Health for All Now!
People's Health Movement

Daily Brief - Day 2 of WHA76
Monday 22 May 2023

WHA Today - 21st and 22nd of May

During the morning session the following topics were covered:

- Presidential address
- Adoption of the agenda and allocation of items to the main committees
- Report of the Executive Board on its 151st and 152nd sessions, and on its Sixth special session
- Address by Dr Tedros Adhanom Ghebreyesus, Director-General
- Item 12: Global strategy for Women's, Children's and Adolescents' Health (2016–2030) – Document A76/5, Committee A

1. **Presidential address**

The presidential address emphasised the need for a preventative approach to healthcare, and noted that solidarity should remain a guiding principle of WHO. The speech mentioned health problems caused by unequal access to medicines, acknowledged the impact of regulatory frameworks on the health of individuals, AMR, digitalization and new technologies to deliver health care, and the public health threat caused by a global lack of health workers.

2. **Adoption of the agenda and allocation of items to the main committees**
   Document A76/1 Rev.1/Add1: "Inviting Taiwan to participate in the World Health Assembly as an observer".

China and Eswatini spoke about not including this item on the agenda. China affirmed its One China Principle and opposed Taiwan's participation and objected to using the pandemic and Taiwan's expertise in this regard as a pretext for promoting Taiwan's autonomy. Pakistan supported China's statemen on Taiwan and reminded the meeting that WHA is a technical forum and that it foes against international solidarity to bring political matters into WHA.

Eswatini noted that Taiwan previously participated at WHA as an observer and provided valuable expertise, but it was excluded in 2017. It argued that discussions like those conducted by WHA should exclude no one. It called on WHO to involve all global health stakeholders, including Taiwan. The Marshall Islands urged WHO to respect the human right to participate and called on the assembly to invite Taiwan as an observer, as it was from 2009-2016. It urged WHO to prioritize people over politics.

The discussion concluded with the chair noting that WHA delegates accept not to include the extra agenda item, as recommended from WHO Constitution. There were no objections.

Next the chair tabled a proposal, which was accepted, to delete the following agenda items:
- 19.6 Special arrangements for settlement of arrears [if any]
- 19.7 Assessment of new Members and Associate Members [if any]
- 25. Agreements with intergovernmental organizations [if any]

The Assembly agreed to close no later than 30 May.

3. Report of the Executive Board on its 151st and 152nd sessions, and on its Sixth special session

The EB chair indicated that she would not submit a full report of the meeting and encouraged member states to read the relevant reports on the meeting.

4. Address by Dr Tedros Adhanom Ghebreyesus, Director-General

The DG opened his speech by noting that WHO had officially ended the COVID-19 pandemic three weeks ago, and that the pandemic had shown WHO's capacity to use its expertise and tools to support member states in saving lives. He also cautioned that even though COVID-19 is no longer designated a health emergency it remains a global health threat because the threat remains that deadlier variants may emerge.

In relation to the Triple Billion Process the DG acknowledged that insufficient progress had been made in achieving SDG targets. He referred to the SDGs as WHO's "North Star" and urged commitment to achieving them, and listed a number of interventions framed as "addressing root causes" of NCDs. These included taxes on tobacco, warnings on tobacco packaging, and policies regulating trans fats.

He framed PHC as the foundation of UHC and called on MS to refocus political attention on the next high-level meeting on UHC, while drawing on their knowledge from COVID-19. He mentioned vaccination drives for childhood vaccination, promotion and protection of breastfeeding, and promotion of migrants' and refugees' health as areas of success. The DG also acknowledged the need for more investment in health workers if PHC and UHC are to succeed, and reminded MS to respect the code of practice for the recruitment of health workers.

The DG reported on a number of interventions WHO made in promoting equitable access to medical technologies. These included establishing a new council to develop new TB vaccines, promoting access to new malaria vaccines which have reduced child death rates, use of a new HPV vaccine in many countries, and agreeing to new targets to reduce antibiotics in food and agricultural industries. The mRNA Hub in South Africa was cited as an example to strengthen local production and improve response globally. He also mentioned

that WHO is continuing to work with MS and partners to strengthen the architecture on Pandemic Preparedness and Response (PPER) and noted that Polio is now the only Global Health Emergency and that WHO remains committed to Polio eradication.

On the issue of sustainable financing of WHO the DG described the decision to increase in assessed contributions as a landmark decision. He further noted that various plans has been developed at the end of 2022 to address sexual misconduct and achieve gender equality.

The DG closed his speech to MS with three requests:

1. Urge every MS to work with Secretariat to make progress on the triple billion targets
2. Urge every MS to engage constructively on the pandemic accord and IHR amendments so the world does not have to face the devastation of a pandemic again
3. Support the increase in assessed contributions and support the replenishment in the investment round in 2024

Notable Member State Responses to the DG's address

Togo on behalf of **AFRO** noted that the block would pay attention to equity in the context of pandemic preparedness. Sweden on behalf of **EURO** condemned Russia's invasion of Ukraine, including its attacks on health services. It also stated that WHO Reforms on its budget will be crucial to the institution delivering high quality support to all countries. **Yemen** called for solidarity with **Palestine** and highlighted that current events in the Syrian Golan heights prevent WHO from supporting populations there. Azerbaijan on behalf of the **non-aligned movement (NAM)** expressed appreciation and support for COVAX and called for further sharing of vaccine doses by countries able to do so. It also stressed the need to address health needs in the occupied Palestinian territory including the Golan, and called on MS to demonstrate solidarity in prioritising effective and appropriate measures to ensure the world is prepared for future pandemics. Cabo Verde speaking on behalf of the **Portuguese speaking MS** called for a focus on mental health and noted that these conditions had long been stigmatised. It also called for the current processes around pandemic governance to be centred on equity.

5. Item 12: Global strategy for Women's, Children's and Adolescents' Health (2016–2030) – Document A76/5, Committee A

Maternal and Newborn Health

Belgium speaking on behalf of several countries expressed concerns about the stagnation of maternal mortality rates globally. Brunei echoed this concern in its intervention. Belgium also noted that deaths amongst newborns is very high, HIV prevention is stalling. **Senegal** also focused on the need for strengthening paediatric care and emergency care and creating neonatal and obstetric networks and recommended increased funding for SRH and neonatal and adolescent care. **Brazil's** intervention highlighted its focus on reducing preventable mortality, particulaly preventing cervical and breast cancer and to increase the capacity of

women to use contraceptives. It also indicated that the regionalisation of pre-natal care is a priority.

Marginalised groups; inequalities
Belgium called for addressing the needs of vulnerable groups, such as IDPs, LGBTQI+ people, and people with disabilities. Botswana noted that despite progress in improving women's, children's, and adolescent health, inequity and the coverage of reproductive maternal services both and within countries still persists, and that "poor and disadvantaged" women in particular have less access to care. Iraq specified that it was concerned with ensuring equity and equality of care with special focus on serving marginalised peoples in humanitarian settings to reduce the maternal and child morbidity and mortality.

Youth
Niger on behalf of **AFRO** complimented WHO for its multisectoral work on adolescent health. Botswana noted with concern the increase in childhood behavioural and anxiety disorders in children and youth but mentioned no domestic actions being undertaken in relation to this. **Georgia** noted it is implementing a youth strategy to address mental health issues in young children and adolescents, and launching a national survey to understand the gaps and to design adequate interventions to address needs.

PHC; Breastfeeding
The **Maldives**, in closing its intervention, called for considering the social determinants of health and taking a whole society approach in relation to this agenda item. The **Bahamas** described efforts to implement integrated health care systems to enhance the patient experience by facilitating a seamless connection between primary and tertiary services. It was one of the few countries to mention programmes to support maternal bonding and breastfeeding, and prioritising training for healthcare professionals to increase, diagnose, treat and manage neonatal and childhood illnesses. Argentina spoke about its 1,000 Days Law which aims to reduce maternal and child mortality for children under 3 years of age but also focuses on comprehensive healthcare, promoting breast-feeding, healthy eating, early bonding, physical and emotional health and preventing violence throughout the entire life cycle. **Georgia** noted that promoting breast-feeding requires a whole society approach and that it has taken the lead in reactivating efforts to aim to support breast-feeding, through a legal framework.

Malnutrition
The **Bahamas** indicated that it is collecting data to inform programmes to reduce childhood malnutrition, neural developmental delays and the gaps in the coveraging of the antenatal services.

Conflict
Denmark speaking on behalf of the **Nordic and Balic countries** mentioned the negative impact of conflict on the SRHR of women and on their exposure to GBV in these settings. The **Maldives** in its intervention called for prioritising the needs of the most vulnerable

population groups, including women, girls and adolescents and those living in humanitarian and fragile settings.

COVID-19
Senegal mentioned that COVID-19 had a negative effect on SRH services. **Brunei** noted that many children and adolescents have lost a parent or caregiver to COVID-19 and that closure of schools impacted early years and childhood development. **Sri Lanka** pointed out that COVID-19 disrupted provisions of essential health services and that in the post pandemic period all the WHO Member States need to strengthen PHC and to implement universal health coverage to support the achievement of the women and child health goals.

External Funding and Technical Support
Samoa's intervention opened by thanking partners such as the WHO, UNICEF, UNFPA, World Bank, ADP and the Global Fund, Government of New Zealand and Government of Australia and other developmental partners for supporting the health sector financially and technically.

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AFTERNOON SESSION

11. Proposed programme budget 2024–2025

Bahrain, France, Malaysia, Poland, Vietnam, supported the adoption of the programme budget.

Germany urged MS to implement the programme budget: *"it is now up to us member states to walk the talk and to make sure that WHO is indeed ready to be the leading and coordinating authority in global health".* **Norway** reiterated the importance of the replenishment mechanism as a step towards a democratically funded WHO. Uk affirms that "*It is time for member states to match our funding of WHO with our expectations of our organisation*".

The Democratic People's Republic of Korea described as a "positive change" that the programme budget 2024-2025 has been prepared through a bottom-up approach to align with country circumstances and priorities. **Timor Leste** acknowledged the programme budget to be a bottom-up, inclusive and evidence-thriving process. **Morocco** was satisfied to note the increase in assessed contributions proposed and that those contributions will be focused on national priorities and called on the Secretariat to continue to develop that digital platform in order to allow them to follow the budget execution. **Namibia** stressed the importance of an equitable distribution of the programme budget, affirming that most of it should go to the regional offices where it will have a higher impact on health. **India** expressed concern about inequity in the allocation of resources that does not take into account the needs of marginalised populations.

Ghana on behalf of the 47 member states of the **AFRO region** supported and noted the report and look forward to seeing the performance indicators and outcomes of the prioritised countries. **The Philippines** would highly appreciate if the Secretariat could improve further information by including the specific titles of the projects and programmes being financed through programme budget at the country level for use by member states in identifying measurable and evidence-based interventions. **Mexico** wishes for the inclusion of a document on the application of the assessed contribution scale. The **Russian Federation** proposed the use of an online questionnaire for the development of the next budget in close contact with member states and to develop an accessible booklet with a users' guide, as well as the process for developing and reporting on WHO targets. **India** reiterated the importance of an online platform as well. **Maldives** welcomed the transparency of the tools overview.

Canada found priority setting of particular value and welcomed gender law and equity as a horizontal theme. **Australia** was pleased to see the budget focused on the social determinants of health and equity. **Bangladesh** called upon WHO to maintain equity-based allocation and setting technical priorities at country level. **Italy** stated that the new budget will see pockets of under-funded areas, such as risk factors for the NCDs and mental health, and will allow for priorities identified by the Assembly to be effectively financed. **India** said that investment should be increased in the development of health personnel, digital and technological structure to strengthen health systems.

Denmark was pleased to see the commitment to strengthening the WHO's accountability functions and that ensuring best practices for sexual exploitation, abuse and harassment are supported by the appropriate investments. **China** stated that they expected WHO to focus on increasing funding for UHC; **Peru** stated that increasing resources without orienting health systems towards primary care will not be enough.

Japan accepted the increase and suggested introducing other various financing methods such as private funds in terms of securing sustainable financing. **Turkey** reminded that unless cost efficient savings are employed on any type of budget, WHO will continue to be inadequate no matter how much the budget increases. **Ethiopia** supported the proposed programme budget and urged WHO to request a shift in majority of all the flexible funds, not only the increased contributions, to countries from the current level of only 36%, to at least 60% for member states to create visible, sustainable impact in health systems and people's health. **Thailand and Colombia** stated that one best option to sustain WHO apart from increasing the contribution is to stop accepting earmarked contributions for any sort.

Argentina, Brazil, Chile, Colombia, Ecuador, Peru and Uruguay called on WHO to further immediate action on the underfunding that affects the region of the Americas. **Argentina and Chile** expressed concern about eventual provisional increases that compromise their ability to pay. **Kenya** called on WHO to increase funding to chronically underfunded health areas especially in the African region.

The US affirmed to be ready to increase their contribution but that they will hold the WHO accountable for the reform progress.

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The resolution was **approved** without objections (see A76/4 Add.2), and the **DG** commented that this was an historic moment, a milestone for the trust and collaboration between MS and WHO.

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Continues Agenda item 12: Global strategy for Women's, Children's and Adolescents' Health (2016–2030) – Document A76/5, Committee A

Panama, Vietnam, the **Democratic People's Republic of Korea** stated that it will implement the Global Strategy in collaboration with WHO.

Kenya asks WHO to support MS to meet targets and to improve data systems.

New zealand highlighted the importance of funding Maternal, Newborn and Child Health services, using multi-sectoral processes, ensuring humanitarian preparedness response, climate adaptation, resilience in crisis. **The US** stated that sexual reproductive health and rights are crucial for achieving gender equity and equality, and that focus investments need to focus on strengthening integrated primary health care systems. **Zambia** spoke out about the inequalities that persist, particularly with women of lower economic status and rural women. **The UK expressed** concern regarding the lack of progress and stated that sexual reproductive health and rights need to be more reflected in the report, acknowledging how the climate crisis affects women, with stronger focus on marginalised groups.

Jamaica asks the WHO to prioritise as a part of ongoing training of health professionals to increase global discussions to keep populations engaged on these matters and to encourage governments and non-Governmental agencies to address the social determinants of healthy pregnancies and healthy mothers and children.

Kazakhstan assessed that maternal and child health and well-being are the key indicators of public health.

Madagascar and the **United Arab Emirates** called for adequate financing for UHC, which is necessary to protect WCA health.

Cuba would need more technical assistance for those MS lagging behind. Preferably through an intersectoral approach, best need of resources. We need UHC. Strats must be pursued to gradually achieve UHC.

Indonesia indicated that women, child and adolescent health should be at the heart of the SDG agenda, and affirmed the need to work towards the SDG targets.

Bahrain mentioned the need to address autism, it also acknowledged the mention of threats such as climate change and COVID-19 in the report. It recommended strengthening health governance and the adoption of common regional and international initiatives.

Bolivia raised awareness that it - like other countries - lacks proper registers and information for the monitoring of early child development, and that this is what underpins their commitment to an effective information system that supports health care workers' access to better information on comprehensive health of children.

Australia drew attention to its achievement in achieving decreased child pregnancy by increasing access to SRHR services, but acknowledged that it remained concerned about gaps in family planning services. It called for the international community to support domestic interventions with best practice policy and technical guidance, alongside well coordinated donor and civil society support.

Togo noted that maternal mortality rates in that country remain high, but that it has an integrated strategic plan for reproductive health covering women, children and adolescents for the period 2023-2027, having assessed the progress made under their previous plan. It also noted a number of important measures have been taken by member states and stakeholders to have a common definition of a qualified healthcare worker.

Comoros noted that a range of socioeconomic factors have an impact on the health of women and children's health, including early marriage, the low level of education, clandestine abortions, limited access to health care services and the poor quality of services and social and cultural factors. In order to strengthen the accessibility of family planning, one of its priorities is to provide contraceptives to prevent unwanted pregnancies, particularly in young and adolescents.

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PHM has prepared the following Statement on Item 12:
Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)

Bodily autonomy is fundamental to women's health. The Executive Summary of the report does not acknowledge recent setbacks to control abortion rights, though this is acknowledged in the full technical report. This omission in the summary report obscures the immediate need for government actions that ensure universal access to safe abortion.

WHO should broaden gender definitions to include non-binary and trans-persons right to health. We urge it to collect disaggregated data, including data on the SDH and the ecological crisis, and develop guidelines that recognise the specific health needs of LGBTQI+ persons, and women from marginalised groups: indigenous, racial and ethnic communities, migrants, conflict-affected women, and women with disabilities.

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Women's, children's and adolescents' health are distinct issues. WHO should report on them separately. Women's health should not be reduced to reproductive and maternal health. We request a strengthened focus on adolescents' health, human trafficking and child marriage.

We urge it to collect disaggregated data, including data on the SDH and the ecological crisis, and develop guidelines that recognise the specific health needs of LGBTQI+ persons, and women from marginalised groups: indigenous, racial and ethnic communities, migrants, conflict-affected women, and women with disabilities.