

Draft Resolution
144th session of the World Health Organization Executive Board
Agenda item 5.5
“Preparation for the high-level meeting of the General Assembly
on Universal Health Coverage”

Text as shown on screen on 22 January 2019 at 22:00

The Executive Board,

Having considered document EB144XX

RECOMMENDS to the Seventy-second World Health Assembly the adoption of the following resolution:

The Seventy-second World Health Assembly,

(PP0) [Recalling the WHO Constitution which recognizes that the highest attainable standards of health is one of the fundamental rights of every human being, without distinction of race, religion, political belief, economic or social condition] (Switzerland)

(PP0bis) [ADD human rights and development] (Uruguay)

(PP0 co-chairs’) Recalling the WHO Constitution which recognizes that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

Accepting Swiss proposal, quoting from the WHO Constitution.

(PP0 ALT1)(Uruguay) Reaffirm the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health and recognize that health is a precondition for and an outcome and indicator of all three dimensions of sustainable development.

(PP1) Recognizing that through the adoption of the 2030 Agenda and its Sustainable Development Goals in September 2015, Heads of State and Government had made a bold commitment, inter alia, to [progressively] (USA)(DEL EU) achieve universal health coverage (UHC) [by 2030] (DEL US), including financial risk protection, **[ECU ADD: universal and equitable]** access to **[ECU REPLACE: quality essential-comprehensive]** health **[ECU DEL: -care]** services **that are available, accessible, acceptable, and quality based** and **[ECU DEL: access]** to safe, **[ECU ADD: timely]** effective, quality and affordable **[ECU Del: essential]** medicines and vaccines **[ECU ADD: health technologies]** for all;

(PP1 ALT1) (EU, Norway) Recognizing that through the adoption of the 2030 Agenda and its Sustainable Development Goals in September 2015, Heads of State and Government had made a ~~bold~~ firm commitment, inter alia, to realise the human rights of all and achieve gender equality and the empowerment of all women and girls and [leave no one behind] (EU) to [progressively] (USA)(DEL EU) achieve universal health coverage (UHC) [by 2030] (DEL US), including financial risk protection, access to quality essential health[-care](US)(DEL EU) services, including preventive care, and access to safe, effective, quality and affordable essential medicines and vaccines for all. Heads of State and Government also committed to ensuring, by 2030, [universal access to sexual and reproductive health[-care]](DEL EU))(DEL

US) services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes;

(PP1 ALT3 ADD paragraph on SDG) (Uruguay)

(PP1bis) EU, Uruguay, Brazil, Thailand "Recalling the United Nations General Assembly Resolution A/RES/67/81 of 2012 on Foreign Policy and Global Health, which addressed universal health coverage"

(PP2) Recalling the United Nations General Assembly resolution 71/159 of 15 December 2016, entitled "Global health and foreign policy: health employment and economic growth"(STOP EU, Uruguay), which underlined the primary responsibility of Member States to [promote universal health coverage and] (US)(DEL Peru, Norway) accelerate [[the transition towards] (DEL Uruguay, Peru, Norway, Brazil, Ecuador) universal health coverage;

No comments on 23 Nov 2018.

(PP3) Recalling also the United Nations General Assembly resolution 72/139 of 12 December 2017, entitled "Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society", in which Member States decided to hold a high-level meeting of the General Assembly in 2019 on universal health coverage;

No comments on 23 Nov 2018.

(PP4) Recalling further the United Nations General Assembly resolution 72/138 of 12 December 2017, entitled "International Universal Health Coverage Day", in which Member States decided to proclaim 12 December as International Universal Health Coverage Day;

No comments on 23 Nov 2018.

(PP5) Reaffirming WHO Member States' commitment to the Resolution WHA71.1, on Thirteenth General Programme of Work, to support the work towards the achievement of the vision "triple billion" goals

[including "one billion more people benefitting from universal health coverage", as well as further contributing to another "one billion more people enjoying better health and well-being";] (DEL: Australia, Uruguay)

[ADD one billion emergencies] (EU, Switzerland) (DEL each billion, Uruguay, EU) (DEL 13th GPW Uruguay)

(PP5) (US ALT1) ~~Reaffirming~~ Recalling WHO Member States' ~~commitment to the~~ adoption of Resolution WHA71.1 ~~approving on the~~ Thirteenth General Programme of Work, which urges Member States to support ~~the~~ work towards the achievement of the vision of the Programme, including the vision "triple billion" goals including of "one billion more people benefitting from universal health coverage", ~~as well as further contributing to another~~ "one billion more people enjoying better health and well-being", and "one billion more people better protected from health emergencies";

(PP6 co-chairs') Reaffirming all previous Health Assembly resolutions aimed at promoting physical and mental health and well-being, as well as contributing to the [advancement] (US)/[achievement] (EU) of universal health coverage;

New language, as none previously exists.

Ref: A/RES/70/1, Declaration Section, para 26.

(PP7 ALT2) (EU) Noting with great concern that recent reports and analyses, show that more than half of the world's population [still lacks access to health services and] (ECU, EU) is still not covered by UHC, including financial protection, and that the current slow progress towards UHC means that we are not on track to achieve Sustainable Development Goal 3.8.

(PP7 ALT3) (US) Noting with great concern recent reports and analyses^{1, 2, 3} which shows that more than half of the world's population is still ~~not under-lacking~~ UHC and with the current progress of extension of population coverage, health services expansion and financial risk protection, many countries will ~~be off-track where UHC are not~~ not be on track to achieve UHC realized by 2030;

(PP8) Noting especially that current government/[currently available resources] (India) [fiscal space,] / [financing] (USA) [and in particular fiscal space] (DEL: USA) for health, especially in low- and middle-income countries, are not adequate for [progressively] (USA) achieving universal health coverage, as was reflected by high levels of household health spending [and concerned over high levels of household health spending and inefficiencies and inequities that expose people to financial hardships from use of health services](India). [and impoverishment from paying] (DEL: USA, India) [for health services] (DEL India);

(PP8 ALT1) Noting that health is a major driver of economic growth and that current government mobilization and allocation of financial resources for health, especially in many low- and middle-income countries, is often not adequate for achieving universal health coverage and financial protection of the population (EU, Uruguay, Switzerland, India).

[ADD India's input to PP8 ALT1]

(PP8 bis) Acknowledging the [important role of and] (US) necessary contribution of non-state actors to the achievement of UHC [national objectives] (Uruguay) and the need in this regard for [joint commitments]/[collaboration] (US, EU, Uruguay) of all relevant stakeholders, including [government] (DEL Uruguay), private sector, academia and civil society; (Switzerland)

(PP8 ter) Recognizing the role of parliamentarians, as part of the governments' efforts and actions, in advancing the UHC agenda. (Bangladesh)

(PP9) Noting that investment in strong [, transparent, accountable,] (Norway) and effective health service delivery systems, including an adequately distributed, skilled, motivated, and fit-for-purpose health workforce, as well as access to medicines and vaccines are key elements for achieving UHC. (EU)

(PP9 bis) Recognizing that effective and financially sustainable implementation of UHC is based on a resilient and responsive health system with capacities for broad public health measures, prevention of diseases, health protection, health promotion, and addressing of determinants of health through policies across sectors, including promotion of the health literacy of the population. (EU)

(PP9 ter) Noting that increasingly complex and protracted crises and conflicts hinder achievement of UHC and that health systems strengthening in fragile settings[, if need be through international cooperation,] (Bangladesh, DEL: Uruguay, EU) is [particularly] (DEL: India) important. (EU)

(PP10) [Recalling] / [Noting] (EU) / [Welcoming] (Uruguay, India, US) the Astana [and the Alma-Ata] (Ecuador, Uruguay) Declaration[s] (Ecuador) on primary health care [and reaffirming the commitments made in it] (India, Bangladesh), and recognizing the important/[critical] (India, Uruguay) role of primary health care [as an integral part and base of health systems] (Ecuador)/[as an integral part of UHC](Uruguay), which provides equitable access to [a] (DEL: USA, EU) comprehensive [set of] (DEL: USA, EU) integrated health [care] (USA) services including [disease] (Bangladesh) prevention, health promotion, curative care, rehabilitation, palliative care, and disease surveillance, which contribute to the health of the population;
[ADD health for all and leaving no one behind] (Kazakhstan, US)

(PP10 bis) Recognizing that health is a precondition for and an outcome and indicator of all three dimensions—economic, social, and environmental—of sustainable development, and that despite progress made, challenges in global health, including major inequities and vulnerabilities within and among countries, regions and populations, still remain and demand persistent attention, and countries should work to strengthen their health systems as a way to accelerate progress towards UHC (Ecuador).

(PP10 ter) Recognizing that patient safety is essential to achieving UHC and access to quality promotive, preventive, curative, as well as rehabilitation services and palliative care. (EU)

(PP10 quarter) Recognizing that achieving UHC will not be possible without appropriately addressing the prevention and control of communicable and noncommunicable diseases, including mental health [, neglected tropical diseases] (Bangladesh), as well as antimicrobial resistance through prudent use of antimicrobials. (EU)

(PP10 quinquies) Noting that UHC includes financial risk protection, access to quality essential health services and access to safe, effective, quality and affordable essential medicines and vaccines for all. (EU)

(OP1) URGES Member States:¹

(OP1.1) to fully engage in and support the process of developing a [n action-oriented] (India, Uruguay) political declaration to [achieve UHC] (DEL: US, Uruguay, RETAIN: EU, Norway) [to be agreed in advance by consensus through intergovernmental negotiations and approved] (India, DEL: Uruguay) at the high-level meeting of the General Assembly in 2019 on universal health coverage; [and ensure participation at a high level] (EU, Uruguay, DEL: Bangladesh)

[ADD to pursue each countries' path towards UHC] (US)

¹ and regional economic integration organizations.

(OP1.1 bis) To implement strategies, plans, interventions to advocate for health as part of the multisectoral agenda in order to address the social, environmental, and economic determinants of health (Ecuador)

(OP1.1 ter) To engage in order to implement the UHC2030 Joint vision for healthy lives **FN1** by strengthening health systems through action across the domains of service delivery, health financing and governance and strengthening health system resilience to respond to emergencies and prevent health crises. (EU)

(FN1 Healthy systems for universal health coverage – a joint vision for healthy lives. Geneva: World Health Organization and International Bank for Reconstruction and Development /The World Bank; 2017 License: CC BY-NC-SA 3.0 IGO)

(OP1.2) To mobilize appropriate financial resources for [the promotion of sustainable health systems] (Uruguay) [health promotion, prevention, treatment, rehabilitation, and palliative care] (Switzerland, Uruguay) [at all relevant levels [of government] (DEL Switzerland)] (DEL Uruguay) and to [ensure](RET Uruguay, DEL India)/[make/provide](India) sufficient, effective, efficient and equitable, [transparent] (Norway), [and accountable] (Switzerland) allocation of these resources in order to [help] (DEL Norway) achieve UHC and/[including] (India) financial risk protection [of the population] (DEL India). (EU)

(OP1.2 bis) [To promote the efficiency, transparency and accountability of health financing governing systems/and health systems] (Switzerland).

(OP1.2ter) [To continue strengthening the governance of the health system, with a special focus on reducing [inequalities] / [and inequities] (India) in access to care for women and children, to facilitate the achievement of UHC and develop, [as appropriate,] (DEL: India) legislation for UHC and financial protection, as well as strengthen capacities in order to gain efficiency, [accountability] (Norway), equity, sustainability and economies of scale,] STOP HERE (Bangladesh)

[including through the design and implementation of effective [strategic] (DEL: India) procurement, as appropriate;] (EU)

(RESERVE POSITION ON ENTIRE PARA: USA)

(OP1.3) to further invest in and strengthen primary health care [which is the most inclusive, effective and efficient approach to enhance people's physical and mental health, as well as social well-being, and is the] (KZ) as a corner stone of [a sustainable health system for achieving health-related SDGs including UHC] (India) for/[by] (India) providing [[a] (DEL India) comprehensive set] (DEL KZ) of [primary] (DEL India) health care services that are of high quality, safe, [comprehensive] (KZ) integrated, accessible, available and affordable for everyone everywhere, [with effective referral systems to secondary and tertiary care [as envisaged in the Astana Declaration to achieve health for all and leaving no one behind](India)(DEL KZ) [to achieve health and well-being for all by [to take measures to implement the principles of the Declaration of Astana into national policies](EU, DEL Uruguay)/[implementing the Declaration of Astana on PHC] (Uruguay, India); [to endorse]/[to take note of](EU) the Declaration of Astana on PHC at the high-level meeting of the General Assembly in 2019 on UHC in support of global efforts to reach UHC to act in solidarity and coordination with stakeholders [in finalizing and implementation the Operational Framework: Transforming Vision into Action on PHC]](DEL Uruguay)(KZ)

[ADD elements from and reference to Astana Declaration] (Kazakhstan, Uruguay, Australia, Russia, EU) [ADD health determinants] (EU) [ADD people-centred health care] (EU)

[Comment-Spirit/principles of the Astana Declaration, implementation] (EU)

(OP1.3bis) [To continue to strengthen prevention and health promotion by addressing the determinants of health and health equity through multisectoral approaches involving the whole-of-government and the whole-of-society, as well as the private sector;] (EU)

(OP1.3ter) [To promote patients' health literacy, especially among vulnerable groups, to strengthen patient involvement in clinical decision making with a focus on the health professional - patient communication, and to further invest in easily accessible and evidence-based health information, especially with regard to finding, understanding and assessing of health information on the internet;] (EU)

(OP1.4) to strengthen their institutional [capacities] / [capacity] (USA) [on health technology assessment] (DEL: USA) [research, procurement and production] (Ecuador) in order to prioritize and invest [on] / [in] (USA) cost-effective interventions and achieve efficiency [and guarantee access to medicines, vaccines, and other health technologies to the populations] (Ecuador);

[including assessing the appropriate role of technology in scaling up interventions] (USA)

(OP1.4 alt) [To support better prioritisation and decision making, notably by strengthening institutional capacities in order to prioritize and invest in cost-effective and evidence-based interventions and achieve efficiency, including by integrating health information systems and assessing the appropriate role of technology;] (EU)

(OP1.4.bis) [to prioritize, as appropriate, the development, evaluation, implementation, scale up and greater utilization of digital technologies as a means of promoting equitable, affordable and universal access to health for all] (India)

(OP1.4.ter) [To invest in the health workforce, ensuring high-quality education for health professionals and a skill mix and competencies fit for the future
[as well as ensuring that task-shifting and teamwork is practised to increase access to care,]
(DEL: Uruguay)

and integrated service delivery models centred around people and their needs as well as taking advantage of digital solutions, and to promote management practices that ensure decent work including adequate compensation, meaningful opportunities to exercise the trained skills, for professional development and career progression;] (EU)

(O1.4.quar) [to strive for the retention and availability of the trained workforce in rural, remote and less developed areas and call for the international migration of health personnel to not undermine countries, particularly developing countries' ability to meet the health needs of their populations;] (Botswana)

(OP1.5) to strengthen their monitoring and evaluation platforms to support the [regular] / [appropriate] (USA) monitoring [and evaluation] (USA) of their progress in improving an equitable access to health [care] (USA) services and [financial risk protection,] / [support against financial risk,] (USA) [their] (DEL: USA) review of achievement and challenges, and the regular re-setting of their targets in achieving UHC by 2030;

(OP1.5.alt) [To increase [intersectoral collaboration] (RESERVE: USA) and to strengthen monitoring and evaluation systems platforms [, as appropriate,] (India) to support the regular monitoring of progress in improving an equitable access to health care [services] (DEL: USA) and financial risk protection for all, including through disaggregation of available data, referencing gender, disability and vulnerable groups and, where necessary, to readjust relevant policies with the view of achieving UHC in 2030;] (EU)

(OP1.5.bis) [To accelerate progress towards UHC for people affected by armed conflicts, fragile settings, health and other emergencies;] (Switzerland, EU, Norway, Canada)

(OP1.5.ter) [to consider integrating Traditional and Complementary Medicine Services (TCMS) [, in line with WHO Traditional Medicine Strategy 2014-2023,] (Russia) within their national and/or subnational health care systems, particularly at the level of PHC, as appropriate, to promote UHC;] (India, Bangladesh)

(RESERVE: Norway, USA, EU)

[= WHO Traditional Medicine Strategy 2014-2023, Strategic Objective 3]

(OP1.5.quar) [to address health of migrants, [regardless of migration status,] (Bangladesh) which is critical to achieving UHC] (Sri Lanka)

[RESERVE: USA]

[REFOCUS PARA TO people in vulnerable situations] (Uruguay, Ecuador)

(OP1.6.alt) To make the best use of the annual International Universal Health Coverage Day, including by considering appropriate activities, in accordance with national needs and priorities;

(OP1.6.bis) [Raise awareness, advocate for and promote strong and resilient health systems and [access to] (USA) universal health coverage, review progress, achievements and challenges [and set annual targets] (RESERVE: USA) and actions to rectify the gaps in the achievement of UHC, according to the national context;] (EU) (DEL: Uruguay)

(OP1.6.ter) [to promote increased access to affordable, safe, effective and quality medicines and diagnostics and other technologies, including by making use, to the fullest extent, of the TRIPS flexibilities for the protection of public health and to achieve health for all;] (India, Ecuador, Peru) (RESERVE: EU, Switzerland, USA) / (USE existing language from A/RES/73/2 and 73/3) (Uruguay, Peru)

(OP1.6.quar) [to make available sustainable finances and resources [, including financial resources,] (Uruguay) for health R&D on emerging and re-emerging diseases, neglected tropical diseases, NCDs, [including cancers] (DEL: Uruguay) and mental health, and antimicrobials, to be able to meet the public health needs of their population;]

(India = REF P10 of A/RES/72/139)

(USE existing language) (Switzerland)

(RESERVE: USA)

(OP2) Call upon [UN, IFIs and] (Uruguay) international development partners to harmonize and synergize [and strongly increase] (Ecuador, India, Bangladesh, Indonesia) their support to countries to realize UHC progressively [through improving [capacity building] (Iran) the quality of their [financial and] (Ecuador) technical assistance and support] (DEL: USA) [, in accordance with national priorities and needs] (Ecuador, India, Bangladesh, Indonesia).] [, as well as transfer of technology] (Iran, India, Bangladesh, Indonesia) (DEL: USA)

(OP2.alt) [Call upon international, regional [and national] (DEL: Uruguay, Botswana) partners to collaborate and to harmonize and complement their cooperation [in support to countries to achieve their national targets on UHC] (Uruguay) [with countries to achieve UHC] [including] (Uruguay) [by improving the quality of the technical assistance provided] [and [including] (Uruguay) by [fully engaging in] / [working on] (Switzerland) / [supporting the global health actors in] (Norway) the development [as well as the [eventual] implementation] (DEL: Russia, USA, Canada) of the “Global Action Plan for Healthy Living and Well-being for All” (Global Action Plan) to accelerate the progress on SDG 3 and other health-related SDGs]] (RESERVE: India – linkage with UHC to be explained, Ecuador) (RETAIN: Norway, Canada); (EU)

(OP2.bis) [Call upon [all relevant] (India) [international development partners] / [international, regional and national partners] (EU) to [fully] (India) align [their support and action] (India) with countries’ priorities [to improve collaboration mechanism based on evidence, and in particular to avoid triggering a crowding out effect in terms of domestic funding.] (DEL: India, Uruguay, Bangladesh) (Switzerland, EU)]

(OP3) REQUESTS the Director-General:

(OP3.0.alt1) **To fully support Member States’ efforts towards achieving UHC by 2030, in collaboration with other organizations of the UN System, and other relevant stakeholders, and by strengthening WHO’s normative work and its capacity to provide technical cooperation and policy advice to Member States including with regard to health systems strengthening;**

(OP3.0.alt2) [To support Member States in achieving universal health coverage by 2030, in line with the [2023] goal of “1 billion more people benefitting from universal health coverage” in the WHO’s 13th General Programme of Work]; (EU)

(OP3.2) To [facilitate and] (India) support the learning and sharing of UHC experiences across WHO Member States;

(OP3.1) [To produce a monitoring report on UHC to be discussed at the HLM in 2019]
[CHECK against mandates in modalities resolution A/RES/73/131 and original resolution
72/139];

OP3.placeholder [Invite WHO to work with the Inter-Parliamentary Union (IPU) to advocate
and raise awareness on the relevance and importance of achieving UHC] (Uruguay)
[RECOGNIZE initiative from IPU on UHC] (Bangladesh)

(OP3.2.bis) [ADD reference to the one billion people benefiting from UHC mentioned in
GPW13] (EU)

(OP3.3) **To make the best use of International UHC Day to drive the UHC agenda, including
by encouraging increased political commitment to UHC;**

(OP3.4) To report the biennial progress in implementing
[this resolution,] (Uruguay) / [on the outcomes of the HLM on UHC] (Russia)
[to WHA73] (Russia) / [starting from [74th] / [73rd] (Russia) World Health Assembly until
[2030] (Japan) / [2026] (Russia)]
[ADD as part of existing reporting on WHA69.11] (Australia)

(OP3.4.bis) [WHO will continue to work on the substance of UHC]

(OP3.4.ter) [To ensure that addressing the prevention and control of communicable and
noncommunicable diseases and tackling AMR in health services, [in particular by prudent
use of antimicrobials,] (RESERVE: USA) using a One Health approach, is included as a
commitment within the HLM on UHC and the ensuing political declaration, given their
integral link to achieving UHC]; (EU) (DG'S MANDATE? India, Russia) (DEL: Uruguay)

EU's expected proposals

(OP1.2ter) To continue strengthening the governance of the health system, with a special focus on reducing inequalities in access to care for women and children, to facilitate the achievement of UHC and develop, as appropriate, legislation for UHC and financial protection, as well as strengthen capacities in order to gain efficiency, equity, sustainability and economies of scale, including through the design and implementation of effective strategic procurement, as appropriate; (EU)

(OP1.3bis) To continue to strengthen prevention and health promotion by addressing the determinants of health and health equity through multisectoral approaches involving the whole of government and the whole of society, as well as the private sector; (EU)

(OP1.3ter) To promote patients' health literacy, especially among vulnerable groups, to strengthen patient involvement in clinical decision making with a focus on the health professional - patient communication, and to further invest in easily accessible and evidence-based health information, especially with regard to finding, understanding and assessing of health information on the internet; (EU)

(OP1.4) To support better prioritisation and decision making, notably by strengthening institutional capacities in order to prioritize and invest in cost-effective and evidence-based interventions and achieve efficiency, including by integrating health information systems and assessing the appropriate role of technology; (EU)

(OP1.4bis) To invest in the health workforce, ensuring high-quality education for health professionals and a skill mix and competencies fit for the future as well as ensuring that task-shifting and teamwork is practised to increase access to care, and integrated service delivery models centred around people and their needs as well as taking advantage of digital solutions, and to promote management practices that ensure decent work including adequate compensation, meaningful opportunities to exercise the trained skills, for professional development and career progression; (EU)

(OP1.5) To increase inter sectoral collaboration and to strengthen monitoring and evaluation systems platforms to support the regular monitoring of progress in improving an equitable access to health care services and financial risk protection for all, including through disaggregation, referencing gender, disability and vulnerable groups and, where necessary, to readjust relevant policies with the view of achieving UHC in 2030; (EU)

(OP1.6) To make the best use of the annual International Universal Health Coverage Day, including by considering appropriate activities, in accordance with national needs and priorities; (EU)

(OP1.6bis) Raise awareness, advocate for and promote strong and resilient health systems and universal health coverage, review progress, achievements and challenges and set annual targets and actions to rectify the gaps in the achievement of UHC, according to the national context. (EU)

(OP2) Call upon international, regional and national partners to collaborate and to harmonize and complement their cooperation with countries to achieve UHC by improving the quality of the technical assistance provided and by fully engaging in the development as well as the implementation of the “Global Action Plan for Healthy Living and Well-being for All” (Global Action Plan) to accelerate the progress on SDG 3 and other health-related SDGs (EU)

(OP3.2bis) To support member states in achieving universal health coverage by 2030, in line with the goal of “1 billion more people benefitting from universal health coverage” in the WHO's 13th General Programme of Work. (EU)

(OP3.3) To make the best use of International UHC Day to drive the UHC agenda, including by encouraging increased political commitment to UHC (EU)

(OP3.4) To ensure that addressing the prevention and control of communicable and noncommunicable diseases and tackling AMR in health services, in particular by prudent use of antimicrobials, using a One Health approach, is included as a commitment within the UHC HLM and the ensuing political declaration, given their integral link to achieving UHC. (EU)

ECUADOR's expected proposals

[ECU Add: OP1(2) to formulate and, if possible, adopt legislative, administrative, educational, and other measures to protect the right to health -as envisioned in the WHO constitution- and other related human rights and strengthen the human rights approach in health among the appropriate legislative and judicial branches, other governmental authorities and the population; in order to contribute to the achievement of Universal Health Coverage, Universal Access to Health and the Health for All;]

[ECU Add: OP1(3) to implement strategies, plans, interventions and actions to advocate for health as part of other sectors agenda in order to address the determinants health as well as the social and economic inequities and inequalities that affect the health of the population and restrain the efforts of the State Members and the WHO to achieve Universal Health Coverage, Universal Access to Health and the Health for All;]

Egypt's expected proposals

OP2

[and stressing the important role the international specialized agencies of the united nations can play in enabling the member states to make full use of TRIPS agreement as a fundamental component of achieving Access to health, safe and affordable medicines and an attainable standard of Universal health coverage.] (Egypt)

REFERENCES

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- ³ 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>
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