World Health Organization

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Progress reports

Report by the Director-General

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[1] Moved as document A74/55 under item 26.4.

A. SUSTAINABLE HEALTH FINANCING STRUCTURES AND UNIVERSAL COVERAGE (resolution WHA64.9 (2011))

1. Ten years since resolution WHA64.9 was approved, universal health coverage remains at the top of the health policy agenda globally. Since the 2018 update,[1] WHO has expanded its guidance on health financing policy in support of universal health coverage; almost 9000 individuals across 168 countries have accessed WHO capacity-building training programmes on health financing during this period, with direct technical support delivered to over 100 countries across all regions.

2. Sustained progress towards universal health coverage is largely dependent on public financing, but the picture is nuanced. The aggregate level of service coverage increases with total health spending, indicating that increases in private spending, resulting from income growth, also can have a positive impact, despite the significant equity concerns raised when private spending is the main driver. Public spending certainly remains central to progress on reducing financial hardship and inequity in service use, provided that it is used to support well-designed health financing policies.[2]

3. Good health financing policies, which drive progress towards universal health coverage, are now explicitly identified by WHO in terms of a set of desirable attributes, based on evidence and implementation experience over the past 20 years. These attributes provide the basis for country assessments, which identify strengths and weaknesses and propose priority directions for countries. Such proposals might indicate, for example, that unless resources are allocated to providers in a way that reflects population health needs, progress will be hindered; or that unless public funds are focused on ensuring that the entire population can obtain a set of priority health services, equity and, consequently, progress towards universal health coverage will be compromised.

4. Many health systems still organize coverage in a highly fragmented way with multiple schemes and programmes, each managing its own funds, targeting specific population groups and building parallel systems. This approach hinders progress towards universal health coverage, limiting efforts to tackle inequities in entitlements and access across the population, for example by constraining the ability to direct resources to those most in need or towards priority services. Fragmentation is also inefficient, contributing to a duplication of functions and increasing administrative burden. Some countries are addressing this issue, such as Viet Nam which has recently integrated HIV and tuberculosis services into the benefits package of the national health insurance scheme. Health facilities are now funded from one source and medication is procured by a new, central unit in the Ministry of Health. These changes help to sustain service coverage in the face of declining external assistance, with lower costs and improved system efficiency overall.

5. In addition to ensuring that public funds are focused on priority services, new evidence highlights the importance of robust public financial management systems tailored to health system objectives. Rigid budget formulation processes hinder the ability to allocate and, when necessary, reallocate funds to priority services; improving budget formulation is one measure that can address this issue. Underspending of health budgets is a chronic issue in numerous countries, requiring health and finance authorities to address the underlying bottlenecks; for example, the United Republic of Tanzania recently

[1] See document A71/41 Rev.2, section N.

[2] Primary health care on the road to universal health coverage: 2019 global monitoring report. Geneva: World Health Organization; 2019. (https://www.who.int/healthinfo/universal_health_coverage/report/uhc_report_2019.pdf, accessed 24 February 2021).

introduced a financing mechanism to ensure that front-line primary centres could receive, manage and account for budget funds directly, avoiding disruptions and increasing effectiveness.

6. WHO annual reports on global health expenditures since 2018 show that out-of-pocket spending is persistently high in low- and lower-middle-income countries, accounting for more than 40% of total spending on average. Although external (donor) funding accounts for a mere 0.2% of aggregate global spending on health, it remains critical for many low-income countries, constituting an average of 30% of national health spending. The trend towards reducing the priority given to health in public spending in low-income countries, potentially or partially offsetting increases in development assistance for health, gives cause for concern.

7. The pandemic of coronavirus disease (COVID-19) has created both a health and a fiscal crisis that, without a concerted response, could have a lasting impact on progress towards universal health coverage because of the implications for health financing of changes in income, poverty, public debt and fiscal capacity. While the speed and depth of economic recovery in the coming years remains uncertain, the fiscal deterioration that most countries experienced in 2020 may constrain all public spending, including for health, in the coming years. Governments and the international community must be proactive in addressing this challenging context. Priorities include:

- redressing the underfunding of core public health functions in many countries, with more and better investment in epidemic preparedness and response and in supporting health systems foundations;

- increasing prioritization for health and related social spending in public resource allocation, with attention to the most vulnerable;

- enabling a smooth, multiyear fiscal adjustment rather than austerity measures to mitigate the potential consequences of sharp spending cuts for economic growth, population health and well-being and social stability.

B. PREVENTION OF DEAFNESS AND HEARING LOSS (resolution WHA70.13 (2017))

8. In May 2017, the Seventieth World Health Assembly adopted resolution WHA70.13 on prevention of deafness and hearing loss and requested the Director-General to prepare a world report on ear and hearing care; develop a toolkit and provide technical support for Member States in collecting data and planning national strategies for ear and hearing care; intensify collaboration with the aim of reducing hearing loss caused by recreational exposure to noise; and undertake advocacy through World Hearing Day on 3 March each year.

9. Accordingly, the Secretariat has undertaken the following key activities.

World report on hearing

10. The *World report on hearing* was launched on 3 March 2021. Developed through a multistakeholder consultative effort with participation of Member States, it is based on the latest high-quality evidence. The report provides data on the prevalence and projections of hearing loss, met and unmet needs for hearing care, the availability of human resources for hearing care and the cost of unaddressed hearing loss. It defines the concept of integrated people-centred ear and hearing care,

proposes a package of evidence-based interventions and measures for their integration into health systems. It provides the cost of implementation and anticipated returns on investment.

Global target and tracer indicators

11. Through consultation, WHO has set a global target of a 20% increase in effective coverage of ear and hearing care interventions by 2030, to be monitored through three tracer indicators relating to newborn hearing screening services within the population; prevalence of chronic ear disease and unaddressed hearing loss in schoolchildren; and hearing technology use among adults with hearing loss. A monitoring framework is being established for reporting these indicators and progress towards the global target.

Toolkit

12. WHO has published a number of tools relating to ear and hearing care, including on situation analysis, planning and monitoring of national strategies and provision of services, surveys, screening and affordable technologies. A free, downloadable software application for hearing testing (hearWHO and hearWHO*pro*) has been developed and is available in Chinese, English, and Spanish. Other tools will be finalized in 2021–2022. Countries in each region have started to use these tools with support from the Secretariat. The hearWHO app has been downloaded by over 250 000 users worldwide.

Technical support

13. The Secretariat has provided technical support to Member States in the development and implementation of national strategies for hearing care, conduct of training programmes and prevalence surveys, and planning of hearing screenings. Since 2019, it has collaborated with Member States in all regions, namely India, Kenya, Nicaragua, Pakistan, Panama, Philippines, Russian Federation and Zambia.

Collaboration

14. WHO established the World Hearing Forum as a global network of stakeholders working in the field of hearing care, with the objective of raising awareness of hearing loss prevention, identification and management. The Forum, which held its first meeting on 4 and 5 December 2019, aims to strengthen global action for hearing care through enhanced advocacy and networking. It will undertake advocacy to promote implementation of resolution WHA70.13 and support WHO's actions in the field of hearing. A WHO Facebook group has been created to boost momentum among stakeholders in this area.

Steps to address hearing loss caused by recreational noise

15. The Secretariat has collaborated closely with the International Telecommunication Union (ITU) to develop and promote the WHO-ITU global standard for safe listening devices and systems, which recommends the inclusion of safe listening features in smartphones and MP3 players that can reduce preventable hearing loss among users. At least two leading smartphone manufacturers have adopted the standard. WHO has also created materials for behaviour change for safe listening. A regulatory framework for safe listening entertainment venues is being developed for launch in 2021.

World Hearing Day

16. In preparation for 3 March every year, WHO develops and promotes evidence-based messages and materials to raise awareness of hearing loss and promote hearing care. In 2020, World Hearing Day was observed under the theme "Hearing for life" and new data on access to hearing aids was released. In 2021, it was observed under the theme "Hearing care for all" and featured the launch of the *World report on hearing* and a WHO Facebook group on hearing care. On both occasions, the Secretariat supported awareness activities in more than 100 countries.

17. The Secretariat will continue to support Member States in their efforts to prevent, identify and address hearing loss through integrating ear and hearing care within their national health systems.

C. PROMOTING THE HEALTH OF REFUGEES AND MIGRANTS (decision WHA72(14) (2019))

18. The Seventy-second World Health Assembly, in decision WHA72(14), requested the Director-General to report back on progress in the implementation of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023. This report highlights progress made to date.

Saving lives through short-term and long-term public health interventions

19. Significant efforts have been made to ensure the inclusion of refugees and migrants in the global response to the COVID-19 pandemic, including by developing and implementing relevant interim guidance[1] and a policy brief on access to services[2] and contributing to the United Nations policy brief;[3] including refugee and migrant health in the COVID-19 Global Humanitarian Response Plan and the UN framework for the immediate socioeconomic response to COVID-19; promoting equitable access to vaccine for refugees and migrants through developing guidance; and supporting the development and implementation of national COVID-19 vaccine deployment and vaccination plans.

20. Support to countries hosting refugees and migrants has been intensified across all regions. This includes humanitarian and long-term health assistance, health assessment, prevention and control of priority diseases, a broad range of health programmes and strengthening of health services along borders and at points of entry to ensure continuity of care and triage for sick refugees and migrants, including suspected COVID-19 cases.

Providing universal health coverage and refugee- and migrant-sensitive health systems

21. The Secretariat collaborates with the multistakeholder platform UHC2030 to accelerate progress towards universal health coverage that includes refugees and migrants, including through the Mexico City Political Declaration on Universal Health Coverage, and by mobilizing resources, including from

[1] Preparedness, prevention and control of coronavirus disease (COVID-19) for refugees and migrants in non-camp settings: interim guidance. Geneva: World Health Organization; 2020 (https://apps.who.int/iris/handle/10665/331777, accessed 16 February 2021).

[2] United Nations Network on Migration, Enhancing access to services for migrants in the context of COVID-19 Preparedness, prevention, and response and beyond (https://unhabitat.org/sites/default/files/2020/06/final_network_wg_policy_brief_covid-19_and_access_to_services.pdf, accessed 16 February 2021).

[3] United Nations Network Sustainable Development Group, Policy brief: COVID-19 and people on the move. June 2020 (https://unsdg.un.org/resources/policy-brief-covid-19-and-people-move, accessed 16 February 2021).

the European Union. A WHO global school on refugee and migrant health, attended by 185 officials from governments and partners, was organized in October 2020 to build national capacity and knowledge.

22. The Secretariat developed and launched global competency standards providing guidance on training to enable health workers to provide quality health services for refugees and migrants.

Mainstreaming refugee and migrant health into global, regional and country agendas, partnerships and advocacy

23. As a member of the Executive Committee of the United Nations Network on Migration and of the Steering Committee of its Multi-Partner Trust Fund and as co-lead of its Working Group on Access to Services, WHO provides health leadership and strategic direction to the Network, particularly as regards the United Nations system response to the COVID-19 pandemic and the implementation of the Global Compact on Refugees and the Global Compact for Safe, Orderly and Regular Migration. Support has also been provided to regional economic communities and networks to promote refugee and migrant health, including in regional reviews under the latter.

24. A renewed Memorandum of Understanding was signed between WHO and IOM in 2019, followed by a Memorandum of Understanding and Operational Guidance between WHO and UNHCR in 2020. These agreements set out six areas for collaboration. Within WHO, a Technical Expert Network was established to work across the three levels of the Organization, thereby intensifying coordination in jointly addressing the health needs of refugees and migrants at global, regional and country levels.

25. The Secretariat led advocacy efforts in promoting refugee and migrant health and fostering engagement with Member States and partners through successful side events, briefings, and webinars at the United Nations General Assembly and the annual meetings of the United Nations Network on Migration, IOM, the Mayors Mechanism and the Global Forum on Migration and Development, and on World Refugee Day and International Migrants Day.

Health monitoring, information, evidence, communications

26. A network of experts has been established to develop and implement a research agenda through evidence and policy reviews and other normative products, as have mechanisms to develop the first global report on the health status of refugees and migrants. Collaboration on evidence and research has been established with IOM, UNHCR, the United Nations Expert Group on Migration Statistics and the United Nations Expert Group on Refugee and Internally Displaced Persons Statistics, putting health on the agenda of statistics on refugees and migrants.

27. The *ApartTogether survey*,[1] containing information collected from 30 000 refugees and migrants, gives insight into their perceptions of the impact of COVID-19 on their lives.

D. ERADICATION OF DRACUNCULIASIS (resolution WHA64.16 (2011))

28. In 2020, six countries reported a total of 27 human cases of dracunculiasis (Guinea-worm disease), from a total of 18 villages. Angola reported one case, Chad 12 cases in 10 villages, Ethiopia

[1] ApartTogether survey: Preliminary overview of refugees and migrants self-reported impact of COVID-19. Geneva: World Health Organization; 2020 (https://apps.who.int/iris/handle/10665/337931, accessed 16 February 2021).

11 cases in five villages, Mali one case and South Sudan one case; Cameroon reported one case, probably imported from Chad. The total figure for 2020 is 50% less than that reported in 2019. Cameroon, Chad, Ethiopia and Mali also reported animal infections in 2020. When eradication efforts were launched in the 1980s, dracunculiasis was endemic in 20 countries; its eradication will contribute to the attainment of universal health coverage.

29. WHO and its global partners (The Carter Center, UNICEF and the WHO Collaborating Center for Dracunculiasis Eradication at the United States Centers for Disease Control and Prevention) have continued to support community- and country-focused interventions by all affected countries and maintained a steady momentum in eradication efforts, with the effective and sustained collaboration of donors.

30. To date, following the recommendations of the International Commission for the Certification of the Eradication of Dracunculiasis, WHO has certified a total of 199 countries, territories and areas, including 187 WHO Member States. Seven Member States remain to be certified; the disease remains endemic in Chad, Ethiopia, Mali and South Sudan, while Angola reported a third confirmed indigenous human case for the third consecutive year in 2020 and is now classified as endemic for the disease. Sudan is still in the precertification stage, as is the Democratic Republic of the Congo, which has not reported the disease since the 1950s. The fourteenth meeting of the International Commission for the Certification of the Eradication of Dracunculiasis was held virtually in October 2020. In November 2020, some members of the Commission met to further discuss the way forward to develop and implement research and deliberate on certification processes in the context of animal infection with guinea-worm.

31. Despite the coronavirus disease (COVID-19) pandemic, Angola, Chad, Ethiopia, Mali and South Sudan maintained active, community-based surveillance in 6765 villages in 2020, in comparison with 7735 villages in 2019. Sudan maintained precertification surveillance, including case searches, and the Democratic Republic of the Congo continued to conduct active case searches and strengthen national surveillance. No human cases or infected animals were found in either country.

32. Angola reported one human case in March 2020 following Ministry of Health measures, with WHO support, to strengthen surveillance and raise awareness. The case appears to be a limited indigenous transmission focus at the border with Namibia. WHO has sustained its support to the Namibian Ministry of Health and provided support to strengthen cross-border surveillance with Angola.

33. All uncertified countries continued to offer cash rewards for voluntary case reporting of dracunculiasis in 2020. More than 128 000 rumoured human cases and 77 000 rumoured animal infections were provisionally reported globally and investigated during 2020, 99% of which were investigated within 24 hours. Most previously endemic certified countries submitted quarterly reports to WHO in 2020.

34. Cameroon has set up active surveillance in at-risk border areas and raised awareness on cash rewards nationwide, with WHO support. A dracunculiasis infection in a 6-year-old girl and six infected animals were reported in the same localized transmission zone at the border with Chad. Despite the challenging security issues, WHO has provided support to the Central African Republic to improve surveillance in high-risk areas bordering Chad.

35. *Dracunculus medinensis* infection in dogs remains a challenge to the global eradication campaign. In comparison with 2019, the overall number of animal infections was reduced by 20% in 2020, from 1991 to 1600 infections. In 2020, Chad reported infections in 1507 dogs and 63 cats; Ethiopia reported

infections in three dogs, eight cats and four baboons; Mali reported infections in nine dogs and Angola did not report any infected animals. Transmission in animals can be interrupted through proactive tethering (mainly of dogs), enhanced surveillance and case containment, health education for the community and animal owners, and vector control. Countries in which the disease is currently transmitted expanded vector control interventions further during 2020.

36. Conflict and insecurity continued to hinder eradication programme efforts and accessibility in certain areas of Mali. Population displacement in South Sudan continued to hamper programme implementation and restrict access to some areas where the infection is endemic.

37. At the twenty-fourth International Review Meeting of Guinea-Worm Eradication Program Managers, held virtually in March 2020, countries reported on the status of their programmes during the preceding year. The twenty-fifth International Review Meeting was held virtually in March 2021. The fourth Biennial Review Meeting for Guinea-Worm Eradication Programmes in Certified Countries will be held virtually in June 2021, to review post-certification surveillance activities.

38. Due to the COVID-19 pandemic, the annual informal meeting with health ministers of countries affected by dracunculiasis, usually held on the margins of the Health Assembly, was postponed.

E. PROGRESS IN THE RATIONAL USE OF MEDICINES (resolution WHA60.16 (2007))

39. In response to resolution WHA60.16 (2007), Member States, in collaboration with the Secretariat and partners, continue to promote the rational use of medicines, aiming to minimize overuse, underuse and misuse of medicines. The Secretariat develops guidance and provides support for implementation of appropriate policies and strategies to improve the rational use of medicines, including updating national lists of essential medicines, monitoring of the use of medicines and implementation of good practices.

Strategies and commitments

40. The road map for access to medicines, vaccines and other health products 2019–2023[1] identifies appropriate prescribing, dispensing and rational use as a key activity for improving equitable access to medicines, including by ensuring health impacts and the effective use of resources. The road map specifies the need for training of health workers, quality improvement processes and routine monitoring of the use of medicines.