

**Highlights from the  
fourth day of the  
66th World Health Assembly  
23rd May 2013  
Committee A**



**Item 14. Promoting health through the life course**

**14.1 Monitoring the achievement of the health-related Millennium Development Goals (Document A66/13) and Health in the post-2015 development agenda (Document A66/47)**

The discussion on MDGs and the post 2015 agenda started on Thursday 24th with a strong statement by Ecuador which stated the need to shape the political agenda on such principles as social determinants of health and universalism, with the propose to include indicators that could measure the performance of health care in terms of universality of access. European Union and other European Countries such as Croatia, Macedonia, Iceland, Albania, Armenia, Ukraine, drove the attention to the importance of sexual and reproductive health, including sex education, contraception, and above all the gender imbalance issue.

While the advances the MDGs have brought to are recognised by all the MS, many Countries, especially China, Japan, Russian Federation, Bangladesh, Philippines, Maldives, members of the African Region, of UNASUR denounced the MDGs have not been reached, asked the WHO for more technical support and stated that the achievement of the goals required more efforts, that have to be taken into consideration in the process leading to the post 2015 agenda. The stronger voice came from Zimbabwe speaking on behalf of the African Region, that highlighted the existing large gaps among and between countries, not only in health related MDGs but in all the goals: Zimbabwe put special emphasis to MDGs 1(c) 7(c) 8(e), that remain relevant and should have place in upcoming framework. In their statement, the 46 Countries of the African Region stressed that the increasing inequalities are also liknked to the decrease of WHO in leading role in health governace and in its incapacity in addressing the root-causes of ill-health in the current MDGs framework. This cannot disregards a holistic approach based on the social determinants of health that have to be included in the future monitoring mechanism. Zimbabwe proposed to set up a drafting group to explore further resolution.

Universal Health Coverage has been identified by most of the MS (USA, Republic of Korea, Japan, France, Thailand, Maldives, Australia) as a key issue in drafting the post 2015 agenda and special attention has been put on the burden of NCDs. In particular USA recognised UHC as an umbrella goal that can lead to the achievement broader goals, while other Countries as China, Russian Federation, Peru on behalf of UNASUR and Costa Rica highlighted the need of a

comprehensive common understanding of UHC in a primary health care approach.

Most Countries from Latin America and South-East Asia focused on the close relation between poverty and health and well-being and stressed the need to combat inequalities and to strengthen the participation of the communities in the policy-making processes. Many Countries also request WHO to assist in increasing technical capacity for appropriate surveillance.

Zimbabwe introduced a draft resolution (A66/A/Conf/3) and the drafting group was set. The discussion goes on on Monday 27th.

#### **14.2. Follow-up actions to recommendations of the high-level commissions convened to advance women's and children's health (Documents A66/14 and EB132/2013/REC/1, resolution EB132.R4)**

Member states were highly supportive of the resolution EB132.R4 urging them to put into practice the implementation plan recommended by the accountability committee on life-saving commodities for women and children.

Delegates took the time to note progress their countries have made in this area. Specifically, they referred to progress on MDGs 4 and 5 on maternal mortality and under-5 child mortality rate. They noted that these recommendations will assist them in achieving the MDGs 4, 5 and welcomed the self-assessment tool, especially with regard to accountability.

Many countries reported success through implementation of national policy and strategy and strengthening surveillance and data collection. It was noted, though, that with 2015 fast approaching, MDG 4 and 5 may not be met within the target period.

Several delegates took time to highlight the need for financial resources for the life-saving commodities. Member states shared the concern that monitoring and evaluation, workforce planning and intervention strategies should be strengthened in order to successfully implement the recommendations.

One country, Japan, mentioned the bottleneck and lack of availability in existing services that we noted and urged efforts for identifying the reasons for this. African nations acknowledged the strength of the report. They noted the different levels of progress among the countries and that they all have different approaches as well as calling for stress on human resources and neonatal care.

Many amendments were suggested and after careful deliberation, the Assembly adopted the resolution.

### **14.3: Social determinants of health (Document A66/15)**

The World Conference on Social Determinants of Health (WCSDH), convened by WHO and the Government of Brazil, was held in Rio de Janeiro from 19 to 21 October 2011 and resulted in the Rio Political Declaration on Social Determinants of Health. The results of the Rio Conference were brought to the 65th World Health Assembly through the 130th Executive Board in 2012 and the WHA adopted resolution WHA65.8, endorsing the Rio Political Declaration.

In the resolution, member states expressed their political will to improve public health, and reduce health inequities through action on the social determinants of health. The focus is on addressing the challenges of eradicating hunger and poverty; ensuring food security; enabling access to healthcare and affordable medicines; and improving daily living conditions through provision of safe drinking-water and sanitation, employment opportunities and social protection; protecting environments and delivering equitable economic growth. However the five dot points offered as 'outputs' for the biennium are largely about standard setting, research, policy briefs, indicators and 'support to member states'. This is a much more cautious agenda than that offered by the Commission on SDH or the CS Statement at the Rio Conference.

Under this agenda item the report describes the progress in implementing Resolution WHA65.8, including the support provided to MS in implementing the Rio Political Declaration and advocacy, research, capacity building and direct technical support provided along with other organisations in the United Nations system. The Assembly was asked to note the report.

Member states generally expressed satisfaction with progress on this issue. Several countries referred to the need to reduce inequalities; however the causes of these inequalities were not spelled out. Several MS raised the issue of the need for the WHO to undertake studies and research on SDH and the need to mobilize resources for the same, including China. It is worrying that despite SDH has been identified as a priority area of work, its budget is only 0.7% of the WHO's budget. In its response, the WHO Secretariat expressed its hope that the financing dialogue would help address this issue. Ecuador requested that the report should have more references to the in depth work of UNASUR and the progress made in Latin America in understanding social determination of health, including through the work of ALAMES. Bahrain pointed to the need disaggregated indicators in order to collect meaningful data on determinants. Finally, Congo proposed that the work on SDH in Africa could focus on climate change and how the changes in the environment and ecosystems influence health problems that societies are facing.

## **Side meeting: Preparing for the high-level meeting on disability and development: The health sector's contribution**

Dr. Chan was a surprise guest! She gave a brief, but very encouraging and powerful talk noting the importance of the issue of disability as so many people have disability. Good that this assembly is addressing this *again*. Have come along way since resolution in 2005. She pointed to the fact that many barriers for people with disabilities to have a better life are avoidable, and believes we are ready to act.

Dr. Chan stressed that disability is a human rights issue and a health issue, and indicated that discrimination, stigma and denial have been spoken of much by Member States. She made a personal request for *action*. Finally, she pointed out that we all need to shift our mindsets/attitudes... it's not about "them" it's our collective action which will make a difference and we must recognize that people with disabilities want to participate in society and to live a decent & fulfilling life.

Stephen Hawking submitted a video appealing to Member States to move forward on action around disability. He noted that he is lucky to have a great career, exposure and support and ended by saying: "I hope governments throughout the world will consider all the millions of people with disabilities who are denied access to health, rehabilitation, support, education and employment and therefore never get the chance to shine."

Disability panel discussion:

Dr. Ana Maria Menedez, Ambassador & Permanent Representative of Spain laid out the framework: High level meeting and consultations will get input from Member States and stakeholders on developing the action plan. They're trying to achieve with this process drafting of a final document that is concise and action-driven and want to be able to make a valuable contribution to the post-2015 agenda.

Dr. Onyebuchi Chukwu, Federal Minister of Health, Nigeria: Stressed the importance of disability focus in many areas including: education, intensive skills, transportation issues (especially in developing countries), disabling effects of polio, veterans affairs, job opportunities, etc. From a specifically health point of view need to focus on prevention and health insurance.

Dr. Gwen Malegwale Ramokgopa, Deputy Minister of Health, South Africa: It is important for countries have policies and legislation covering people with disabilities across the board (like affirmative action, jobs).

Dr. Ariel Pablos-Mendez, Assistant Administrator for Global Health, USAID: Noted that in line with Pres. Barack Obama's global health strategy, the agency has changed to consider disability as a cross-cutting issue. They have a

two-prong approach: (1) work directly on disability and (2) work to mainstream disability into all programming

Discussion:

Nigeria asks how to move beyond legislation?

Ecuador notes disability is in the constitution but only recently made progress as leader has a disability and uses a wheelchair. It shouldn't take so much to move to action.

*(More discussion may have occurred, but the Watcher had to leave for another meeting. Apologies.)*