

Decisions

**DRAFT GLOBAL STRATEGY ON HEALTH, ENVIRONMENT
AND CLIMATE CHANGE**

The Committee having reviewed the Summary Report from the WHO South-East Asia Regional Consultation on the Draft Global Strategy on Health, Environment and Climate Change, held on 23–24 August 2018, New Delhi, India, which contains comments and recommendations on the draft Global Strategy on Health, Environment and Climate Change, as well as general recommendations for the WHO Programme of Work on Health, Environment and Climate Change (including workers' health).

Decides to:

- (a) Request the Regional Director to submit the summary report from the WHO South-East Asia Regional Consultation on the Draft Global Strategy on Health, Environment and Climate Change, held on 23–24 August 2018 in New Delhi, to the Director-General, as required by Executive Board Decision 142(5);
- (b) Request the Regional Director to develop a draft regional plan of action for the WHO Global Strategy on Health, Environment and Climate Change, in consultation with Member States and in line with the country and regional context, and gaps, for submission to the Seventy-second session of the Regional Committee for South-East Asia in 2019.

**REVIEW OF THE DRAFT PROVISIONAL AGENDA OF THE 144TH SESSION
OF THE WHO EXECUTIVE BOARD**

The Committee, in response to the United Nations General Assembly resolution A/RES/72/139 on Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society, in which it decided to hold a high-level meeting on universal health coverage (UHC) in 2019, decides to:

1. ENDORSE the proposal by Member States for an item on “Preparation for the high-level meeting of the General Assembly on Universal Health Coverage” for inclusion in the Provisional Agenda of the 144th session of the WHO Executive Board, and
2. REQUEST Member States to support Thailand in submitting a proposal with a concept note – appended in Annex 1 herewith – on behalf of the South-East Asia Region, in a timely manner for the consideration of the Officers of the Executive Board.

**Explanatory Memorandum
for the inclusion of the agenda item
“Preparation for a high-level meeting of the General Assembly
on Universal Health Coverage”
on the provisional agenda of the 144th session of the WHO Executive Board**

Justifications

It has been three years since Member States adopted the Sustainable Development Goals (SDGs) to renew their commitment to promote the health and wellbeing of the population, underpinned by SDG target 3.8 for Universal Health Coverage (UHC) whereby all people and communities have access to needed quality health services without risk of financial hardship.

UHC was reflected in the WHO GPW13; “one billion more people benefitting from UHC”, as well as further contributing to another “one billion more people enjoying better health and well-being”.

Recent reports and analyses sound the alarm when evidence^{i, ii, iii, iv} shows that if governments leave their policy direction and implementation in “business as usual” modes, more countries will be off-track where UHC are not realized by 2030.

The positive impact of UHC on health outcomes

Evidence suggests that a 10% increase in government health expenditure per head population led to reductions of 2.5-4.2% in mortality for children younger than 5 years and 4.2-5.2% reductions in maternal mortality rates^v both of which are committed in the SDG3.

Another evidence shows that a 10% increase in government spending on health was associated with an average reduction in under-five mortality by 7.9 deaths per 1000, and adult mortality by 1.6 (women) and 1.3 (men) deaths per 1000^{vi}. These evidences demonstrate that UHC synergistically contributes to health-related SDGs.

UHC is a global public health agenda

At least half the world’s population still lacks access to essential health services. Some 800 million people spend more than 10 per cent of their household budget on health care, which is the threshold of catastrophic health expenditure that drives the households into financial difficulties, indebtedness or selling their assets to cover the medical bills. Almost 100 million people are pushed into extreme poverty each year because of out-of-pocket health expenses. On average, about 32% of each country’s health expenditure comes from out-of-pocket payments. More than 18 million additional health workers will be needed by 2030 to meet the health workforce requirements of the Sustainable

Development Goals and UHC targets, with gaps concentrated in low- and lower-middle-income countries. These critical challenges are major barriers for adequate access to health services and in turn hamper the achievement of health-related SDG.

Why this proposal for EB144 agenda?

At the outset, it should be noted that transitioning to UHC had taken considerable time in the history, ranging from a decade to more than a century. A closer look at those countries would reveal that certain crucial, enabling factors for previous successes are lacking today.

Current overall governmental fiscal space and in particular fiscal space for health, are not favorable for UHC in particular in Low and Middle Income countries. This was reflected by high levels of household health spending and impoverishment from using health services^{vii}. Health delivery systems and committed health workforce are the “Foundation” for implementing UHC with favorable outcomes^{viii}, where government needs to invest in health systems strengthening.

All UHC success stories show that a strong and sustained political leadership at the highest level, across consecutive governments in each nation, is needed to break these bottlenecks.

In 2012, Member States already recognized in UNGA Resolution A/RES/67/81 the responsibility of governments to urgently and significantly scale up efforts to accelerate the transition towards universal access to affordable and quality health-care services.

In 2017, 71 like-minded Member States co-sponsored UNGA Resolution A/RES/72/139, in which the General Assembly decided by consensus to hold a high-level meeting on UHC in 2019. The Resolution tasked the Director-General of the World Health Organization to collaborate closely with the President of the General Assembly, in consultation with Member States, to prepare for such a meeting with a view to ensuring the most effective and efficient outcomes including potential deliverables.

Now is high time we translate these commitments and inspirations into real actions. To do so, Member States need to discuss ways forward towards clear commitments at the high-level meeting on UHC in September 2019 and beyond. Because UHC cannot be achieved without committed, dedicated well-trained health professionals, we need the social, intellectual, and human capital of the WHO, with its vast network of experts and infrastructure, to support our discussions and implementation.

The 144th session of the Executive Board to be held from 24 January to 1 February 2019, as well as the 72nd session of the World Health Assembly in May 2019, are essential stepping stones which contribute to informed discussion and concrete actions required, and effectively pave the road to substantive decisions at the high-level meeting on UHC in September 2019 to allow all relevant stakeholders to act within this timeline.

The main contents to be covered by the agenda

1. To allow Member States to engage in the discussion and support the process that brings forward a political declaration to achieve UHC at the high-level meeting on UHC in 2019;
2. To translate the political commitments already made into concrete commitments for action, including the improvement of implementation capacities for UHC;
3. To maximize the use of the annual International UHC Day on December 12, to monitor the progress, achievements and challenges in implementing UHC at country level with full engagement by all actors and stakeholders;
4. To call upon all stakeholders to harmonize and synergize their support to Member States to realize UHC progressively;
5. To request WHO's support to Member States in the aforementioned endeavor in progressive realization of UHC

Conclusion

UHC is committed in the SDG 3.8, an integral component of the triple billions in the GPW13, a mandate of WHO and WHO Member States, as called upon by the UNGA Resolution A/RES/67/81 in 2012, and Resolutions A/RES/72/138 and A/RES/72/139 in 2017 with commitment towards UNGA high-level meeting on UHC in 2019. UHC is a global public health issue as limited access hampers the achievement of health-related SDGs. WHO, WHO Member States and development partners therefore have an undeniable obligation to implement UHC;

This proposal to EB144 agenda addresses UHC, a global public health issue of fundamental importance. Although it is not a new issue, but it falls within the scope of WHO to bring up for discussion possible implementation to break the bottlenecks in implementing various WHA resolutions and three UNGA resolutions mentioned above. Evidence shows a slow progress while indicating that effective interventions to achieve UHC require government's increased investment in health and effective management, and positive health gains from such investment. It is an urgent proposal as the 144th session of the Executive Board meeting is the only available opportunity to ensure well-informed discussions and decisions at the UNGA high level meeting on UHC in 2019.

References

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- iii World Bank. 2018. Business Unusual : Accelerating Progress Towards Universal Health Coverage. World Bank, Washington, DC. Available from <https://bit.ly/2ML654A> [access September 2, 2018] <https://openknowledge.worldbank.org/handle/10986/29730> License: CC BY 3.0 IGO.

- iv Karin Stenberg, Odd Hanssen, Tessa Tan-Torres Edejer, Melanie Bertram, Callum Brindley, Andreia Meshreky, James E Rosen, John Stover, Paul Verboom, Rachel Sanders, Agnès Soucat “Financing transformative health systems towards achievement of the health Sustainable Development Goals: a model for projected resource needs in 67 low-income and middle-income countries” *The Lancet* (2017) e875-87
- v Bokhari, F. A. S., Gai, Y., & Gottret, P. (2007). Government health expenditures and health outcomes. *Health Economics*, 16(3), 257–273. <http://doi.org/10.1002/hec.1157>
- vi Moreno-Serra, R., & Smith, P. C. (2012). Does progress towards universal health coverage improve population health? *The Lancet*, 380(9845), 917–923. [http://doi.org/10.1016/S0140-6736\(12\)61039-3](http://doi.org/10.1016/S0140-6736(12)61039-3)
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- viii Tangcharoensathien V., Witthayapipopsakul W., Panichkriangkrai W., Patcharanarumol W., and Mills A. Health systems development in Thailand: a solid platform for successful implementation of universal health coverage. *The Lancet* 2018;391:1205-23.

TIME AND PLACE OF FUTURE SESSIONS OF THE REGIONAL COMMITTEE

The Committee noted the invitation from the representative of the Democratic People's Republic of Korea to hold the Seventy-second Session of the Regional Committee in September 2019 in Pyongyang.

The Committee decided to hold the Seventy-second Session in Pyongyang during the week of September 2 to 6, 2019*.

* This is subject to clearance by the relevant Sanctions Committee; in the absence of such clearance, the Committee will hold a special session in March 2019, to consider the matter.