5.5 UHC

Contents

In focus

There are three sub-items included under this item:

- Primary health care towards universal health coverage;
- Community health workers delivering primary health care: opportunities and challenges; and
- Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage.

Primary health care towards universal health coverage (EB144/12)

Forty years after the Declaration of Alma-Ata in 1978 the Global Conference on Primary Health Care convened in Astana, Kazakhstan in October 2018 and produced the Astana Declaration.

EB144/12, prepared by the DG for this subitem:

- notes the agreements and commitments enshrined in the Astana Declaration;
- briefly reviews contemporary health and health system challenges;
- refers to several key documents prepared by WHO & UNICEF as inputs to the Astana Conference:
    - A Vision for primary health care in the 21st century;
    - Primary health care: transforming vision into action: Operational Framework;
    - Background documents: an index page linking to
        - the Vision and the Operational Framework,
        - a three promised documents on Making the Case for PHC:
            - the Economic case,
            - the Health outcomes case (NYP), and
            - the Responsiveness case (NYP).
        - a series of excellent technical papers on the 'operational levers' included in the Operational Framework:
            - Health in All Policies / Multisectoral Action
            - Empowering individuals, families & communities (NYP)
            - PHC Health workforce
            - Strategic purchasing (NYP)
            - The private sector

        - Quality in PHC
        - Digital technologies
        - Integrating public health & primary care
        - Integrating health services
        - The role of hospitals in PHC
        - Antimicrobial resistance
        - PHC and health emergencies
        - Rural primary care (NYP)
    - a series of technical papers on 'meeting health needs through PHC':
        - Sexual, reproductive, maternal, newborn, child & adolescent Health
        - Older people
        - Rehabilitative care
        - Palliative care
        - Noncommunicable diseases (NYP)
        - Mental health
        - Communicable diseases
        - HIV/AIDS
        - Traditional and complementary medicine (NYP);
    - and a series of regional reports on PHC.
- refers to the Global Action Plan for healthy lives and well-being for all (a joint initiative of 11 global health organisations and structured around achieving the SDGs and especially the Health goals); see in particular the mapping document and the accelerator documents;
- refers briefly to EB144/13 on community health workers; and
- refers to the decision of the UN General Assembly (UNGA) to hold a high-level meeting on universal health coverage in 2019 (discussed in more detail in EB144/14).

In EB144/12 the DG invites the EB to focus its discussions on:

- consideration of the Declaration of Astana, including its potential role in reorienting health systems around primary health care in Member States;
- the process for taking into consideration the commitments of the Declaration of Astana in the preparations for the forthcoming high-level meeting on universal health coverage;
- the interlinkages between reforms in primary health care and development of the health workforce, including community health workers and all other relevant cadres according to context.

It appears that the DG is looking for endorsement of the Vision and the Operating Framework documents (as modified) and a mandate to develop materials for the HLM of the UNGA on UHC which:

- feature PHC (as per the Vision and the Framework) as necessary for the achievement of both UHC and the SDGs;

- align the materials prepared for the HLM with the mapping and 'accelerator frames' developed for the Global Action Plan for healthy lives and well-being for all; and which
- features workforce development (and in particular community health workers) as a critical component of this package.

Community health workers delivering primary health care: opportunities and challenges (EB144/13)

In the Declaration of Astana (Kazakhstan, October 2018) Heads of State and Government committed themselves to investing in the primary health care workforce in order to accelerate progress towards universal health coverage.

EB144/13 focuses on the education and deployment of community health workers within the primary health care team. The report is based on a new WHO guideline that examines opportunities and challenges for the successful education, remuneration, deployment and supervision of community health workers. (See also an abridged version of the guideline in Lancet Global Health.)

Document EB144/13:

- starts with generalities about workforce development and the status of CHWs in the wider workforce context;
- comments on the problems of evidence and lists some common shortcomings in CHW programs;
- lists 6 key principles which should be realised in CHW programs;
- lists 7 policy recommendations (selection, certification, supervision, compensation, entitlements, career development, service delivery models);
- lists key actions for the design and implementation of CHW program:
    - at the national level, and
    - for international organisations (donors and IGOs).

In EB144/13 the DG invites the EB to note the report. The DG suggests that the Board might wish to focus on:

- the contribution of community health workers to primary health care and the achievement of universal health care;
- the importance of integrating community health worker programmes in the broader policies on health workforce and health system development; and
- the need to factor in the national planning and resource allocation processes the corresponding governance, management and financing implications.

As a guideline there is no immediate requirement for governing body endorsement (although the governing bodies may choose to dissociate themselves from guidelines). Para 17 of EB144/13 notes that the Secretariat has commenced dissemination of the Guideline. The Board may choose to simply note the report, effectively endorsing continued dissemination. Or the Board

may more actively endorse the report with a resolution or a decision. Or there may be MSs who would wish the Board to dissociate itself from the Guideline.

There is no reference to the HLM of the UNGA in EB144/13. However, given the context in which the Guideline is presented it seems likely that the DG is looking for a mandate to include reference to CHWs (and the principles and recommendations listed in EB144/13) in the materials prepared for the HLM.

Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage (EB144/14)

In 2017, the United Nations General Assembly decided in Resolution 72/139 to hold a high-level meeting on universal health coverage in 2019 and requested WHO to collaborate closely with the President of the General Assembly, in consultation with Member States, to ensure the most effective and efficient outcomes.

Document EB144/14 reports on the Secretariat's preparations to date and seeks guidance on next steps. EB144/14:

- notes recent statistics regarding financial barriers to health care and notes the limitations of disease oriented programs;
- notes the inclusion of UHC in the SDGs;
- reviews indicative data regarding service coverage;
- overviews recent data on catastrophic health expenditure and health care impoverishment;
- reviews the scope, modalities, format and organisation of the proposed HLM; and
- reflects on the possible themes of the Political Declaration and on the process through which it will be developed.

The EB is invited to note the report and provide further guidance regarding the development of the Political Declaration.

It might be that the DG is seeking the endorsement of the EB for focusing on PHC and CHWs in the development of the Political Declaration.

Background

The Declaration of Astana comprises a general vision statement; an affirmation of rights and needs; a commitment to making bold choices and building sustainable primary health care; and a recognition of key drivers for successful implementation of PHC.

The Civil Society Astana Statement on Primary Health Care provides a useful alternative perspective on PHC.

The Vision document, produced by WHO and UNICEF (but not explicitly endorsed by the Astana Conference):

- provides three reasons why a focus on PHC is critical at this time (adapting to complexity, effective and efficient, a prerequisite for UHC and the health SDGs);
- presents PHC in terms of three basic components (primary care and public health, intersectoral action, and empowering individuals, families and communities);
- summarises a series of three 'governance, policy and finance' levers and 10 'operational' levers which are presented in more detail in the Operational framework and Background documents (see listed and linked above).

The Global Action Plan for healthy lives and well-being for all (SDGs) was endorsed by 11 'global health organisations'. It maps the responsibilities and commitments of all 11 organisations in relation to the goals and targets of the 2030 Agenda for Sustainable Development and posits a number of 'accelerators' for driving the implementation of the Plan; these accelerators are explored in more detail in the draft accelerator frames.

Note the intention of the Evaluation Office of WHO to undertake a review of 40 years of primary health care implementation at the country level in 2019. See EB144/51, paras 15-20.

See Tracker links to previous discussions of PHC and UHC.

See Tracker links to previous discussions of HRH, including CHWs.

PHM Comment

The material developed for and through the Astana conference ranges from the simple (the Declaration) to the complex (the details regarding the various 'levers'). There are some gaps in the material currently available and a number of typographical errors which suggest some haste in the development of the documents.

Nonetheless, PHM believes that the package as a whole represents a major step forward for WHO.

The construction of PHC is good. The three reasons make sense and the three components encapsulate in large degree the vision of Alma-Ata for a 21st Century context (see Vision, p 14).

However, PHM has two major criticisms of the new model of PHC articulated in these documents.

An element of the Alma-Ata Declaration which has been completely expunged in the Astana Declaration and the new documents before the Boards is the call for a new international economic order (NIEO).

Equitable economic and social development will require rejection of the currently dominant neoliberal paradigm and establishment of a sustainable and equitable economic order globally and nationally. Amongst other interventions regulation of financial flows and of tax havens and evasion are urgently needed. These changes, along with recognition and action to address inequities due to gender, caste, race, disability and sexual orientation, are of basic importance

to the fullest attainment of health for all and to the reduction of the gap in the health status within and between countries.

PHM calls on member states to remind the Secretariat of the history and significance of the call for a NIEO (A/RES/S-6/3201, 1974) and the continuing need for a contemporary version of this call.

There is some confusion apparent in the documents regarding the relationship between PHC and UHC.

The International Advisory Group which was appointed to assist in the development of the strategy was entitled the International Advisory Group on Primary Health Care **for Universal Health Coverage** which suggests that UHC is somehow the ultimate goal and the PHC model is to be somehow harnessed towards that end.

This perspective is evident also in the passage:

> *Put simply, now is a good time to both review and adapt the Alma-Ata Declaration and develop a new vision of primary health care (PHC) as a foundation of universal health coverage, for the SDG era and beyond. Vision page iv.*

However in the body of the Vision there are several passages which posit PHC as a prerequisite for the achievement of UHC:

> *Universal health coverage (UHC) and the health-related sustainable development goals (SDGs) can only be sustainably achieved with a stronger emphasis on PHC.*
>
> *UHC and the health-related SDGs can only be sustainably achieved with a stronger emphasis on PHC.*
>
> *A new approach to primary health care is central to achieving the SDGs and UHC.*

The construction of PHC as a precondition for achievement of both UHC and the SDGs brings these different frameworks together with greater coherence than has been evident previously. (It is unfortunate that this sub-item is labelled as “Primary health care towards universal health coverage” which suggests that PHC is simply a means to an end, that end being UHC.

The proposition that the HLM of the UNGA which is ostensibly about UHC should be asked to endorse the principles developed in the Vision and the Operational Framework is bold. The proposed inclusion of PHC as one of the ‘accelerators’ in the Global Action Plan is also bold.

PHM calls on member states to commend the Secretariat for this new formulation of PHC as a necessary prerequisite for the achievement of UHC.

Work in progress

The Infographic (which appears in both the Vision and the Operational Framework) cites three aspects of 'the case for PHC'. At this stage (4 March 2019) the Economic case is presented but the "health outcomes case" and the "responsiveness case" do not seem to have been published yet.

There are significant differences between the infographic, included in both the Vision and the Operational Framework, and the documents so far published. Fifteen operational levers have been reduced to 10, largely through amalgamations. Rural Health appear to have been dropped and "Empowering individuals, families & communities" from the Infographic has been converted into "Engagement of community and other stakeholders to jointly define problems and solutions and prioritize actions" which has still not been published. Note that "empower individuals and communities" is a heading in the Astana Declaration.

Detail

There is a huge amount of detail in the material listed for consideration under this item (especially the 'levers' and 'accelerator frames'); far more than can be properly considered by the EB at one sitting. Clearly there will be a need for further consultation in the lead up to WHA72 in May.

However, there are some points of principle which should be highlighted in the EB debate.

- PHC as a pre-requisite for achieving UHC and the health-related SDGs makes much more sense than "PHC towards UHC" which has been the formulation up until now; the DG should be appreciated for this shift. PHC is so much more than UHC.
- PHC is constructed as including three components, one of which is described in summary as "primary care and public health functions". However, in several of the Operational Levers there is much more about primary care than about public health functions. MS are urged to mention this weakness.

Problematic (more to come)

The discussion of private sector engagement in the Operational Levers is problematic (vision here). Of course it says everything, including mentioning risks, but the matrix of actions is dominated by private sector engagement rather than regulation and nothing about funding reform.

However the Technical Paper on the Private Sector recognises the reality that many countries have mixed health care delivery and highlights the regulatory and funding challenges facing policy makers seeking to harness the resources of the private sector.

The implementation of public interest policy is much more difficult in a marketised health system with private sector dominance with consequent shortfalls in quality, effectiveness and efficiency. Overservicing and clustering of providers in high income suburbs are common. Partnerships

with the private sector generally lead to private extraction of profits at the expense of public health.

A high level of private sector involvement is inimical to PHC and the achievement of UHC in particular. UHC should be defined as universalist, based on social solidarity and built mainly on a unified public funded system, with most service provision through public institutions.

The promised paper on “Strategic purchasing” or “Purchasing and payment systems” has not yet been published. PHM appreciates:

> *At the community level, the delivery of predefined service packages focused on specific diseases has left large gaps in coverage, depriving the population of the significant benefits of comprehensive integrated community-informed and person-centred health services.*
>
> *As health systems evolve, in line with each country’s technical and financial resources, packages of services aimed at dealing with specific health problems are progressively replaced by fully integrated, comprehensive, people-centred primary care.*

Community health workers

PHM welcomes the focus on CHWs as part of the PHC team and supports in general terms the 6 key principles and 7 policy recommendations. However, we believe that a more extended discussion of the role that CHWs can play in addressing the social determinants of health, including through intersectoral liaison and through community mobilising. The function of CHWs can be much more than simply 'service providers'.

Political Declaration

PHM urges MSs to support the inclusion of PHC (as a pre-requisite for UHC and the SDGs) and endorsement of the importance of CHWs (for PHC, UHC and the SDGs) in the Political Declaration.

PHM urges MSs to endorse the the Vision and the Operating Framework documents and to request the DG to continue working along the lines outlined

PHM urges the MSs to endorse the mapping and ‘accelerator frames’ developed for the Global Action Plan for healthy lives and well-being for all and request the Secretariat to incorporate the principles developed into the Political Declaration.

Notes of discussion at EB144

Three sub items

- Primary health care towards universal health coverage Document EB144/12

- [Community health workers delivering primary health care: opportunities and challenges Document EB144/13]
- [Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage Document EB144/14]

Dr. Susana Jakap RD EURO: UHC is an overarching priority for WHO; catalyst for the health related SDGs. all countries must make UHC a political priority. Need to reinforce the public health component, like health prevention. Each country should use available evidence to determine its own path. One of the most effective way to strengthen health system in pursuance of UHC is the by ensuring a strong PHC in line with the Alma Ata declaration, renewed by the Astana Declaration. EURO MS are at the forefront to promote PHC.

Can people afford to pay for healthcare? It is possible to reduce out of pocket payment to a level that is reasonable.

UHC is a political choice: all countries could came to a UHC a people health centred linked with PHC. Need to invest in UHC for major economic gains are obvious. PHC is essential. We must do everything we can to make the UN HLM on UHC a success.

Chair: Let us go on Document EB144/12 on PHC towards UHC.

Fiji: Acknowledges report. Small communities, like those one in pacific area, face a lot of public health problems and natural disasters. We support the achievements of the Astana declarations. However we urge the WHO and MS to adapt the policies and strategies for small island countries in order to achieve wanted results.

Indonesia: takes note of the report and support the draft resolution (presumably EB144/CONF./6 Rev.1 Primary health care towards universal health coverage). Orientation of health systems towards PHC is essential. It is time to strengthen implementation of PHC, in line with SDGs. propose that the secretariat conduct monitoring implementation of Astana declaration, to develop global review every three years to monitor implementation, and to ensure technically sound parameters to ensure PHC, with indicators.

Iraq: In name of EMRO. First, UHC can be achieved only with strong support. There are many challenges that need innovative approach to solving problems. So we need technical guidance, technical assistance, nation roadmaps on UHC and how to implement them. WHO has to continue to support its regional offices. For example, Emirat has the Key framework., but for the other counties, WHO has to review and improve its framework, to give the technical guidance on how to fill the gaps in the health system. Second, the integral plan of WHO to achieve UCH is to protect the public systems from the private sector influences

Australia: PHC is essential foundation for achieving UHC. Accelerating progress is essential to implement SDGs. Committed to implement UHC. Talking about Australian health politics. They will continue to advocate for PHC to be the foundation of UHC.

Djibouti: Align with EMRO, but wish to complete the regional statement. Expanding UHC is one of key points of our region. Strategy we have to have resilient, accessible HS. Declaration of Salala, which seems to have been adopted by EMRO MS...

Family medicine program approved. But we don't have enough GPs. We had the national program to promote. It is one of the challenges, another one is the influence of the private. More of the 50% of the health care is provided by the private sector in our country. To have a functional health system, we had meeting with the private sector. We seek the help of WHO in the governance of HS. We need help in obtaining GP to have PHC. There has to bee improvement in how the GPs are financed. We support the Astana déclaration.

Jamaica: commend DG report on PHC. Embraces the thrust of the astana Declaration. PHC is prerequisite to UHC. Many health systems challenges persists: strong multisectoral collaboration, more access to quality care, recreating trust of the population in the health system. Partnerships is key to achieve UHC. Building resilient health systems through PHC is key. Community based service is a critical way to ensure quality health services. Underlining the importance CHW. PHC is essential towards UHC.

Vietnam: Appreciate for this report. PHC and SDG can be only with strong PHC. We worked on our grassroot approach in our HS. We had to improve the our human resources and strengthen the infrastructure. Family medicine is the basic of PHC, together with the prevention (like BP and diabetes). Problem with financing GP and PHC because it is funded by state, but our budget is small, so WHO should co-fund us.

Zambia: on behalf of AFRO; they will make comments on the two first subitems. Reaffirm commitment to the Astana Declaration. PHC is a means to attain UHC. Importance to address determinants of health. Acknowledge the need to invest in human resources. CHW are key to achieve PHC. CHW make possible the involvement of community and to give them back the responsibility of their own health.

Eswatini: Align with Zambia (Africa region). Thanks for report! Chair, all sector should work on UHC. Most sub-saharan countries has to work on it. We could use the monitoring. We are recovering from HIV epidemic. Thanks for the support of Republic of China Taiwan! They provided us with the needed guidance to achieve sustainable PHC. We are using it as example of sharing of best practices. Closer look at the financial artitecture of health.

USA: strong and sustainable PHC safeguard health and national security, etc.they wish to collaborate with the global community to improve outcomes. encouraging the inclusion of civil society, private sector entities, etc

Germany. PHC is at ideal level to promote and prevent. System-wide public health PHC is the only sustainable model of PHC. The importance of PHC (in comparison to the secondary and tertiary) is not enough emphasized in this document.

Brazil: commends WHO and Kazakhstan for the Astana Declaration. Satisfied with the declaration and welcome the resolution. Importance of sustaining and expanding UHC as well as UH systems. PHC should be at the core of the health systems. PHC is an efficient and coherent way to implement good health systems. Need integrative approach, multidisciplinary approach, etc. CHW have a crucial role. Long standing commitment to have a universal and strong PHC. Universal health systems is decentralized complemented with social participation and the PHC is made to be universal.

Need to take into account the specificities of different countries in the implementation of the Astana Declaration.

Sudan: We believe in the UHC. UHC is at the heart of the fabric of society. Khartoum declaration → expansion of health services to 97% of the community. This policy is closely aligned with the fulfilment of SDG. Humanitarian development is an important element of the work of the health sector. Increased coverage midwifery and the basic health services. To align our policy with decisions WHA also for refugees, migrants on equal footing as Sudanese nationals. We support the Declaration of Astana. National policy to assure Universal health coverage based on equality. Every community will reap the benefits and surveillance policy at a national level. Ensuring that financial resources are available to poor and vulnerable. Packages based on normative approach that allows for infrastructure to deal with the quality of the provision of the service. Partnerships are required but must ensure that health is a human right that needs to be achieved

Chile: endorse the Astana Déclaration. Working hard to be able to raise the challenges they have, developing strategies on SDGs: this will make possible to provide sound health. Talking about their national priorities. Seeking to implement PHC: a strategy to reach UHC, and will raise many of the challenges we are facing. PHC is very of utmost importance.

China:“Probably again Taiwan”.. Jep. There is only China. Again, international law and stop to violence on China.

The only way to have a functional PHC is to assure strong human workforce, facilities, and infrastructure. Second, include the declaration of astana in the UN high level and want to affirm it there. Ensure its implementation. 5th resolution (is this a reference to EB144/CONF./5 Rev.1 - ‘Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage’?) is still under consideration

Chair: end of today's (Saturday’s) session

Discussion on UHC will continue on Monday morning

Monday

5.5 UHC (continued)

- Document EB144/12 - Primary health care towards universal health coverage

Chair: Good Morning

Canada; Express thanks to Director General for Report, and Kazakhstan for hosting PHC conference. Recognises the importance of UHC, and fully supports the importance PHC to processing towards UHC. Canada views Women, Children and Adolescent health as basic elements of a quality system, and key to achieving UHC. PHC most reflects the social progress made since the Alma-Ata declaration (including human rights HR, inclusivity and gender equality). Supports international community efforts, recognising the different approaches that countries take.

Singapore: appreciates report of the DG and the Declaration of Astana. Moving towards UHC will require a good quality health system. PHC is critical and offer high return in investment. PHC is pivotal to deliver UHC. They invented new models of care: important to build a strong health workforce.

Ecuador: Grateful for report. Welcomes Astana declaration and reiterates supports Alma-ata declaration. Notes inequality between and within countries is unacceptable and is a barrier to the achievement of PHC. Previous progress since then on PHC has brought its own barriers, and there is aneed to state clear political will to ensure PHC for UHC for all. Agrees that PHC needs to systematically cover the broadest determinants of health. Need targeted focus to achieving PHC. It is our responsibility to provide people with correct tools (i.e. regulation of drug productions), so that individuals can make the right choice for their own health. MSs must agree on ONE VISION for UHC, as did with the Alma-ata declaration.

Luxembourg: align with EURO: PHC and UHC are major goals. PHC is at the centered to strengthen health systems and is sine qua non to UHC. priority is to target vulnerable populations to leave no one behind. Stressing importance of HR based approach, gender equality, women empowerment. Firm support for the promotion , protection and observance of women rights in this respect. Luxembourg will be present at the high level meeting in New York.

Korea: Agrees that PHC is key to achieving UHC. Statement made aligns with Korean government for a people-centered health care system. Country has been rearranging PHC to meet demands in the 21st century including establishing community based care and health care systems. Promotes engagements and empowerment of people and communities in this work.Will be launching new PHC programs in selected regions, which will take into account the needs of communities for these systems.

South Africa: PHC is key to SA healthcare system. Through national health insurance, they aim to ensure comprehensive access to healthcare. PHC offers the opportunity for the SDG to be

realized globally. Access to medicines, preventive and promotive services: stressing importance. Supporting the recommendations of the secretariat to be sent to the UNGA

Russian Federation: Grateful to DG for Report. General supports WHO's efforts for UHC everywhere. Trying to promote and develop PHC further in the RF, using approaches outlines in Alma-ata declaration. Wants to attain the highest level of health for all ages, believe that the Astana declaration is the way to do this. Supports China's view regarding not politicise the discussion within the WHO.

India: Recalling the Astana Declaration and its spirit grounded in Alma Ata. Declaration gives the opportunity to strengthen PHC and national health systems. PHC should fully exploit existing technology. Need implementation of various models. Commitments made in Astana must translate into actions. Mobilization of resource in line with national priorities.

Botswana: Aligns with AFRO statement. Commend Secretariat for report, and supports centralizing efforts for PHC for all ages. Agrees with people-centred approach. Trying to re-vitalise PHC in pursuit of UHC. Agrees on need to strengthening Health care systems to response to needs of people as early as possible (including focus on treatment, rehabilitation and palliative calls). Notes on 2011 WHA, transition of HCS to UHC, will safeguarding HCS. As with Zambia, we advocates for policies that promote and protect HCS. Talks about country plans (New health care strategy, addressing use of public-private partnership, including health insurance). Affirms and remains committed to ASD.

Zimbabwe: align with AFRO; congratulates Kazakhstan and welcome Astana Declaration. Believe that this commitment will revive the PHC, which will help to achieve UHC and SDGs. Robust health workforce is vital for PHC. Critical role of CHW. Access to medicines, vaccines and diagnostics and the use of the necessary flexibilities is key to ensure UHC.

Peru: Congratulates WHO UNICEF and Kazakhstan on Astana Conference. Reconfirms commitment to PHC. Talks about Country Plans (integrated health networks to deal with problem of lack of coordination within the system, increasing coverage and guaranteeing access of health care systems seen as essential, promotion of UHC access to all, focus on those in vulnerable and special circumstances, providing coverage free of charge, covered regardless of financial situations).

Chair: No more Non EB Members. The floor is to the Observers

Holy See: welcoming the declaration of Astana. Need to mobilise all stakeholders to achieve PHC in the way to UHC. During 2018, many catholic organizations provided PHC, etc. Giving statistics. Need special commitments to the most poor and the most in need. Need to reach grassroots level. Quoting Pope Francis

Palestine: Aligns with EMRO statement. Thank Secretariat for document. Talks about country plans (there are a number of challenges of obstacles with implementation to ensure PHC, particularly with ensure access to those in occupied east Jerusalem and indigenous

communities). Calls upon WHO to strengthen the role of Palestine Minister of Health, to provide health care all throughout, and everyone has access to HC, refers to obstacles of Israel occupance.

Chair: NSAs have now the floor.

FDI World Dental Federation

Global Health Council, Inc.

International Baby Food Action Network

International Council of Nurses

International Federation of Gynecology and Obstetrics

International Federation of Medical Students' Associations

International Planned Parenthood Federation

Medicus Mundi International

Public Services International

The World Medical Association, Inc.

The Worldwide Hospice Palliative Care Alliance

Union for International Cancer Control

WaterAid

World Council of Churches

World Vision International

Statement by MMI and PHM on Item 5.5.1
Primary health care towards universal health coverage

We welcome WHO's renewed commitment to realize Health for All as signaled by the Astana Declaration. However, we wish to express the following concerns:

Truly people-centered and democratic health systems cannot be grafted onto the extreme levels of inequality we witness today. PHM calls on MS to return to the original intention of the Alma Ata Declaration, and uphold a human rights-based approach to health that incorporates the redistribution of power and wealth, within and between countries.

PHM has repeatedly argued that CPHC should not be considered ancillary to UHC, nor should UH care and UH coverage be conflated. Currently, WHO's conception of UHC celebrates the financial benefits of PHC and ignores that UH care and PHC cannot be divorced from broader efforts to achieve more equitable societies.

Enough reliable evidence exists that privatization and PPPs negatively affect accessibility and quality of care, thus undermining Health for All. Nonetheless, the Operational Framework unambiguously endorses cooperation with private sector providers. We urge MS to insist on an Operational Framework that specifies that MS bear the principal responsibility for health care provision and governance, and to pay greater attention to regulating the role of the private sector in health care, including questions of conflict of interest.

CPHC should be universal, based on social solidarity and built on a unified publicly funded system, with most service provision through public institutions. Therefore, we greet the announced shift towards health system strengthening and urge MS to make systematic efforts to build strong, CPHC-based health systems.

https://www.who.int/news-room/events/executive-board-144th-session

Chair: giving the floor to Secretariat

ADG/HIS: PHC is of utmost importance towards UHC. Recalling the statements made during the debate.

Iraq asked about the WHO support to identify the service package: WHO has a programme to strengthen the programme on benefit package.

Other countries asked about the operational framework: a global action plan will be discussed with other UN agencies

Financial support: they are working with World Bank and etc.

DG: Make a joke about Chair making him talk fast. Thank for the interest in UHC. It shows me real commitment. It shows good energy, good "vibe" for the next WHA. OHC has to be

comprehensive, from preventive, curative to palliative, and not to forget is mental health. Base for UHC should be PHC. It is not only about facility, it is the connection between facility and community. In WHO use PHC to break pilos between program (departments) in in organisations, horizonaly link to the common goal. We follow user centered system in PHC. Pop. Francis (his Holiness), make comment on his letter. He met him in person and he was fascinated by his devotion to the UHC. His commitment is great, he even is connected with his private issue to these topic. Want to comment on private sector. Work with private sec is MUST. This is commitment that we showed. We can see that commitment in SDG, goals can be achieved only with all the partners in health care. Of course, the problem of conflict of interest has to be always considered. Risk assessment should be used. Private sector is important to achieve SDG. On gender, we will work on it to mainstream it.

Chair. China asked for a right of reply

China: when the meeting discussed UHC and PHC, some countries made comments on Taiwan. They insist that there is only one China. The UNGA 2758 and WHA25.1 have provided legal basis to follow the one China principle. No one should use WHO meetings to challenge this principle. Accusing Guatemala and Eswatini to use WHO as a political tool. Requesting the Chair to ask these countries to stick with the discussion and respect the cited resolutions.

Chair: we are moving to complete this item. There is a draft resolution on the topic EB144/CONF./6 Rev.1 and there are informal consultations proceeding. We will be back to this bullet after the informal consultation is over.

5.5 UHC (continued)

- Document EB144/13 - 'Community health workers delivering primary health care: opportunities and challenges'

Chair: Opens discussion on community health workers delivering PHC, Item 5.5 (Document EB144/13). Opened the floor for discussion to EB Members.

USA : Thanked the Secretariat. Appreciates the work of Ethiopia and ecuador. Without the work of CHW it is difficult to attain UHC. US does not support advocacy or promotion for abortion. Recommend CHW to focus on awareness raising of adolescent

Fiji : On behalf of SEARO. Acknowledges report. Notes about the CHWS in Fiji and the Pacific area are the backbone to healthcare. Notes on importance in states following natural disasters. And their role as integral part in PHE, Climate change and health, disaster emergencies. Key in implementing UHC. Supports CHW and their role in small island countries.

Netherland : Thanked WHO for background paper on PHC and appreciated Ethiopian worker. Worried on reaching the most marginalized and vulnerable like the sexual workers . Need effective outreach service of the community health workers contribute a lot for Sexual reproductive health service for marginalized groups. Another group to consider mental illness

especially in conflict affected area and CHW has a lot role in delivering the service. We appreciate the role of WHO with the government. Decision making should not stop at national level should go down to subnational level and community level. The engagement of youth Important

Australia : Thanks chair, acknowledges important work of CHW in achieving UHC through PHC. Note importance of integrating CHWs in broader programmes. Talks about country context (CHW play critical role in rural areas, also looking to use CHWs as care resource for ageing population). Thanks Ethiopia for work on leading the report.

Indonesia : Appreciation the secretariat for CPHC. Improving the quality and access to health service is through community health workers has paramount importance. Indonesian take the recommendation on the document and have its own system in place. Have also put in place incentive and training for community health workers. The recommendation on the document should also consider respective member states patecurialy who have CHW in place.

Bahrain : CHWs are key partners to provide PHC. they have vital role for health promotion and prevention and RMNVH and communicable and NCDs. we welcome WHO guidelines. A systematic review should be done for understanding and improving CHWs for achieving UHC. resources should be mobilised for training, education. A framework should be provided

***Germany*:** Thank you. We commend for the report. PHC is essential, but not enough to achieve UHC. CHW can be essential part of HS. We share the UNICEF vision of providing UHC.

Vietnam : We agree with the report. It talks of importance of Community Health Workers. Underlining the challenges faced by CHW. We should strengthen the capacity of healthcare workers. WHO should provide key performance indicators for monitoring CHWs. Viet Nam would like to note the report.

Brazil : Welcome the report. The issue of CHW is important in our country. We commend the Astana Declaration for building strong and inclusive HS. Currently 260 000 CHW are in Brazil, and they represent the front line. They are trained in holistic and multidisciplinary model.

Jamaica : Talks of CHWs in Jamaica. Has some concerns that the report doesn't take into account national context. The programme is standardised and formalised in the civil service establishment (formal employment?). We urge WHO to increase support for standardization of programme. Financing the programme is difficult and a formalised clear exit path and strategy for their career is need. We would like to be appreciated for our co-sponsorship of the resolution.

Israel : Thanks the DG and secretariat for report and work on guidelines for CHW. Mismatch between important role of CHW and professional skills and capacities that are provided in some countries. In that capacity we must (and we did) invest. Training should include preventive

medicine, mother and mental health. Need to include CHW programme in national programmes. Israel supports the resolution.

Mexico : CHWs play vital role to overcome health inequalities in terms of access to health and health promotion campaign. A interdisciplinary team getting access to rural and difficult areas is needed to accelerate progress towards UHC. There is a scarcity of staff, lack of training, Unequal pay. We have firm commitment to develop and review programs for CHWs to achieve UHC.

China : Thanks for report and draft. Support the recommendations given in that draft. China has 3 comments:

1. Health workforce is essential to achieve PHC and UHC
2. CHW programs should be integrated in national planning (management, financing)
3. Our experience shows that CHW are essential if you want to “upgrade” your PHC and achieve UHC

Sudan : Thanks secretariat for report. Since Alma-Ata, CHWs have been involved into providing PHC. CHWs deliver vital services but cannot replace health professionals and there should be differentiated to manage Human Resources. Insisting on the need to have a different approach with regards to these two categories. We need to strengthen the training. Supports draft resolution put forward by Ethiopia.

Colombia: Gracias. Vital to focus on strengthening and training. In order to account diversity and complexity of our countries planning, especially difference in the funds. Building the health capacity in Columbia is based on strengthening health authorities, leadership in hospitals, health professionals and CHW. CHWs are integral part of our HS regarding migrants and mechanism for strengthen the care that we provide them. The resolution rightly acknowledges that CHW in remote areas have bigger role. Key instrument in promotion healthier life, and provide PHC more effectively.

Bhutan: Welcomes the report and endorse Astana declaration. In era of UHC and SDGs strengthening the ideas of Alma Ata and Astana declaration is necessary. The competency of health workforce and CHWs is an important one. We would like to know the improvement of quality and availability of HRH. MS and WHO should continue to engage in multiple partnerships. Commits to strengthen the health systems . Bhutan supports improved financing for CHW programs and support the draft resolution

Sri Lanka: PH structure is essential for PHC. Capacity needs to be improved to tackle challenges. Talks about their examples of introduction CHW (having trainers in small communities etc.) and training nurses to provide diversified services.

Non-EB members

Ethiopia: Compelling evidence that CHWs and community interventions provide good healthcare. Talks of health extension workers of Ethiopia. The vital role of CHWs was not

recognised until recently to CHWs and the role they play in providing . The CHW programs usually have lack of training, recruitments, and very less financing. We support the first ever guidelines for the CHW programs. We have proposed a raft resolution for the EB144.

Panama: Gracias. Achieving (UHC) PHC is duty. We need capacity building (infrastructure, professionals, training..) CHW are key in implementing person oriented medicine (families - communities). We should build networks between community and health workers. Support the draft resolution.

Ecuador: In 1978 Alma-Ata recognised the importance of CHWs. the need is still felt. We have economic, social and environmental challenges and need to see how strengthening can be done to achieve UHC. With that in mind, we are developing we are preparing the neighborhood community workers whose work is to provide community participation and provide primary healthcare, mentions rehabilitation. We encourage countries to support and adopt the resolution.

Togo: Thanks for document, and support the statement by AFRO. Community based approach is essential for PHC. CHW challenges is that communities to recognize them and to provide funding. Good governance of health programs, and support from the governance is important for implementing CHW in health system.

Philippines: Recognise the CHWs. Training them will improve healthcare services. As mentioned in PHC intervention, culturally sensitive interventions are needed. CHWs should be integrated into health, education and labor policies. Supports draft resolution.

South Africa: Thanks. Agenda is important to achieve SDG. CHW are important vehicle for health care. Their program should be implemented in the government programs. In SA they are in teams and strongly connected with the rest of the PHC. Training is coordinated at the national level. Economical challenges are important, especially because the role of CHW in rural areas, which are most affected. Addition resources are essential.

Argentina: CHWs have address the needs to population working inter-sectorally. The importance of CHWs for PHC to achieve UHC. We will submit a report on the programme in Argentina to secretariat.

Spain: Muchos gracias. Welcome guidance. CHW has essential role for achieving UHC. They must be integrated in the rest of the HS and have formal training and education like any other health professional. We can call them “Grass root” agents for the HC.

Canada: Recognises important role that qualified CHWs play in Health Systems. In many contexts, CHW roles provide opportunities for women to occupy roles of respect. However, CHWs are majority women, and there is a underrepresented of women in decision making and leadership role in health systems. Canada to co-sponsor.

India: Thanks. Role of CHWs in PHC are well recognised. They provide prevention and promotion. ASHA program in India in which participate more than 1 million women. They have to be a essential part of their community. They have to be recognised as a partner on a national level.

Chair : No more MS to comment. Move discussions to IOs and then NSAs.

IPU: Long standing partner of WHO. In this context we would like to seek assistance of WHO for UHC. Does not talk of CHWs.Talks only of UHC

NSAs

AMREF Health Africa

International Association for Hospice and Palliative Care Inc.

International Pharmaceutical Federation

The World Medical Association, Inc.

The Worldwide Hospice Palliative Care Alliance

World Organization of Family Doctors

See Conf doc 4 and resolution (EB144.R4) adopted at conclusion of this discussion.

5.5 UHC (continued)

- Draft resolution: EB144/CONF./6 Rev.1: Primary health care towards universal health coverage (proposed by Indonesia, Kazakhstan, Mexico, Moldova, South Africa, Turkey and the United States of America)

Is the board ready to adopt the resolution

Mexico: wish to be listed as a cosponsor;

No objections

Adopted **(9'35' into video record of 1 Feb)**

However, as of 4 March there is no corresponding resolution listed on the Official Docs page.

[Editor: Note a further intervention by **Kazakhstan**, during the subsequent debate (below) over preparation for the HLM, reminding the Board that member states had agreed to change the title of this resolution from 'PHC towards UHC', to simply 'PHC'. The continued use of PHC to UHC is a technical mistake. Can you make corrections to the draft resolution. The **Chair** consulted and advised that the secretariat will adjust the title, there was a drafting mistake

5.5 UHC (continued)

- Draft Resolution EB144 conf.5 Rev1 - Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage (proposed by Bangladesh, Botswana, Canada, China, Finland, Georgia, Indonesia, Japan, Malta, Russian Federation, Sri Lanka, Switzerland, Thailand and Uruguay)

Consideration? Yes.

US: joining consensus, but dissociate from PP6 (sexual reproductive health). The meaning of the terminology has changed to include abortion. This document doesn't create new international rights; reiterate that women should have equal access to healthcare, family planning, etc. ; support of the principle of voluntary choice; abortion is not a method of family planning; regret that the resolution is so strongly focus of goal 3.8; remains committed to work together to reach a genuinely consensus; look forward to resuming the discussion at the WHA;

Turkey: Some thoughts on catastrophic exp with UHC. leads to costly surgeries and practices. Long term expectations on Lower cost for diseases like cancer- In medium or long term PHC in future will decrease the costs but difficult to expect short term result. Need to point this out as this reflects on health system. Organising event on UNGASS- need availability of Sect for that meeting. Talking about high costs of devices, medicines, diagnostics; In medium or long term PHC in future will decrease the costs but this might not be true for short term. We cannot imagine the meeting schedule before UNGASS.

Brazil: we are co sponsors.

Japan: On behalf of 14 cosponsor on the revised resolution; happy to present this draft resolution: multiple informal session; UHC is a broad topic, developing the resolution was therefore challenging; More need to be done to achieve UHC; need to enhance political commitment; making concrete and constructive inputs from Geneva will provide a valuable starting point for intergovernmental discussions; urging to support the draft resolution;

Thailand: 3 points: UHC is strong sustenance and has not exactly dealing with economy; UHC needs a good health delivery system; UHC is about whole society and not just about health

China- Like to be co sponsor as Mexico, Kazakhstan , SA and USA. to support the resolution of PHC towards UHC.

Netherlands: Would like to cosponsor the resolution;

France: Supports the text submitted to EB

Kenya: Support the resolution; would like to be cosponsor;

Bangladesh: unique opportunity to help pathways and identify gaps. On 28 jan. our parliament member has asked for a high level conference in IPU. we call everyone to sensitize the parliamentarians on UHC.

Benin: support the resolution and would like to be cosponsor;

Norway: To be added to so sponsors.

Portugal: Thanks Thailand and Japan for draft resolution. Co-sponsor resolution

Panama: Would like to be cosponsor

UK: would like to be cosponsor;

Ireland: to be added to the list of cosponsor;

Spain: have great hopes on high level meeting and want to added as cosponsor.

India: Welcomes resolution, cosponsor resolution

Moldova: likes to be cosponsor

Board ready to adopt the resolution?

YES!

EB144.R10 - Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage