

## **Progress in accelerating global actions for a world without poverty and implementation of the System-wide Plan of Action for the Third United Nations Decade for the Eradication of Poverty (2018-2027): WHO, June 2019**

### **a) Structural transformation, productive employment and decent work in the context of a changing global scenario**

#### **Working for Health programme and five-year action plan for health employment and inclusive economic growth**

Based on the recommendations of the UN high-level commission on health employment and economic growth, the joint WHO, ILO, OECD Working for Health Five-year Action Plan was adopted by the WHA (WHA 70.6), and by the OECD and ILO governing bodies in 2017. Building on the global momentum to address the human resources for health agenda and to increase country capacity, the Working for Health programme and its Multi-Partner Trust Fund delivers state-of-the-art policy advice, technical assistance and capacity strengthening that Member States are requesting from WHO, ILO and OECD to accelerate progress towards SDGs 3,4,5 and 8. Key achievements of the Working for Health (W4H) programme have included:

1. Advocacy, Social Dialogue and Policy Dialogue: leveraged the 4<sup>th</sup> Global Forum on HRH in Dublin, November 2017, to advance and obtain commitments, and engaged UEMOA, SADC, ACP, EU, G20 and G7 on the commission's recommendations;
2. Data, Evidence & Accountability: collaborated with ILO-OECD-WHO on shared data, and through WHO expanded the uptake of National Health Worker Accounts and Health Labour Market Analysis;
3. Education, Skills Employment and Jobs: facilitated the WAEMU Action Plan and the SADC HRH framework process on the transformation of training and skills and job creation efforts;
4. Financing and Investments: supported UEMOA and SADC on investment in skills;
5. International Labour Mobility: launched an international platform on health worker mobility to advance dialogue, knowledge and international cooperation in the area of health worker mobility and migration, including support to strengthening the implementation of the Code. More than 30-member states, partners and civil society are part of this initiative.

There is high demand from Member States for the W4H programme, with requests for assistance from 26 Member States to date. In response, the programme is supporting intersectoral collaboration, action, and capacity-building efforts to develop, finance and implement multisectoral health workforce policies, strategies and plans; data and evidence use; advocacy on gender equity, health worker investment and skills; job creation - with an emphasis on women's participation and empowerment, and addressing persistent inequality and poverty through investment in the health economy. Evidence is emerging of countries at all levels of socio-economic development adopting policy and investment decisions aligned with the UN Commission and Working for Health recommendations, such as the embedding of a rural employment and job creation "pipeline" approach within the primary health care workforce education and training in Guinea to employ up to 10,000 community-based health workers as part of a broader national priority programme for rural economic development and UNDAF flagship programme.

### **d) The future of food and sustainable agriculture (Ending hunger and malnutrition)**

Ending hunger and malnutrition requires a real transformative change of current food systems and agriculture practices to ensure that nutritious, safe, affordable, and sustainable diets are available to all. Hunger and malnutrition in all its forms, including diet-related noncommunicable diseases disproportionately affect vulnerable and disadvantaged groups. WHO co-leads with FAO the UN Decade of Action on Nutrition (2016-2025) and all WHO's nutrition work is done under the umbrella of the Nutrition Decade.

Coherent, sustained and effective policy action and investment across the food system, from farm to fork is essential. WHO supports Member States in this endeavour and has developed normative products to support the implementation of the Second International Conference on Nutrition commitments, including evidence-informed guidelines on fortification of rice with vitamins and minerals; guiding principles on nutrition labelling of foods; implementation manuals on ending the inappropriate promotion of foods for infants and young children; protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services, effective actions for

improving adolescent nutrition, assessing and managing children at primary health care facilities to prevent overweight and obesity and tracking progress in meeting the global nutrition targets for 2025 among others.

WHO has also launched REPLACE, a global initiative to eliminate trans-fats from the food supply by 2023, and to date commitments for action have been made by 27 countries and the numbers are increasing. Industrially-produced trans-fatty acids (TFA) are a major contributor to cardiovascular diseases (CVD) and noncommunicable diseases (NCDs) worldwide, estimated to cause over half a million deaths every year. Low- and middle-income countries (LMICs) bear up to 90% of the global CVD burden, underscoring the need to extend elimination strategies globally.

WHO supports Member States in the set up of action networks which are informal coalitions of countries, with global or regional scope, aimed at accelerating and aligning efforts around specific topics linked to an action area of the work programme of the Decade of Action on Nutrition. Norway is leading a global action network on sustainable food from the oceans and inland waters for food security and nutrition. Australia, Chile and France are leading a global action network aimed at accelerating and aligning efforts around nutrition labelling.

#### **g) Fighting poverty in fragile and humanitarian contexts**

An estimated 50 million children under five suffer from wasting, a condition which adversely affects child development and lifelong health, and can cause early death. Wasting prevalence is unevenly distributed across the world, with more than 25 million children in South Asia and over 13 million in Africa. Globally, about one quarter of all wasted children live in regions experiencing humanitarian crises. Less than 25 percent of the USD 1.8 billion funding needed to provide care for severely wasted children is provided every year. WHO, in collaboration with UNHCR, UNICEF, and WFP convened a meeting of UN nutrition experts in March 2019 to review and assess emerging evidence of approaches combining and simplifying treatment approaches for the management of moderate and severe wasting. The UN Agencies intend to develop a UN Global Action Plan on Wasting by the end of 2019 underscoring the UN Agencies' commitment to reaching all children in need, no matter where they are and to ensure the global nutrition target of reducing and maintaining childhood wasting to less than 5% is reached in this Decade of Action on Nutrition.