

Side event application / Formulaire de demande de réunion parallèle

Contact

Name/Nom: Mr Md. Habibur Rahman Khan	Date of application:28.03.2019
Delegation(s)/Délégation(s): Bangladesh, Bhutan, Ecuador, India, Malawi, Philippines, Uganda	
Telephone, Email/Téléphone, courriel:hbr02@gmail.com, wadud.akanda@mofa.gov.bd	

Concept

Description of proposed side event, including objective, expected results, proposed programme and speakers*/
Description de la réunion parallèle proposée, y compris les objectifs, les résultats attendus, l'ordre du jour et les orateurs* :

Mainstreaming Nutrition Innovations, including NCD Prevention Practices: An Endeavour to Achieve Universal Health Coverage

1.Background

Universal health coverage (UHC) is predominantly based on the WHO Constitution of 1948 declaring health a fundamental human right and on the Health for All agenda set by the Alma Ata Declaration in 1978. UHC relates to almost all Sustainable Development Goals (SDGs) and aims to ensure better health and well-being for all, including the world's poorest section. The essence of UHC is a strong and resilient people-centred health system with primary health care at the centre. It includes the full spectrum of essential quality health services ranging from health promotion to prevention, treatment, rehabilitation, and palliative care with financial risk protection. Essential nutrition services, including prevention of malnutrition and noncommunicable diseases (NCDs) in all its forms are the integrated part of the of primary and essential health services package, based on national nutrition policies, strategies and action plans. The Second International Conference on Nutrition provides sixty voluntary policy recommendations and the United Nations Decade of Action on Nutrition provides the opportunity to Member States to fulfil the commitment of universal access to improved nutrition services as part of UHC.

On the other hand, nutrition is one of the key elements to contribute to achieve SDGs. Nutrition is both a maker and a marker of development. Improved nutrition is key for ensuring progress in health, education, employment, empowerment of women and the reduction of poverty and inequality, and thus can lay the foundation for peaceful, secured and stable societies that can make impact on achieving UHC.

Addressing nutrition is critical to ensure the right to health and social justice. Globally, regardless of the level of development, national governments already engaged in health system reforms, need to take into account of the links between nutrition and health. Malnutrition remains a major threat to the survival, growth and development of children. Globally, 165 million children under five are estimated to be stunted and 45% of child deaths are attributable to malnutrition. One the other hand, the world is going through an epidemiological transition and the NCDs represent the largest and fastest growing threat to human health, including in low- and middle-income countries (LMICs).

According to Global Burden of Disease report, malnutrition has been identified as the leading cause of death and disability. The main risk factors include improper dietary habits and unhealthy lifestyle. Moreover, nutrition-related NCDs are the most frequent cause of morbidity and mortality, particularly cardiovascular disease, diabetes, and cancer. Nutrition and epidemiological transition documented that NCDs are associated with food habit, including low fruits and vegetables consumption, high consumption of salt, sugar and trans-fat. Nutritional

status, including overweight and obesity, are also linked with increased blood pressure and blood cholesterol. Moreover, the shift from a traditional diet to a high energy and fat-rich food intake trigger the risk of cardiovascular diseases, including certain types of cancer and diabetes. Therefore, addressing the nutrition issues through better nutrition services will essentially contribute to reduce mortality, morbidity and disease burden. That is why, as research says, investing one dollar in nutrition will yield eighteen dollars of return. Nutritionally well means impacting on better equitable health outcomes in one hand and decreasing the cost of treatment of diseases resulting in reduced share of out-of-pocket expenses on health. This essentially contributes to and eases the way of ensuring UHC in the developing member countries.

Above all, malnutrition and nutrition related NCDs disproportionately affect the poorest in society and perpetuates inter-generational poverty especially in the urban poor settings. Current debates on UHC must recognise that exclusion and equity gaps are often not accidental but the result of a range of factors. These include neglect or political apathy towards a particular group or groups, deliberate exclusion as an expression of discrimination, and attempts to achieve other policy objectives.

The setting up and implementation of UHC policies in many developing countries, combined with the increasing interest from UN agencies and donors, represents an important opportunity for nutrition to be part of national health policies. In addition, the member states of WHO should identify and implement a specific set of priorities within the overall Nutrition and NCDs agenda, based on respective public health context. Immediate, intermediate and long-term areas should be identified to achieve the SDG targets. As nutrition and NCDs is a multisectoral issue, the Governments should increase effective regulation, appropriate engagement with the private sector, academia, civil society, and communities, building on a whole-of-society approach.

Tracking nutrition services at country level is essential, and for this, reliable data on nutrition service coverage is necessary, as is disaggregated data which would expose coverage inequities and measures of quality of nutrition services. In providing this information, a strong within country nutrition information system is an asset. These would measure changes in the nutrition status of vulnerable people, namely children and women, and track dietary intake patterns, SBCC indices, and progress in the implementation of actions which would also help prioritise response.

However, reliable monitoring of progress, evaluation of outcomes and demonstration of results may vary across countries. Across the member states of WHO, there are good evidences of monitoring the indicators of outcomes, outputs and inputs or processes with disaggregation by wealth quintile, rural-urban, gender, target populations etc. Adopting such result based system within UHC policies will contribute to the improvement of the health as well as nutritional status of all, including children and women.

Governments also need to decide which nutrition interventions should be prioritised, how they will be delivered and how they will be financed from their limited health budgets. An innovative health and Nutrition Information System (NIS) can help make better evidence-informed policy decisions and ensure good governance.

The proposed side event will help identify the innovations in nutrition and NCDs prevention as to how they are contributing to UHC, demonstrate best practices of data systems, monitoring and evaluation and exemplify how those are being applied to informed policy and programme decisions. Best buys for nutrition and NCDs, including higher taxes on products accelerating NCDs, regulation of marketing and safe environments and reformulating products (e.g. controlling levels of trans-fats, sugar or salt) can significantly contribute to achieving UHC. Thus, WHA member states, both developing and developed, will immensely be benefited from sharing evidences through this event.

2. Objectives

- To highlight the importance of nutrition and its linkages with NCDs for achieving UHC.
- To share country experiences in identifying potential examples of nutrition innovations, including nutrition information systems which would contribute to monitoring UHC progress.
- To discuss the challenges faced by countries to develop sustained innovations in nutrition as part of efforts towards advancing UHC.
- To share good practices and lessons learnt on innovative approaches for NIS.
- To demonstrate how countries/ member states are applying NIS to informed UHC policy and

programme decisions.

- To discuss the epidemiological transition and politico-economic influences for agenda setting and policy formulation and implementation within countries to reduce NCDs burden.
- To recommend/ inform the WHA on the lessons and help articulate resolutions linking nutrition, NCDs, UHC and SDGs.

3. Expected Outcomes

- Increased awareness and motivation of member countries to adopt innovative approaches in nutrition and its linkages with NCDs for achieving UHC with a particular focus on partnerships.
- Sharing of information and best practices in nutrition as part of achieving UHC.
- Countries to adopt nutrition information system to make better decisions.
- Improved capacity for informed decisions on appropriate nutrition actions in the context of achieving UHC and SDGs.
- Strengthen political and financial commitment to reduce NCD burden.
- Agreed ways for follow-up and next steps for appropriate roll out of nutrition plans for achieving UHC.

Organizing Partners

- 1) The side event will be hosted by Bangladesh and cosponsored by India and Uganda. Apart from this, some other countries have been invited to co-sponsor the event. Countries from the north and the south emphasize the universal problem related to approaches and nutrition interventions in the context of UHC.
- 2) The event will also be supported by UNICEF, SUN Secretariat, EU-icddr, GAIN, CIFF.
- 3) The event will be open to representatives of WHO Member States, the UN system and other Inter-governmental organizations, civil society, financial institutions, regional influencing bodies, parliamentarians and donors who work in multi-sectoral, multistakeholder and multi-level mechanisms.

Format:

The side event will have the following possible format (approx. 90 min):

- Keynote presentation: Bangladesh and UNICEF will jointly deliver a keynote on Nutrition Information System to achieve UHC
- Presentations/experience sharing of Co-sponsored/ supported member countries/ organizations
- Panel discussion/Q&A.
- Chair and Panel members: To be decided after consultation with co-sponsors
- Moderator: Ambassador and Permanent Representative of Bangladesh in Geneva
- Refreshment

Draft Programme (90 Minutes)

- Welcome/Opening remarks by (Chair/Moderator) (4 minutes)
- Video presentation: (4 minutes)
- Keynote (s) presentation: (12 minutes) (Impacts of Nutrition Innovations and their contributions to UHC)
- Presentations from Member countries: (20 minutes)
 - Bangladesh
 - Co-sponsoring countries
- Experience sharing: (15 minutes) (Innovations in nutrition, NIS, Nutrition, burden of NCDs & UHC)
 - Meera Shekar, Global Lead for nutrition, World Bank: Optima Nutrition
 - WHO-UNICEF Technical Expert Advisory Group on Nutrition Monitoring (TEAM)/SUN Movement: MEAL
 - ICDDR,B-EU Linkage of malnutrition, NCDs & UHC
- Panel discussions: How Nutrition and its innovation could be better linked to UHC? (17 minutes)
 - Representative from UNICEF
 - Representative from the SUN Movement
 - Dr Francesco Branca, Director, Department of Nutrition for Health and Development, WHO
 - Dr. Ellen Piwoz, Senior Program Officer, Nutrition Division Bill & Melinda Gates Foundation
 - Representative from CIFF

- Representative from GAIN
- Q&A (8 Minutes)
- Speech of DG WHO: Dr. Tedros Adhanom Ghebreyesus (5 minutes)
- Wrap up by Chair/ Moderator (5 minutes)

Technical requirements

Audio-visual services including microphones, screen, and technician, will be needed to enable showing video messages and presentations. Interpretation services can be provided.

Event details / details de la réunion

Expected number of participants/Nombre de participants attendus : 100-150

Exact title of the meeting/Titre exact de la réunion: **Mainstreaming Nutrition Innovations, including NCD Prevention Practices: An Endeavour to Achieve Universal Health Coverage**

Interpretation/Interprétation

Interpretation may be provided in the official languages and the estimated costs are as follows: 2 languages: 2561 CHF; 3 languages: 5123 CHF; 6 languages: 11953 CHF.

L'interprétation peut être assurée dans les langues officielles aux coûts estimés suivants : 2 langues-2561 CHF;

3 langues : 5123CHF; 6 langues : 11953 CHF.

Are interpretation services requested? / L'interprétation est-elle requise ? Yes/Oui No/Non

(If yes, which languages)/(Si oui, en quelle langue)

English/Anglais French/Français Russian/Russe Spanish/Espagnol Chinese/Chinois Arabic/Arabe

Other language/autre langue:

Room Layout/Aménagement des salles

Due to type of furniture and technical equipment in the room, the layout of the rooms cannot be changed. For information regarding the location and layout of rooms at the Palais des Nations, please see:

[http://www.unog.ch/80256EE60057CB67/\(httpPages\)/BAE3AF717207A5AF80256EF80049C552?OpenDocument](http://www.unog.ch/80256EE60057CB67/(httpPages)/BAE3AF717207A5AF80256EF80049C552?OpenDocument)

Le type de mobilier et les installations techniques dans les salles ne permettent pas de modifier l'aménagement de celles-ci. Pour tout renseignement sur l'emplacement ou la disposition des salles au Palais des Nations voir le lien :

[http://www.unog.ch/80256EE60057CB67/\(httpPages\)/BAE3AF717207A5AF80256EF80049C552?OpenDocument](http://www.unog.ch/80256EE60057CB67/(httpPages)/BAE3AF717207A5AF80256EF80049C552?OpenDocument)

***Badges/ Badges d'accès**

WHA side events are for participants of the WHA and, as such, panellists and participants should be drawn from those participating in the Health Assembly.

Les réunions parallèles sont réservées aux participants de l'Assemblée; Les orateurs de ces réunions doivent donc être choisis parmi ceux-ci.

Please complete the form and send it to/ Merci de remplir le formulaire et de l'envoyer à hggoverningbodies@who.int