

Highlights from the second day of the 130th Executive Board

Geneva, 17.01.12

Nomination of the Director-General

NGOs were not allowed to attend this session.

Appointment of the Regional Director for the Eastern Mediterranean

At its fifty-eighth session held in Cairo in October 2011, the Regional Committee for the Eastern Mediterranean nominated Dr Ala Din Alwan as Regional Director for the Eastern Mediterranean.

Technical and health matters

Early marriages, adolescent and young pregnancies (EB document 130/12)

Cameroon was the first country who took the floor on behalf of AFRO. It strongly supported the document, especially the framework on adolescent health services. AFRO urged greater inclusion of youth, improved access to education for all and legislation outlawing marriage before 18 years. Cameroon mentioned insufficient sex education, harmful cultural practices, poverty as the main factors responsible for the high incidence of early marriages and reproductive complications in the region. AFRO also asked to strengthening adolescent health services and reproductive health as well as overcoming cultural barriers.

India proposed a multisectoral approach integrating poverty alleviation, education and adolescent friendly health services by listing the societal effects it has achieved following greater retention of girls in schools (due to the adoption of an education act). France, Germany and the US considered early marriages a gross violation of fundamental human rights. The US viewed gender violence with concern, especially in the context of adolescent marriages which are largely ignored and wanted to see more concrete links between MDGs 2, 3, 4 and 5 in the report. Germany highlighted the importance of early sex education saying that this was responsible for its very low incidence of cases.

Brunei targeted adolescent pregnancies by utilizing skilled midwives in its primary health care system. Yemen, among other things, recognized the need to reduce gender stereotypes and urged the UN to intensify efforts that consider early marriage and pregnancy as priorities. Norway, on behalf of the Scandinavian group, and the Netherlands noted that the MDG on maternal and reproductive health were the worst performing and deplored female genital mutilation. They asked for the inclusion of male youth into programmes and opposed a rising tide of resistance to fundamental human rights on sexual freedoms. The Holy See condemned gender violence and early marriages but was strongly troubled about provisions in the draft that promote access to so called "emergency contraception" and abortion. According to its view, the Vatican refused to defend any legal recognition of abortion which is considered as an antithesis of human rights.

The UNFPA representative stated that child marriage has historically received little attention

quoting a UN report pointing out that marriage before 18 years is a violation of human right. The Special Adviser to DG on Family and Adolescent Matters reminded the EB that the largest cohort of birth ever seen, tagged the “millennium development babies”, were born a decade ago and are now entering adolescence. She urged commitment to protect this cohort. In conclusion, all regions except the Holy See did not fault the draft, but they urged more integration between MDGs, youth participation and greater multisectoral approach with emphasis on education, friendly health services and legislation.

Monitoring of the achievement of the health-related Millennium Development Goals (EB document 130/13-14)

The discussions were guided by two reports from the WHO Secretariat; one progress report on the health related MDGs and one on the implementation of the recommendations of the Commission on Information and Accountability for Women’s and Children’s Health. The first report included a section on ‘global health goals after 2015’(click [here](#) for a summary of the report). In addition, a draft resolution was introduced by Canada, Norway, Tanzania and Senegal. Countries first commented on the report and then had a second round of comments on the draft [resolution](#).

All countries emphasized the importance of this agenda item and the US and Korea specifically expressed hope it would take an important place in the WHO reform process. Many countries were concerned about the lack of progress in reducing maternal mortality. The Syrian Arab Republic on behalf of EMRO noted that there were still too many pregnancy-related deaths due to absence of required care. The need for a skilled and motivated workforce that is equally shared between rural and urban areas was mentioned by several African countries.

Myanmar stressed the importance of monitoring and ensuring quality of data by strengthening health information systems. Thailand backed them and noted further that the resolution submitted by Canada & co did not pay attention to feedback mechanisms. Estonia requested WHO to provide an analysis on why progress is better in some countries than others. The ADG/IER took note of this request.

Senegal speaking for the African region emphasized that the financial crisis should not be a pretext for diminishing support for the MDGs. Given the face of the challenges the Region is facing, they are reliant on the help of the international community. Morocco mentioned the high cost of pneumococcal vaccines as a major obstacle. As the draft resolution only referred to strengthening national accountability processes, Thailand stressed the need for commitment at Member States’ level to mobilize financing and the importance of accountability of MS towards the organisation. The [statement](#) brought by MSF was also very clear on the need to scale-up funding. Germany noted to have increased their funds to GAVI (30 million) as they see immunization as a powerful strategy to achieve MDGs 4. The US recognized the resource-problem due to the economic crisis and called upon all Member States and WHO to double their efforts.

Recommendations to improve progress on MDGs

Senegal (AFRO) stressed the importance of vaccination campaigning, strengthening of health systems and training of staff, access to effective drugs against main killers for the poorest people and the need for social security. The importance of health system strengthening was reiterated by Switzerland, Germany, Canada and India.

The Syrian Arab Republic emphasized the need for more involvement of civil society to address injustices and inequities in access to healthcare, especially for the marginalized populations, to achieve gender equality and respect for human rights. Estonia (EU) noted that the right to health should be insured for marginalized groups in society and financial barriers to care removed. A similar point was made by Côte d'Ivoire.

The need for increased efforts to address the social determinants of health was stressed by several countries, including Estonia (EU) and Switzerland. Morocco noted that more coordination between different Ministries is needed to achieve the MDGs. Uzbekistan stressed that health care is part of society, not to be tackled only by the health sector, using early marriages and fertility rate as an example. *'Health goes beyond the health sector'*. They identified the following as essential to achieve the MDGs: political commitment, enhancing investment, enhancing HSS and coordination. They believed WHO has to take the lead globally to tie it all together. Brunei mentioned that the current economic crisis and climate changes pose a threat to achieve MDGs and stated that UHC should remain one of the most important actions. India noted progress can be made by working towards universal health coverage (UHC) with free delivery, elimination of out-of-pocket expenditures and community-based care and early detection of emergencies.

Global goals after 2015

The Secretariat's report stated that WHO would focus on specific areas where achievements lag behind expectation. The Rio Declaration on SDH would be used to address the issue of inequity. The report further identifies new challenges to health such as urbanization, ageing, migration, economic uncertainty, scarcity of natural resources, climate change, food insecurity and the double burden of infectious and noncommunicable diseases. This new set of challenges was stressed by Norway, stating that 'in 2015 the world will be very different' (climate change, NCDs, food security...). They noted that for future goals changes in geopolitical and economic reality need to be taken into account. A similar point was made by the UK that the post-MDG framework should reflect the new global context and health challenges, while retaining the simplicity of the current framework. The world has changed, it is no longer easy to categorize countries in developing versus developed. They urged the need for incentives for action beyond aid. As aid dependence is falling, any development framework focusing only on aid would become irrelevant.

The Secretariat's report also stated that 'thinking about development has changed'. While the MDGs are very development focused, goals need to be recast in the face of global challenges (climate change, food insecurity and financial crises) to recognize that development is a process that affects all societies, with indicators that can be used to measure overall global progress

towards sustainable development. Such a broader conception of development must favour and not diminish the role of health; health should serve as the benchmark for measuring the impact of policies in all fields. Progress should be monitored in ways that go beyond purely economic measures such as GDP. The report further stated that setting new health goals needs to be clearly linked with the process of the WHO reform, a point backed by Switzerland. India mentioned the following as global health goals after 2015: NCDs, universal access to health services, reducing barriers to access and health system strengthening.

The ADG on Innovation, Information, Evidence and Research (IER) stated the new framework will focus on sustainable development and the socio-economical determinants of health. A new goal would be the premature mortality due to NCDs. She noted that, while recognizing the sovereign rights of nations of discussing the post-2015 goals, WHO is engaging in the UN system task team for a proposal of a post-MDG framework. This proposal would be ready in May 2012 and would then go to the high-level panel to advise the UN Secretary General. The panel would be announced following the Rio+20 conference.

The discussion on the draft resolution was surprisingly short. Norway clarified that the resolution urges MS to honor their commitments to the Secretary General's Global Strategy for Women's and Children's Health. It also seeks to underline WHO's crucial role in the follow up of the commission's recommendations. The draft resolutions got much support. Timor-Leste requested to add that future cooperation should include action on the SDH, going beyond the health sector, but as they did not suggest any language, the point got lost. No other MS suggested an amendment and the resolution was adopted.

Social determinants of health: outcome of the World Conference on Social Determinants of Health (Rio de Janeiro, Brazil, October 2011) (EB document 130/15)

The afternoon discussion went on with Member States comments on EB Document 130/15: "Social determinants of health: outcome of the World Conference on Social Determinants of Health". While appreciating the report, all Member States congratulated the Secretariat and the Brazilian Government for the successful conference held in Rio de Janeiro last October.

All Member States reaffirmed their commitment and recognized the importance of incorporating Social Determinants of Health (SDH) in all policies through a multi-sectoral approach raising policy makers awareness on this issue.

In particular Mozambique, speaking on behalf of the African Region, highlighted the importance of addressing SDH if countries want to achieve the Millennium Development Goals.

The Norwegian delegate definitely made one of the most comprehensive statements. He mentioned equity as common denominator, he recalled the need for a strong WHO to provide technical support and guide Member States in implementing strategies based on a SDH approach, and finally proposed to include SDH in non-communicable diseases monitoring.

It is important to report that Switzerland proposed to hold a High Level Meeting on SDH in 2013.

The Swiss delegate also questioned the health sector capacity to effectively engage in true dialogue with other sectors to develop coherence. As an example, he reported that "*in Rio, we seemed to only have health ministries represented. We didn't really have a multi-sectoral approach*".

The last who took the floor was the civil society with the statement by Medicus Mundi International (MMI) and People's Health Movement (PHM). While recognizing that the Rio Conference was an excellent initiative, MMI and PHM stated that the opportunity to purposively build upon the valuable report of the Commission on Social Determinants of Health was actually missed. They urged Member States to consider the following as imperatives while addressing the SDH:

1. Building and strengthening of equity-based social protection systems and effective publicly provided and publicly financed health systems.
2. Use of progressive taxation, wealth taxes and the elimination of tax evasion to finance action on the social determinants of health.
3. Use of health impact assessments to document the ways in which unregulated and unaccountable transnational corporations and financial institutions on the one hand, and the global trading regime on the other, constitute barriers to Health for All.
4. Reconceptualisation of aid for health as an international obligation and reparation, that is legitimately owed to developing countries under basic human rights principles.
5. Development and adoption of a code of conduct in relation to the management of institutional conflicts of interest in global health decision making.
6. Development of monitoring systems that provide disaggregated data on a range of social stratifiers as they relate to health outcomes.

The discussion on the resolution on SDH proposed by Brazil, Chile and Ecuador closed this session. The main objectives of this resolution would be the endorsement of the Rio Declaration by WHA 65th as well as the inclusion of SDH as a priority in the WHO reform process. Estonia, on behalf of European Union, and Canada requested to shorten the Rio Declaration and build the resolution on it without going beyond the wording there used.