

Health Accountability Requirements from Member States. United Nations, World Health Organization and Other Resolutions and Declarations: Examples

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United Nations

United Nations General Assembly (UNGA) resolutions

[Resolution adopted by the General Assembly on 10 October 2019: 74/2. Political declaration of the high-level meeting on universal health coverage.¹](#)

Co-facilitators
Georgia; Thailand ¹
Group of friends, open to all Member states, co-convened by:
Japan, Brazil, France, Ghana, Hungary, South Africa and Thailand ²

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10. Recognize the need for health systems that are strong, resilient, functional, well governed, responsive, accountable, integrated, community-based, people-centered and capable of quality service delivery, supported by a competent health workforce, adequate health infrastructure, enabling legislative and regulatory frameworks as well as sufficient and sustainable funding;

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23. [...] further recognize that increased investment in a more effective and socially accountable health workforce can unleash significant socioeconomic gains and contribute to the eradication of poverty in all its forms and dimensions, empowerment of all women and girls and reduction of inequality;

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54. Engage all relevant stakeholders, including civil society, the private sector and academia, as appropriate, through the establishment of participatory and transparent multi-stakeholder platforms and partnerships, to provide input to the development, implementation and evaluation of health- and social-related policies and reviewing progress for the achievement of national objectives for universal health coverage, while giving due regard to addressing and managing conflicts of interest and undue influence;

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56. Build effective, accountable, transparent and inclusive institutions at all levels to end corruption and ensure social justice, the rule of law, good governance and health for all;

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82. Request the Secretary-General to provide, in consultation with the World Health Organization and other relevant agencies, a progress report during the seventy-fifth session of the General Assembly, and a report including recommendations on the implementation of the present declaration towards achieving

¹ [The President of the General Assembly. Letter of appointment. 10 September 2018](#)

² [UHC2030. Concept Note Group of Friends of Universal Health Coverage and Global Health](#)

universal health coverage during the seventy-seventh session of the General Assembly, which will serve to inform the high-level meeting to be convened in 2023.

Resolution adopted by the General Assembly on 10 October 2018: 73/3. Political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis

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4. Welcome the convening of the first World Health Organization Global Ministerial Conference on Ending Tuberculosis in the Sustainable Development Era: A Multisectoral Response, held in Moscow on 16 and 17 November 2017, and take note with appreciation of its Moscow Declaration to End TB, with its commitments and calls for urgent action, notably on advancing the response to tuberculosis within the 2030 Agenda, ensuring sufficient and sustainable financing, pursuing science, research and innovation and developing a multisectoral accountability framework, which contributed to this meeting;

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23. Take note with appreciation of the ongoing process of drafting a multisectoral accountability framework to accelerate progress to end tuberculosis, as agreed in World Health Assembly resolution 71.3 of 26 May 2018;

[Resolution adopted by the General Assembly on 10 October 2018: 73/2. Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases.²](#)

Co-facilitators
Italy; Uruguay ³

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45. Establish or strengthen transparent national accountability mechanisms for the prevention and control of non-communicable diseases, taking into account government efforts in developing, implementing and monitoring national responses for addressing non-communicable diseases and existing global accountability mechanisms;

48. Also call upon the World Health Organization to continue to promote and monitor enhanced global action to prevent and control non-communicable diseases by coordinating work with other United Nations agencies, development banks and other regional and international organizations, including by exploring new financing, implementation, monitoring and evaluation and/or accountability mechanisms-

³ [The President of the General Assembly. Letter of appointment. 8 June 2018](#)

[Resolution adopted by the General Assembly on 10 September 2018: 72/309. Consolidating gains and accelerating efforts to control and eliminate malaria in developing countries, particularly in Africa, by 2030.](#)³

Recognizing that progress can be accelerated through a multi-pronged response by expanding currently available life-saving interventions, making malaria a higher political priority and considering malaria control as an integrated part of the health system, increasing accountability, strengthening regional and cross-border collaboration, and ensuring that the development and use of new tools and approaches are maximized,

2. Calls for increased support for the implementation of international commitments and goals pertaining to the fight against malaria, including Goal 3, target 3.3, of the Sustainable Development Goals,¹ as well as the related targets outlined in the Global Technical Strategy for Malaria 2016–2030 of the World Health Organization;

45. Calls upon Member States and the international community to strengthen mechanisms for country-based coordination of technical assistance to achieve alignment of the best approaches to implement World Health Organization technical guidance and to mobilize support for the sharing and analysis of best practices to address urgent programmatic challenges, to improve monitoring and evaluation and to conduct regular financial planning and gap analysis;

[Resolution adopted by the General Assembly on 12 April 2018: 72/271. Improving global road safety.](#)⁴

Authors
Armenia, Belarus, Germany, Nicaragua, Nigeria, Oman, Poland, Russian Federation, Samoa, Thailand, Turkmenistan and Uruguay ⁴
Co-sponsors
Andorra, Angola, Argentina, Australia, Austria, Bangladesh, Belgium, Brazil, Bulgaria, Burkina Faso, Cabo Verde, Canada, Chad, Croatia, Cyprus, Czechia, Denmark, Ecuador, Egypt, Eritrea, Estonia, Finland, Greece, Hungary, Iceland, Ireland, Japan, Kazakhstan, Lebanon, Liberia, Libya, Luxembourg, Malawi, Malta, Monaco, Mongolia, Montenegro, Morocco, Myanmar, Palau, Philippines, Qatar, Republic of Moldova, Romania, San Marino, Senegal, Serbia, Singapore, Slovakia, Slovenia, Spain, Sudan, Sweden, Syrian Arab Republic, the former Yugoslav Republic of Macedonia, Turkey, Uganda, United Republic of Tanzania, Uzbekistan and Viet Nam. ⁵

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⁴ [UN General Assembly. Improving global road safety : draft resolution A/72/L.48. 6 April 2018](#)

⁵ [UN General Assembly. Improving global road safety : draft resolution addendum. A/72/L.48/Add.1. 12 Apr. 2018](#)

Recognizing that providing basic conditions and services to address road safety is primarily a responsibility of Governments, especially in view of the decisive role that legislative bodies can play in the adoption of comprehensive and effective road safety policies and laws and their implementation, while recognizing nonetheless that there is a shared responsibility to move towards a world free from road traffic fatalities and serious injuries and that addressing road safety demands multi-stakeholder collaboration among the public and private sectors, academia, professional organizations, non-governmental organizations and the media,

28. Reiterates its invitation to Governments to take a leading role in implementing activities in support of the voluntary global performance targets for road safety risk factors and service delivery mechanisms, as well as road safety-related targets in the 2030 Agenda, while fostering multisectoral and multistakeholder collaboration that includes the efforts of academia, the private sector, professional associations and civil society, including national Red Cross and Red Crescent societies, and encouraging further partnership activities and initiatives, such as the Global Road Safety Partnership, hosted by the International Federation of Red Cross and Red Crescent Societies, and those of other non-governmental organizations, as well as victims' organizations, youth organizations and the media.

[Resolution adopted by the General Assembly on 12 December 2017: 72/139. Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society.](#)⁵

Authors
Brazil, Canada, Estonia, France, Germany, Indonesia, Japan, Liberia, Luxembourg, Morocco, Norway, Senegal, South Africa, Sweden and Thailand ⁶
Co-sponsors
Algeria, Andorra, Australia, Belgium, Bosnia and Herzegovina, Cabo Verde, Cameroon, Central African Republic, Czechia, Denmark, Djibouti, Ecuador, El Salvador, Equatorial Guinea, Finland, Georgia, Greece, Guinea, Iceland, India, Ireland, Israel, Italy, Latvia, Liechtenstein, Madagascar, Mexico, Micronesia (Federated States of), Monaco, Mongolia, Montenegro, Namibia, Netherlands, New Zealand, Nigeria, Palau, Panama, Papua New Guinea, Portugal, Republic of Korea, Romania, Russian Federation, San Marino, Serbia, Sierra Leone, Slovakia, Slovenia, Spain, Sri Lanka, the former Yugoslav Republic of Macedonia, Ukraine, United Kingdom, Venezuela (Bolivarian Republic of), Viet Nam, Zambia and Zimbabwe ⁷

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11. Calls upon Member States to promote and strengthen, as appropriate, their dialogue with other stakeholders, including civil society, academia and the private sector, in order to maximize their engagement in and contribution to the implementation of health goals and targets through an intersectoral and multi-stakeholder approach, while at the same time safeguarding public health interests

⁶ [UN General Assembly. Global health and foreign policy : addressing the health of the most vulnerable for an inclusive society : draft resolution. A/72/L.28. 6 December 2017](#)

⁷ [UN General Assembly. Global health and foreign policy : addressing the health of the most vulnerable for an inclusive society : draft resolution addedum. A/72/L.28/Add.1. 11 December 2017](#)

from undue influence by any form of real, perceived or potential conflict of interest, through the management of risk, the strengthening of due diligence and accountability, the promotion of policy coherence and an increase in the transparency of engagement;

18: (...) training and strengthening health professional education in both the institutional and instructional dimensions, to create a more effective and socially accountable health workforce.

[Resolution adopted by the General Assembly on 5 October 2016: 71/3. Political declaration of the high-level meeting of the General Assembly on antimicrobial resistance.](#)⁶

Facilitator
Mexico ⁸

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9. Recognize that the keys to tackling antimicrobial resistance are: the prevention and control of infections [...] monitoring and surveillance of antimicrobial resistance; sanitation, safe and clean water and healthy environments;

10. (c) Underline also that all research and development efforts should be needs driven, evidence-based and guided by the principles of affordability, effectiveness and efficiency and equity, and should be considered as a shared responsibility

10. (f) Will enhance capacity-building, technology transfer on mutually agreed terms and technical assistance and cooperation for controlling and preventing antimicrobial resistance, as well as international cooperation and funding to support the development and implementation of national action plans, including surveillance and monitoring, the strengthening of health systems and research and regulatory capacity, without jeopardizing, in particular in the case of low- and middle-income countries, health or posing barriers for access to care;

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12. (c) Take steps to ensure that national action plans include the development and strengthening, as appropriate, of effective surveillance, monitoring and regulatory frameworks on the preservation, use and sale of antimicrobial medicines for humans and animals that are enforced according to national contexts and consistent with international commitments;

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12. Therefore commit to work at national, regional and global levels: (e) To support a multisectoral One Health approach to address antimicrobial resistance, including through public health-driven capacity-building activities and innovative public-private partnerships and incentives and funding initiatives,

⁸ [International Institute for Sustainable development. UNGA Adopts Political Declaration on Antimicrobial Resistance, Discusses Links with SDGs. 22 September 2016](#)

together with relevant stakeholders in civil society, industry, small- and medium sized enterprises, research institutes and academia, to promote access to quality, safe, efficacious and affordable new medicines and vaccines.

Resolution adopted by the General Assembly on 8 June 2016: 70/266. Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030

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59 (d). Reaffirm our strong commitment to the full and timely implementation of the concrete policies and actions of the Addis Ababa Action Agenda in order to close the global HIV and AIDS [...] by 2030. The Addis Ababa Action Agenda relates to [...] addressing systemic issues and science, technology, innovation and capacity-building, and data, monitoring and follow-up;

60 (m). Commit to establishing effective systems to monitor, prevent and respond to the emergence of drug-resistant strains of HIV in populations and antimicrobial resistance among people living with HIV;

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70. Commit to effective, evidence-based, operational mutual accountability mechanisms that are transparent and inclusive, with the active involvement of people living with, at risk of and affected by HIV and other relevant civil society and private sector stakeholders, to support the implementation and monitoring of progress on multisectoral national fast-track plans to fulfil the commitments in the present Declaration;

71. Accelerate efforts to increase significantly the availability of high-quality, timely and reliable data [...] as well as the strengthening of national capacity for the use and analysis of such data and for the evaluation of efforts to improve population size estimates, resource allocation by population and location and service access and to fill critical data gaps and inform effective policy development [...] to further strengthen the capacity of national statistical authorities and bureaux;

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79. Decide to convene a high-level meeting on HIV and AIDS to review progress on the commitments made in the present Declaration towards ending the AIDS epidemic by 2030, and how the response, in its social, economic and political dimensions, continues to contribute optimally to progress on the 2030 Agenda for Sustainable Development and the global health goal, and decide to reach an agreement on the date for convening the next high-level meeting on HIV and AIDS no later than at the seventy-fifth session of the General Assembly.

[Resolution adopted by the General Assembly on 25 September 2015: 70/1. Transforming our world: the 2030 Agenda for Sustainable Development.](#)⁷

Co-facilitators
Ireland; Kenya ⁹

(page 11) Means of implementation

45. We acknowledge also the essential role of national parliaments through their enactment of legislation and adoption of budgets and their role in ensuring accountability for the effective implementation of our commitments. Governments and public institutions will also work closely on implementation with regional and local authorities, sub-regional institutions, international institutions, academia, philanthropic organizations, volunteer groups and others.

(page 11) Follow-up and review

47. Our Governments have the primary responsibility for follow-up and review, at the national, regional and global levels, in relation to the progress made in implementing the Goals and targets over the coming 15 years. To support accountability to our citizens, we will provide for systematic follow-up and review at the various levels, as set out in this Agenda and the Addis Ababa Action Agenda. The high-level political forum under the auspices of the General Assembly and the Economic and Social Council will have the central role in overseeing follow-up and review at the global level

53. Enhance the quality of aid by strengthening national ownership, alignment, harmonization, predictability, mutual accountability and transparency, and results-orientation;

60. Strengthen, as appropriate, country-level surveillance and monitoring systems, including surveys that are integrated into existing national health information systems and include monitoring exposure to risk factors, outcomes, social and economic determinants of health, and health system responses, recognizing that such systems are critical in appropriately addressing non-communicable diseases;

61. Call upon WHO, with the full participation of Member States, informed by their national situations, through its existing structures, and in collaboration with United Nations agencies, funds and programmes, and other relevant regional and international organizations, as appropriate, building on continuing efforts to develop before the end of 2012, a comprehensive global monitoring framework, including a set of indicators, capable of application across regional and country settings, including through multisectoral approaches, to monitor trends and to assess progress made in the implementation of national strategies and plans on non-communicable diseases;

(page 33) National levels

79. We also encourage Member States to conduct regular and inclusive reviews of progress at the national and subnational levels which are country-led and country driven. Such reviews should draw on

⁹ [The President of the General Assembly. Letter of appointment. 6 February 2015](#)

contributions from indigenous peoples, civil society, the private sector and other stakeholders, in line with national circumstances, policies and priorities. National parliaments as well as other institutions can also support these processes

UN Reform

[Shifting the management paradigm in the United Nations: implementing a new management architecture for improved effectiveness and strengthened accountability. A/72/492/Add.2.⁸](#)

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58. The United Nations has in place an individual and institutional accountability framework to promote compliance, transparency and the effective stewardship of resources in the delivery of mandates, which is summarized in the formal definition of accountability established by the General Assembly in its resolution 64/259. The framework comprises a number of elements, including a body of regulations and rules governing the activities of the Secretariat and a number of structures intended to address different aspects of accountability within the Organization. In this regard, it is the Secretary-General's intention with the reform proposals to simplify the existing regulatory framework by means of a comprehensive policy framework review and the development of clear and simplified policies and administrative guidance over the coming year, supported by a baseline of simplified processes and procedures that can be more easily applied by staff, thereby enabling informed, robust and accountable decision-making.

[UN Decade of Action](#)

[Remarks to the General Assembly on the Secretary-General's priorities for 2020.⁹](#)

....

These four horsemen – epic geopolitical tensions, the climate crisis, global mistrust and the downsides of technology – can jeopardize every aspect of our shared future.

Across this work, the promotion and protection of all human rights must be central. I am deeply concerned about the different ways in which respect for human rights is being eroded around the world. As I have repeatedly underscored, the Charter compels us to place people and their rights at the heart of our work. That is why, next month in Geneva, I will launch a call for stepped up global action on human rights and human dignity.

In order to meet all these challenges, we must continue to make the United Nations fit for the challenges of our new age.

That is why from day one, and with your support, I have pursued wide-ranging reforms rooted in flexibility, transparency and accountability.

....

World Health Organization (WHO) Governing Bodies

World Health Assembly (WHA)

WHA 73, May 2020

[Resolution 73.1 COVID-19 response.](#)¹⁰

Draft resolution proposed by:
Albania, Australia, Azerbaijan, Bahrain, Bangladesh, Belarus, Bhutan, Bolivia (Plurinational State of), Brazil, Canada, Chile, China, Colombia, Cook Islands, Costa Rica, Djibouti, Dominican Republic, Ecuador, El Salvador, Fiji, Georgia, Guatemala, Guyana, Honduras, Iceland, India, Indonesia, Iraq, Jamaica, Japan, Jordan, Kiribati, Maldives, Marshall Islands, Mexico, Micronesia (Federated States of), Monaco, Montenegro, Morocco, Nauru, Nepal, New Zealand, North Macedonia, Norway, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Qatar, Republic of Korea, Republic of Moldova, Russian Federation, San Marino, Saudi Arabia, Serbia, Singapore, Sri Lanka, Thailand, the African Group and its Member States, the European Union and its Member States, Tonga, Tunisia, Turkey, Ukraine, United Kingdom of Great Britain and Northern Ireland and Uruguay ¹⁰

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Strengthen actions to involve women’s participation in all stages of decision-making processes, and mainstream a gender perspective in the COVID-19 response and recovery;

WHA 72: May, 2019

[Resolution 72.7 Water, sanitation and hygiene in health care facilities.](#)¹¹

Draft resolution proposed by:
Australia, Brazil, Eswatini, Ethiopia, Indonesia, Kenya, Nigeria, United Republic of Tanzania and Zambia ¹¹

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1. *URGES Member States: (3)* to establish and implement, according to national context, minimum standards for safe water, sanitation and hygiene and infection prevention and control in all health care settings and build standards for safe water, sanitation and hygiene and infection prevention and control

¹⁰ [WHO. 73rd World Health Assembly. A73/CONF./1 Rev.1. Agenda item 3. COVID-19 response draft resolution. 18 May 2020](#)

¹¹ [WHO Executive Board. 144th session. EB144/CONF./2 Rev.1. Agenda item 6.6. Water, sanitation and hygiene in health care facilities. Draft resolution. 29 January 2019.](#)

into accreditation and regulation systems; and establish accountability mechanisms to reinforce standards and practice;

WHA 71: May, 2018

[Resolution 71.3 Preparation for a high-level meeting of the General Assembly on ending tuberculosis.](#)¹²

Draft WHA resolution proposed by:
Brazil, Philippines, Russian Federation and South Africa ¹²
The UNGA HLM resolution (UNGA) was table by:
The Global Health and Foreign Policy Initiative, a UN country grouping which includes South Africa, Thailand, Brazil, France, Norway, Senegal, and Indonesia ¹³

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3. *REQUESTS the Director-General: (5)* to continue to develop, in consultation with Member States, the draft multisectoral accountability framework, working in close collaboration with all relevant international, regional and national partners [...] and use of the draft multisectoral accountability framework to accelerate progress to end tuberculosis, taking into account national context, laws, regulations and circumstances, in order to enable the monitoring, reporting, review and actions needed to accelerate progress to end tuberculosis, both globally and nationally, leaving no one behind, through an independent, constructive and positive approach, especially in the highest burden countries, and the independent review of progress achieved by those countries-

WHA 70: May, 2017

[Resolution 70.6 Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth.](#)¹³

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4. *REQUESTS the Director-General: (2)* to coordinate and work with ILO, OECD and other relevant sectors, agencies and partners to develop their joint capacity to support Member States, upon request, in this agenda, including with respect to: (a) the establishment of an inter-agency data exchange and online knowledge platform on the health and social workforce, respecting personal confidentiality and relevant data protection laws, that progressively brings together data and information from multiple agencies, sectors and sources to advance health and social labour market data, analysis, accountability, monitoring

¹² [WHO Executive Board. 142th session. Preparation for a high-level meeting of the General Assembly on ending tuberculosis: draft resolution. 2018](#)

¹³ [Stop TB Partnership. What is the UN HLM on TB?](#) (accessed on 4 August 2020)

and tracking, as an open-access, electronic, and real-time web-based resource, building on the progressive implementation and reporting of national health workforce accounts.

[Resolution 70.12 Cancer prevention and control in the context of an integrated approach.](#)¹⁴

Draft resolution proposed by:
Brazil, Canada, Colombia, Costa Rica, France, Netherlands, Nigeria, Panama, Peru, Russian Federation, Thailand and Zambia ¹⁴

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1. *URGES Member States, taking into account their context and institutional and legal frameworks, as well as national priorities: (4) to develop, as appropriate, and implement national cancer control plans that are inclusive of all age groups; that have adequate resources, monitoring and accountability; and that seek synergies and cost-efficiencies with other health interventions.*

[Resolution 70.14 Strengthening immunization to achieve the goals of the global vaccine action plan.](#)¹⁵

Draft resolution proposed by:
Australia, Brazil and Colombia ¹⁵

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2. REQUESTS the Director-General: (3) to ensure that accountability mechanisms for monitoring global and regional vaccine action plans are fully implemented.

WHA 69: May, 2016

[Resolution 69.1 Strengthening essential public health functions in support of the achievement of universal health coverage.](#)¹⁶

Draft resolution proposed by:
Georgia, Japan, Norway, Thailand, Zambia and European Union Member States ¹⁶

¹⁴ [WHO. 70th World Health Assembly. A70/A/CONF./9. Agenda item 15.6. Cancer prevention and control in the context of an integrated approach draft resolution. 25 May 2017](#)

¹⁵ [WHO. Executive Board 140th session. EB140/CONF./2. Agenda item 9.1. Strengthening immunization to achieve the goals of the global vaccine action plan draft resolution. 24 January 2017](#)

¹⁶ [WHO. Executive Board 138th session. EB138/CONF./6. Agenda item 7.2. Strengthening essential public health functions in support of the achievement of universal health coverage draft resolution. 28 January 2016](#)

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1. URGES Member States: (1) to show leadership and ownership in establishing effective health governance by national and subnational health authorities, including cross-sectoral health policies and integrated strategies aiming to improve population health to achieve Sustainable Development Goal 3, target 3.8 on universal health coverage and other health-related Sustainable Development Goals, in accordance with nationally set priorities, accelerating their achievement, as appropriate, through establishing and enhancing monitoring, evaluation and accountability mechanisms and capacities.

[Resolution 69.2 Committing to implementation of the Global Strategy for Women’s, Children’s and Adolescents’ Health.](#)¹⁷

Draft resolution proposed by:
Albania, Bangladesh, Canada, Chile, Colombia, Ethiopia, India, Kenya, Monaco, Liberia, Mozambique, Netherlands, Norway, South Africa, Sweden, Turkey, United States of America, Uruguay, Zambia and Zimbabwe ¹⁷

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Emphasizing the crucial role of accountability at all levels, including the important role of data and information systems, and noting the work of the Independent Accountability Panel to synthesize an annual global report on the state of women’s, children’s and adolescents’ health,

1. INVITES Member States: (2) to strengthen accountability and follow-up at all levels, including through monitoring national progress and increasing capacity building for good-quality data collection and analysis, as appropriate;

[Resolution 69.9 Ending inappropriate promotion of foods for infants and young children.](#)¹⁸

Draft resolution proposed by:
Ecuador, Panama, Mexico, Thailand, Kenya, Zimbabwe, Norway, Niger, Chad, Mozambique, Sudan and Switzerland ¹⁸

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3. REQUESTS the Director-General: (b) to maintain an open access database of commitments for public accountability and include an analysis of the commitments made in the biennial reports on

¹⁷ [WHO. 69th World Health Assembly. A69/A/CONF./2. Agenda item 13.3. Committing to implementation of the Global Strategy for Women’s, Children’s and Adolescents’ Health draft resolution. 24 May 2016](#)

¹⁸ [WHO. 69th World Health Assembly. A69/A/CONF./7 Rev.1. Agenda item 12.1. Maternal, infant and young child nutrition. Ending inappropriate promotion of foods for infants and young children draft resolution. 28 May 2016](#)

implementation of the outcome document of the Second International Conference on Nutrition and the Framework for Action.

[Resolution 69.11 Health in the 2030 Agenda for Sustainable Development](#).¹⁹

Draft resolution proposed by:
Japan, Panama, South Africa, Thailand, United States of America, Zambia and Zimbabwe ¹⁹

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1. *URGES Member States: (7) to develop, on the basis of existing mechanisms wherever possible, quality, inclusive, transparent national accountability processes, consistent with national policies, plans and priorities, for regular monitoring and review of progress towards the Goals and targets of the 2030 Agenda for Sustainable Development, which should form the basis for global and regional progress assessment.*

[Resolution 69.19 Global strategy on human resources for health: workforce 2030](#).²⁰

Draft resolution proposed by:
Norway, South Africa, Switzerland, Thailand, United States of America, Zambia, Zimbabwe and European Union Member States ²⁰

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4. *REQUESTS the Director-General: (1) to provide support to Member States, upon request, on the implementation and monitoring of the Global Strategy, including to: (b) strengthen governance and leadership of human resources for health, through the development of normative guidance, the provision of technical cooperation and the fostering of effective transnational coordination, alignment and accountability.*

¹⁹ [WHO. Executive Board 138th session. EB138/CONF./8. Agenda item 7.2. Health in the 2030 Agenda for Sustainable Development draft resolution. 27 January 2016](#)

²⁰ [WHO. Executive Board 138th session. EB138/CONF./5. Agenda item 10.1. Global Strategy on human resources for health: workforce 2030 draft resolution. 27 January 2016](#)

Executive Board (EB)

146th EB: December, 2019

[Resolution 146/6: Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues. Universal health coverage: moving together to build a healthier world.](#)²¹

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9. The monitoring report also calls for a sharper focus on people left behind in all countries in order to target health services to areas of greatest need and accelerate progress towards universal health coverage. Investments in generating high-quality, disaggregated data will help to ensure accountability, thereby providing countries with vital insights into who is unable to access essential health services, why they are being left behind and where more investments are needed

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13. The Secretariat will respond to the high-level political declaration by redoubling its efforts to help Member States to deliver universal health coverage. Its strategy will include several key elements: strengthening sociopolitical accountability to drive progress towards health and sustainable development goals, as agreed in the high-level political declaration;

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21. Universal health coverage requires sociopolitical accountability to ensure its realization. The political declaration calls in paragraph 54 for the engagement of “all relevant stakeholders, including civil society, the private sector and academia, as appropriate, through the establishment of participatory and transparent multi-stakeholder platforms and partnerships ...”. The monitor, review, remedy and act cycle of the United Nations Secretary-General’s Independent Accountability Panel for Every Woman, Every Child, Every Adolescent provides an accountability framework for universal health coverage to build on. The Panel recommends inter alia making universal health coverage the umbrella for health accountability, prioritizing the needs of those furthest left behind. WHO will continue to work with key partners on accountability, including through the global action plan for healthy lives and well-being for all, the Office of the United Nations High Commissioner for Human Rights, the Inter-Parliamentary Union, and UHC2030 to promote inclusive sociopolitical participation, engaging parliaments, civil society, academia, media, communities and ultimately citizens.

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22. The political declaration on universal health coverage includes in paragraph 82 a request to the Secretary-General “to provide, in consultation with the World Health Organization and other relevant agencies, a progress report during the seventy-fifth session of the General Assembly, and a report including recommendations on the implementation of the present declaration ... during the seventy seventh session of the General Assembly, which will serve to inform the high-level meeting to be convened

in 2023". In this regard, monitoring of progress on the high-level political declaration's commitments to universal health coverage will be aligned with monitoring of progress towards the Sustainable Development Goals, the impact framework of WHO's Thirteenth General Programme of Work, 2019–2023, and, subject to the governing bodies' consideration, the operational framework for primary health care. This monitoring can be contextualized by countries as part of national health sector planning and Sustainable Development Goal review processes. Together with inputs from sociopolitical accountability processes, this will inform the Secretary-General's reports on the implementation of world leaders' commitments to universal health coverage and primary health care contained in the high-level political declaration.

Global Conference on Primary Health Care

[Astana Declaration on Primary Health Care, October 2018.](#)²²

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IV. Make bold political choices for health across all sectors: We reaffirm the primary role and responsibility of Governments at all levels in promoting and protecting the right of everyone to the enjoyment of the highest attainable standard of health. We will promote multisectoral action and UHC, engaging relevant stakeholders and empowering local communities to strengthen PHC. We will address economic, social and environmental determinants of health and aim to reduce risk factors by mainstreaming a Health in All Policies approach. We will involve more stakeholders in the achievement of Health for All, leaving no one behind, while addressing and managing conflicts of interest, promoting transparency and implementing participatory governance

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The success of primary health care will be driven by: Technology [...] Through advances in information systems, we will be better able to collect appropriately disaggregated, high-quality data and to improve information continuity, disease surveillance, transparency, accountability and monitoring of health system performance

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VI. Empower individuals and communities: We support the involvement of individuals, families, communities and civil society through their participation in the development and implementation of policies and plans that have an impact on health. We will promote health literacy and work to satisfy the expectations of individuals and communities for reliable information about health. We will support people in acquiring the knowledge, skills and resources needed to maintain their health or the health of those for whom they care, guided by health professionals. We will protect and promote solidarity, ethics and human rights. We will increase community ownership and contribute to the accountability of the public and private sectors for more people to live healthier lives in enabling and health-conducive environments.

Global Action Plan (GAP)²¹ for Healthy Lives and Well-being for All

[Strengthening collaboration among multilateral organizations to accelerate country progress on the health-related SDGs.](#)²³

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What will the Global Action Plan signatory agencies do? ACCOUNT, by reviewing progress and learning together to enhance shared accountability: Ensuring accountability for the commitments made in the Global Action Plan, continuous learning within and among the agencies and identifying the enabling contributions of countries and partners are key to the Global Action Plan's success. The agencies will convene regularly to review progress, share lessons and respond to implementation challenges that arise

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Key principles for development effectiveness:

- Seven behaviors for health development effectiveness: Use one information and accountability platform
- Guiding principles of UHC2030 Global Compact:
 - Transparency and accountability for results
 - Evidence-based national health strategies and leadership, with government stewardship to ensure availability, accessibility, acceptability and quality of service delivery
 - Making health systems everybody's business – with engagement of citizens, communities, civil society and private sector

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Stimulate evidence-based dialogue between national budget and health officials to accelerate fiscal reforms and mobilize more money for health: The agencies will work together to (1) Catalyze broad, inclusive, evidence informed national health financing dialogue, including discussions on reducing reliance on out-of-pocket expenses, prioritizing primary health care, addressing inequities and inefficiencies through actions on fragmentation and more effective purchasing of health services, and enhancing accountability and transparency.

²¹ GAP multilateral organizations refer to Gavi, GFF, Global Fund, UNAIDS, UNDP, UNFPA, UNICEF, Unitaid, UN Women, World Bank Group, WFP, WHO.

Inter-Parliamentary Union (IPU)

Achieving universal health coverage by 2030: The role of parliaments in ensuring the right to health

[141st IPU Assembly resolution, October 2019.](#)²⁴

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17. Underlines the need for a systematic approach to issues of gender, equity and human rights in health budgeting and planning and health-related decision-making processes, the informed participation of individuals and communities, particularly women, and health information systems which generate reliable evidence on health needs to ensure sound policy choices

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24. Calls on parliaments to use all generic parliamentary functions to hold their respective national governments accountable for the effective implementation of their UHC commitments, monitor the impact of UHC policies and programmes, and encourage governments to take corrective action where necessary, and urges parliaments to establish mechanisms to follow up on the implementation of this resolution

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33. Also requests the agencies of the United Nations system, in particular WHO, to provide countries with coordinated, multifaceted support aimed at achieving UHC, to collaborate in monitoring the achievement of UHC, considering WHO's mandate to evaluate health indicators, and to boost the capacity of parliaments and parliamentarians to develop and monitor national UHC policies through the establishment of strong, learning health-care systems.

People's Health Movement

[People's charter for Health.](#)²⁵

....

- Demand and support the development and implementation of comprehensive social policies with full participation of people.
- Ensure that all women and all men have equal rights to work, livelihoods, to freedom of expression, to political participation, to exercise religious choice, to education and to freedom from violence.
- Pressure governments to introduce and enforce legislation to protect and promote the physical, mental and spiritual health and human rights of marginalised groups.
- Demand that education and health are placed at the top of the political agenda
- ... Oppose fundamentalist forces that threaten the rights and liberties of individuals, particularly the lives of women, children and minorities.
- ... Hold transnational and national corporations, public institutions and the military accountable for their destructive and hazardous activities that impact on the environment and people's health.

- ... This Charter calls for the provision of universal and comprehensive primary health care, irrespective of people's ability to pay. Health services must be democratic and accountable with sufficient resources to achieve this.
- ... Demand a radical transformation of the World Health Organization (WHO) so that it responds to health challenges in a manner which benefits the poor, avoids vertical approaches, ensures intersectoral work, involves people's organisations in the World Health Assembly, and ensures independence from corporate interests.
- ... Strong people's organisations and movements are fundamental to more democratic, transparent and accountable decision-making processes. It is essential that people's civil, political, economic, social and cultural rights are ensured. While governments have the primary responsibility for promoting a more equitable approach to health and human rights, a wide range of civil society groups and movements, and the media have an important role to play in ensuring people's power and control in policy development and in the monitoring of its implementation.

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