Thank Sect for the report. Chile has seen improvements in access including maternal mortality and certain diseases which are covered. Importance of UHC especially for poorest and for the important diseases. We are making progress towards UHC for these diseases. 80 diseases covered. \$1202 per person an average. actual cost varies widely. 70% use public system 3.5% of GDP; those in private sector rec 4% of GDP. Important part of those in public rec care from private system via public subsidies. Endorse the appeal in this doc. solidarity and burden sharing

MALAYSIA

Thanks. Aligns and cosponsors Thai proposal. Supports work towards UHC. Need to help others to understand importance. Need a manual and trg pack for engaging with financial stakeholders. Dashboard modalities. Str country to country. Joint learning network. UMICs can contribute to the learning of LICs but such countries also need support of WHO through benchmarking and sharing. Because of budget restrictions WHO has been reluctant. Need to look at other building blocks beyond health care financing, eg tools for monitoring, legal and reg frameworks, patient safety and quality of care.

KOREA

Commend Sect for UHC for all countries and people. Welcome collaboration with WB to this end. Need countries to develop health care financing. Protect 100m from health poverty. ROK achieved UHC 25 yrs ago but must have sustainable finance. Challenge to keep the balance. UHC must be linked with strategies to ach better health outcomes. UHC should be reflected in the 2015 health goals. Ready to share our experience

bilaterally and multilaterally. Korean MOH is going to make a donation \$1m annually for the next five years for UHC.

CHINA

Thanks to Sect for UHC report and thanks for work of WHO in support of MS towards UHC. Great achievements have been scored. In the last decade coverage has increased from 30% to 95%. Ask WHO to clarify the connotation of UHC. How high OOP? What is in the service pack. MS to achieve UHC incrementally. Timetable and roadmap. Need clarification of legislation for UHC. Hope DG of WHO can convey importance of UHC to NGOs so that they can shift their investment. Support Thai

CANADA

Universal access to health care fundamental principle of Canadian system. Appreciates the int work towards UHC. Commends the countries which have taken steps towards UHC. Supports including of UHC in post 2015.

SINGAPORE

Thanks Sect and DG for excellent report. Support delegate from Malaysia on convening role of WHO. Notes the many interventions and support in this room. as exemplified by the pressure to include UHC in post 2015. Path to UHC is complex and no single pathway. UHC only effective and quality but also sustainable; ensure that sick and poor are not denied access; fairness across generations.

OMAN

Thanks. Have read the doc thoroughly. Thanks to Sect for their efforts. Nec to update this strategy so MSs can find financing. Oman would like to mention that a number of countries lack sufficient HR and therefore cannot provide the nec coverage and services. Have tried to keep health staff to have a response. Agree with the challenges to address. Essential that there be proper management and funding

IRAQ

We have a surveillance mechanism that allows us to assess our coverage. Trying to consolidate different mechanisms to articulate primary and secondary services while keeping costs low.

MALDIVES

Aligns with Thailand on behalf of SEARO. Regional strategy based on evidence and consultation for evidence based and equitable based on PHC. Importance of public funding. Expenditure on drugs is one of the largest OOP total dependence on imported drugs and unnecc expensive drugs. Need to expand use of generics and bulk purchasing mechanisms of assured quality. Maldives has introduced UHC in 2012 but the fragmented nature of our islands makes it v difficult. Support UHC in post 2015

BRAZIL

Welcomes and acknowledges theme of str health systems. Universal public equitable quality health care system needed to achieve MDGs. Brazil is mentioned in the doc. In Brazil health is a right and a govt obligation. Also developing the health industrial

complex. CS engagement in the municipal regional and national councils. Mention ministerial communiqué of health in foreign policy and the BRICs countries declaration. Brazil reiterates UHC a fundamental tool for equity and rights based development.

JORDAN

Thanks. Important report. UHC is essential. We have adopted measures. but there are challenges. National contexts change. We have economic difficulties ongoing. Can we provide UHC in the LT. Need LT solutions which are sustainable.

PHILIPPINES

Appreciate WHO for support provided to Philippines and other countries. UHC is govt policy incl nat risk protection. Workforce, quality of care, cover those who fall through the cracks indigenouis, orphans, etc. Need to expand coverage for catastrophic illness. Need robust info for more sound information. Health technology assessment. Support Thai draft resolution.

VIETNAM

Appreciate sect report; we would like to ach UHC. Str state budget for health; needs to be 10% of state budget, ethnic minorities, children under 6, health facilities at district and community. Agree that UHC is not about fixed min package. Moving towards universal coverage; need development, medicines, health workers, information required. express our hope to include UHC in the new MDGs. Finally strongly support Thailand proposal.

INDIA

Appreciates and commends efforts of Sect excellent paper on UHC. India consists of a mix of public and private. Availability varies. Availability of tertiary care problem. OOP is very high. State plan has committed to increasing from 1% of GDP to 1.87%. Plan to str PHC services with seamless integration. committed to adv agenda

LEBANON

Welcomes report. Calls for including in post 2015. Decreasing OOP costs in Lebanon. Call for WHO to support in finding optimal ways in terms of multiple funds, strong private sector.

EL SALVADOR

Timely and important report. UHC is a challenge for most of the world's countries esp at a time of world wide crisis and spreading diseases. But we are trying to progress towards ach UHC and these efforts are reflected by efforts; Attendance at delivery of TBA of >90%. Falling maternal mortality. Making health care free of charge. expanding facilities, improving quality of health care. Focusing on PHC ensures that we have made further steps. International solidarity has been critical to achg UHC; appreciate help from WHO. Setting up a network to help El Salvador and its neighbours.

MORROCCO

Praise the quality of the report. taken on board the views of member states. importance that this be taken on board. Have to focus on certain countries which are more in need of UHC need to put pressures on policy makers; employ mechanisms that enable all sectors of society to benefit. We know the difficulties the countries are facing. they need technical and fin support from the organisation and from other partners.

ETHIOPIA

Supports the statement of South Africa. Proponent of UHC and has progressed well on PHC in the last decade. expansion of PHC. For post 2015 UHC should be one of the main agenda items. but keep the agenda at top of priority. PHC coverage in equitable .

Howe to transform existing PHC coverage in line with expected transitions. Sustainable health care financing in DCs. MS and dev partners should work together

ARGENTINA

Progress on UHC requires improving conditions in which people live, work and die. Health system critical in preventing and treating. Healthy environment. ess to preempt and respond to diseases. Inspired by renewed PHC strategy and PHC services. Everybody has access to basic mix of services. Protection against OOP and financial risks. National health systems financed by individual and state contributions are appropriate. But sustainable depends on funding; problem is expensive medicine. Obligatory and voluntary health care financing; need fairer and more equitable system; many families driven into poverty. State run systems but also need redistribution of income which would help this. Argentina is grateful for this report but world wide we have a lot to do.

CHAIR

Close for the day. Tomorrow we will start with NGO statements on UHC, after the reports of the Committees.