EIGHTH MEETING

Thursday, 19 January 2012, at 14:40

Chairman: Dr B.-I. LARSEN (Norway)

TECHNICAL AND HEALTH MATTERS: Item 6 of the Agenda (continued)

Global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level: Item 6.2 of the Agenda (Document EB130/9) (continued from the fourth meeting)

The CHAIRMAN drew the attention of the Executive Board to a revised version of the draft resolution, which read as follows.

The Executive Board,

Having considered the report on the global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level,[1]

RECOMMENDS to the Sixty-fifth World Health Assembly the adoption of the following resolution:

The Sixty-fifth World Health Assembly,

PP1 Having considered the report on the global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level;

PP2 Recalling resolution WHA55.10, which urged Member States to increase investments in mental health both within countries and in bilateral and multilateral cooperation, as an integral component of the well-being of populations;

PP3 Recalling further United Nations General Assembly resolution A/RES/65/95, which recognized that "mental health problems are of major importance to all societies and are significant contributors to the burden of disease and the loss of quality of life, and have huge economic and social costs" and which also welcomed the WHO Report on *Mental Health and Development*,[2] which highlighted the lack of appropriate attention to mental health and made the case for governments and development actors to reach out to people with mental disorders in the design of strategies and programmes that include them in education, employment, health, social protection and poverty reduction policies;

PP4 Noting the High-Level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases, held 19–20 September, 2011, which recognized that mental and neurological disorders, including Alzheimer's disease, are an important cause of morbidity and contribute to the global noncommunicable

[1] Document EB130/9.

[2] Funk M et al (Eds). *Mental health and development: targeting people with mental health conditions as a vulnerable group*. Geneva, World Health Organization, 2010.

disease burden, for which there is a need to provide equitable access to effective programmes and health-care interventions;

PP5 Recognizing that mental disorders can lead to disabilities, as reflected in the United Nations Convention on the Rights of Persons with Disabilities, which also notes that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others and that the *World Report on Disability*[1] charts the steps that are required to improve the participation and inclusion of people with disabilities, including persons with mental disabilities;

PP6 Recognizing that mental disorders fall within a wider spectrum that also includes neurological and substance-use disorders which also cause substantial disability and require a coordinated response from health and social sectors;

PP7 Concerned that millions of people worldwide are affected by mental disorders, that in 2004, mental disorders accounted for 13% of the global burden of disease, defined as premature death combined with years lived with disability, and that, when taking into consideration only the disability component of the burden of disease calculation, mental disorders account for 25.3% and 33.5% of all years lived with a disability in low- and middle-income countries, respectively;

PP8 Concerned also that exposure to humanitarian emergencies is a potent risk factor for mental health problems and psychological trauma and that social structures and ongoing formal and informal care of persons with severe, pre-existing, mental disorders are disrupted;

PP9 Recognizing that the treatment gap for mental disorders is high all over the world, and that between 76% and 85% of people in low- and middle-income countries with severe mental disorders receive no treatment for their mental health conditions and that the corresponding figures for high-income countries are also high – between 35% and 50%;[2]

PP10 Recognizing that a number of mental disorders can be prevented and that mental health can be promoted in the health sector and in sectors outside health;

PP11 Concerned that persons with mental disorders are often stigmatized and underlining the need for health authorities to work with relevant groups to change attitudes to mental disorders;

PP12 Noting that there is increasing evidence on effectiveness and cost-effectiveness of interventions to promote mental health and prevent mental disorders, particularly in children and adolescents;

PP13 Noting that mental disorders are often associated with noncommunicable diseases and a range of other priority health issues, including HIV/AIDS, maternal-child health, and violence and injuries, and that mental disorders often coexist with other medical and social factors, such as poverty, substance abuse and the harmful use of alcohol, and in the case of women and children, greater exposure to domestic violence and abuse;

PP14 Recognizing that the social and economic impact of mental disorders, including mental disabilities, is diverse and far-reaching;

PP15 Taking into account the work already carried out by WHO on mental health, particularly the mental health Gap Action Programme,

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[1] World Health Organization, The World Bank, *World Report on Disability.* Geneva, World Health Organization, 2011.

[2] Demyttenaere K et al (2004). JAMA, 291:2581–90.

1. URGES Member States:[1]

(1) according to national priorities and within their specific contexts, to develop comprehensive policies and strategies that address the promotion of mental health, prevention of mental disorders, early identification, care, support, treatment and recovery of persons with mental disorders;

(2) to include in policy and strategy development the need to promote human rights, tackle stigma, empower service users, address poverty and homelessness, tackle major modifiable risks, and as appropriate, promote public awareness, create opportunities for generating income, provide housing and education, provide health-care service and community based interventions, including deinstitutionalized care;

(3) to develop, as appropriate, surveillance frameworks that include risk factors as well as social determinants of health to analyse and evaluate trends regarding mental disorders;

(4) to give appropriate priority and streamlining to mental health, including the promotion of mental health, the prevention of mental disorders and care, support and treatment in programmes addressing health and development and to allocate appropriate resources in this regard;

(5) to collaborate with WHO in the development of a Mental Health Action Plan;

2. REQUESTS the Director General:

(1) to strengthen advocacy and develop a comprehensive Mental Health Action Plan with measurable outcomes in consultation with and for consideration by Member States covering services, policies, legislation, plans, strategies and programmes to provide treatment, facilitate recovery and prevent mental disorders, promote mental health and empower persons with mental disorders to live a full and productive life in the community;

(2) to include in the Action Plan, provisions to address:

(a) protection, promotion and respect for the rights of persons with mental disorders including the need to avoid stigmatization of persons with mental disorders;

(b) equitable access to affordable, quality and comprehensive health services that integrate mental health into all levels of the health-care system;

(c) development of competent, sensitive, adequate human resources to provide mental health services equitably;

(d) the promotion of equitable access to quality health care including psychosocial interventions and medication and addressing physical health-care needs;

(e) enhanced initiatives, including in policy, to promote mental health and prevent mental disorders;

(f) access to educational and social services, including health care, schooling, housing, secure employment and participation in income generation programmes;

(g) involvement of civil society organizations, persons with mental disorders, families and caregivers in voicing their opinions and contribution to decision-making processes;

[1] And, where applicable, regional economic integration organizations.

(h) the design and provision of mental health and psychosocial support systems that will enable community resilience and will help people cope during humanitarian emergencies;
(i) participation of people with mental disorders in family and community life and civic affairs;
(j) mechanisms to involve the education, employment and other relevant sectors in Member States in the implementation of the Action Plan; and
(k) to build upon the work already done and to avoid duplication of action;

(3) to collaborate with Member States, and as appropriate, with international, regional and national nongovernmental organizations, international development partners and technical agency partners in the development of the Action Plan;
(4) to work with Member States and technical agencies to promote academic exchange, through which to contribute to policy making in mental health;
(5) to submit the Action Plan for consideration by the Sixty-sixth World Health Assembly through the 132nd Executive Board.

The financial and administrative implications of the draft resolution for the Secretariat were as follows.

1. Resolution: Global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level

2. Linkage to the Programme budget 2012–2013 (see document A64/7 http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_7-en.pdf)

Strategic objective(s): 3 Organization-wide expected result(s): 3.1, 3.2, 3.5 and 3.6

How would this resolution contribute to the achievement of the Organization-wide expected result(s)?

The implementation of the resolution would increase political, financial and technical commitment in Member States to tackle mental disorders. It would also provide support for the development of services, policies, plans, strategies, programmes and legislation to enable people with mental disorders to live full and productive lives in the community through the adoption of a coordinated and integrated approach across all sectors including health, social services and housing, education and employment.

Does the programme budget already include the products or services requested in this resolution? (Yes/no)

No

3. Estimated cost and staffing implications in relation to the Programme budget

(a) Total cost

Indicate (i) the lifespan of the resolution during which the Secretariat's activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US$ 10 000).

(i) One year to develop the action plan (covering the period 2012)

(ii) Total: US$ 180 000 (staff: US$ 160 000; activities: US$ 20 000)

(b) Cost for the biennium 2012–2013

Indicate how much of the cost indicated in 3 (a) is for the biennium 2012–2013 (estimated to the nearest US$ 10 000).

Total: US$ 180 000 (staff: US$ 160 000; activities: US$ 20 000)

Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.

The costs would be incurred at all levels of the Organization.

	Is the estimated cost fully included within the approved Programme budget 2012–2013? (Yes/no) The cost will be covered by relocating funds within the approved Programme budget. **If "no", indicate how much is not included.**
	(c) Staffing implications **Could the resolution be implemented by existing staff? (Yes/no)** Yes **If "no" indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.**
4. Funding	**Is the estimated cost for the biennium 2012–2013 indicated in 3 (b) fully funded? (Yes/no)** Yes **If "no", indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).** US$ n/a; source(s) of funds: n/a.

Mr DESIRAJU (India) said that the revised version of the draft resolution, which took into account the amendments that had been proposed, reflected the consensus among members, and he encouraged its adoption.

Dr JESSE (Estonia), speaking on behalf of the European Union and its Member States, proposed the following amendments to the draft resolution.

In the thirteenth preambular paragraph, she proposed the deletion of the phrase "and in the case of women and children, greater exposure to domestic violence and abuse" to be followed by insertion of a new paragraph to read: "Recognizing that certain populations are particularly vulnerable to develop mental disorders and to consequences thereof, among them women and children exposed to domestic violence and abuse, children of parents with mental disorders and children of parents with substance use disorders". It had been well documented that children of parents with mental disorders were themselves at particular risk of such disorders.

In subparagraph 2(1), she proposed the insertion of the phrase "including the deinstitutionalized care," after "covering services" as the prior reference to "deinstitutionalized care" in subparagraph 1(2) was addressed to Member States and not the Director-General.

Ms GOLBERG (Canada) said that the additional preambular paragraph proposed by the member for Estonia might lead to the stigmatization of children whose parents had mental disorders. She therefore requested the deletion of the phrase "children of parents with mental disorders, and children of parents with substance use disorders". Even though those children might indeed be at risk, she did not see the value of including that reference in the draft resolution.

Dr JESSE (Estonia) said that she could not withdraw the amendment without consulting the relevant experts.

Dr THAKSAPHON THAMARANGSI (Thailand)[1] suggested that, in subparagraph 1(4), the word "to" after "streamlining" should be replaced by "of", to make sure it was clear that mental health was to be included in other policies.

[1] Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

Dr DAULAIRE (United States of America) suggested the wording "to give appropriate priority to and streamlining of mental health".

Mrs TYSON (United Kingdom of Great Britain and Northern Ireland),[1] referring to the use of the word "advocacy" in subparagraph 2(1), explained that it had a specific meaning in her country under the Mental Health Act 2007, which should not be confused with the general meaning of "advocacy" as contained in the draft resolution.

The CHAIRMAN suggested that consideration of the agenda item be postponed pending further discussions.

It was so agreed.

(For adoption of the resolution, see the summary record of the ninth meeting.)

Prevention and control of noncommunicable diseases: Item 6.1 of the Agenda (Documents EB130/6 and EB130/7)

- **Outcomes of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control**
- **Implementation of the global strategy for the prevention and control of noncommunicable diseases and the action plan**

The CHAIRMAN drew attention to the Secretariat's two reports and the following draft resolution on prevention and control of noncommunicable diseases: follow-up to the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, which read:

> The Executive Board,
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> PP1 Having considered the reports on prevention and control of noncommunicable diseases: outcomes of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and the First Global Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control[1] and on implementation of the global strategy for the prevention and control of noncommunicable diseases and the action plan;[2]
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> PP2 Recalling the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases,[3] the Moscow Declaration adopted at the First Global Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control, and resolution WHA64.11 of the World Health Assembly;
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> PP3 Acknowledging the Rio Political Declaration on Social Determinants of Health, adopted by the World Conference on Social Determinants of Health (Rio de Janeiro, Brazil, 21 October 2011), which expressed the determination to achieve social and health equity

[1] Document EB130/6.

[2] Document EB130/7.

[3] Resolution 66/2.

through action on the social determinants of health and well-being by a comprehensive intersectoral approach;

PP4 Reaffirming the leading role of WHO as the primary specialized agency for health and its leadership and coordination role in promoting and monitoring global action against noncommunicable diseases (as described in paragraphs 13 and 46 of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases);

PP5 Reaffirming the central role of WHO recognized in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases for monitoring and evaluation and guiding multisectoral engagement;

PP6 Recognizing in particular the call made in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (paragraphs 61 and 62) to develop a comprehensive global monitoring framework, including a set of indicators, capable of application across regional and country settings, and to develop recommendations for a set of voluntary global targets for the prevention and control of noncommunicable diseases, and to complete this work before the end of 2012;

PP7 Recalling resolution WHA61.14, which endorsed the 2008–2013 action plan for the global strategy for the prevention and control of noncommunicable diseases, and recognizing the progress made under the action plan up till now;

PP8 Reiterating the concern that the rapidly growing magnitude of noncommunicable diseases affects people of all ages, gender, race and income levels, and further that poor populations and those living in vulnerable situations, in particular in developing countries, bear a disproportionate burden and that noncommunicable diseases can affect women and men differently;

PP9 Noting with concern the growing double burden of communicable and noncommunicable diseases in Africa, and the need for integrated approaches to their prevention and control;

PP10 Noting with concern that an estimated 36 million of the 57 million deaths in the world in 2008 were due to noncommunicable diseases such as cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, and that nearly 80% of those deaths occurred in developing countries,

1. URGES Member States:

   (1) to implement the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases;

   (2) to draw upon, based on national contexts, the policies, strategies, programmes and interventions and tools recommended by WHO in order to, in accordance with paragraph 45 of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, promote, establish or support and strengthen, by 2013, as appropriate, multisectoral national policies and plans for the prevention and control of noncommunicable diseases;

   (3) to strengthen their commitment to implementing noncommunicable disease programmes in accordance with national priorities, including increased efforts on prevention, diagnostics and treatment and to take steps to accelerate health-related donor harmonization and adherence to aid effectiveness principles, bearing in mind the growing concern about the double burden of communicable and noncommunicable disease in many countries and the need for an integrated response;

   (4) to participate fully in the WHO-led process of developing a comprehensive global monitoring framework, including a set of indicators, capable of application across

regional and country settings, and of developing recommendations for a set of voluntary global targets for the prevention and control of noncommunicable diseases before the end of 2012, and to consider incorporating elements of this work into national planning exercises at the earliest opportunity in accordance with national priorities;

2. REQUESTS the Director-General:

(1) to continue in an inclusive and transparent manner, the process under way to develop, in accordance with paragraphs 61 and 62 of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, a comprehensive global monitoring framework, including a set of indicators, capable of application across regional and country settings, and to develop recommendations for a set of voluntary global targets for the prevention and control of noncommunicable diseases, and to complete this work by the end of 2012, building on the outcomes of the consultation with Member States and organizations in the United Nations system (held on 9 January 2012), as follows:

(a) by the end of January the Secretariat will provide Member States with additional information requested at that consultation;

(b) by 15 February, a web-based consultation on a draft framework and indicators and targets will close, following which WHO will revise the draft documents for step (c);

(c) by end-March, a second Member State consultation on the framework and indicators and targets will be held;

(d) as part of this process, the Secretariat should also hold consultations with all interested stakeholders;

(e) submission of a substantive progress report, including initial indicators and targets, to the Sixty-fifth World Health Assembly for consideration;

(f) regional consultations will provide further input into the framework/target process as part of their broader discussions on implementation of the Political Declaration;

(g) second half of 2012 the Secretariat will hold a Member State consultation to finalize work on the draft framework and targets;

(h) submit the package of recommendations relating to paragraphs 61 and 62 of the Political Declaration through the Executive Board at its 132nd session to the Sixty-sixth World Health Assembly for consideration;

(2) to develop, in a consultative manner, WHO's input, called for in paragraph 64 of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases concerning options for strengthening and facilitating multisectoral action for the prevention and control of noncommunicable diseases through effective partnership, and submit them to the Secretary-General by the end of 2012;

(3) to submit a progress report and a timeline for WHO's input on options for strengthening and facilitating multisectoral action for the prevention and control of noncommunicable diseases through effective partnership to the Sixty-fifth World Health Assembly;

(4) to develop, in a consultative manner, a WHO action plan for the prevention and control of noncommunicable diseases for 2013–2020, building on lessons learnt from the 2008–2013 action plan and taking into account the outcomes of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, the Moscow Declaration on Healthy Lifestyles and Non-communicable Disease Control, the Rio Declaration on Social Determinants of Health, and WHO's ongoing reform;

(5) to build on work from the 2008–2013 action plan, which, inter alia, called for WHO to provide support to countries in enhancing access to essential medicines, to facilitate engagement by governments and the private sector, in accordance with relevant paragraphs of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, for improved access to medicines;

(6) to submit to the Sixty-sixth World Health Assembly through the Executive Board a WHO action plan for the prevention and control of noncommunicable diseases for 2013–2020 for consideration and possible adoption.

The financial and administrative implications of the draft resolution for the Secretariat were as follows.

1. Resolution: Prevention and control of noncommunicable diseases: follow-up to the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases

2. Linkage to the Programme budget 2012–2013 (see document A64/7 http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_7-en.pdf)

Strategic objective(s): 3 and 6 Organization-wide expected result(s): 3.3, 6.2 and 6.3

How would this resolution contribute to the achievement of the Organization-wide expected result(s)?

It would contribute to achievement of the expected results mentioned above by giving further impetus to the development of a comprehensive global monitoring framework and of recommendations for a set of voluntary global targets for the prevention and control of noncommunicable diseases, in accordance with paragraphs 61 and 62 of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases.

Does the programme budget already include the products or services requested in this resolution? (Yes/no)

Yes.

3. Estimated cost and staffing implications in relation to the Programme budget

(a) Total cost

Indicate (i) the lifespan of the resolution during which the Secretariat's activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US$ 10 000).

(i) 2 years (covering the period 2012–2013)

(ii) Total US$ 2.5 million (staff: US$ 1.5 million; activities: US$ 1.0 million)

(b) Cost for the biennium 2012–2013

Indicate how much of the cost indicated in 3 (a) is for the biennium 2012–2013 (estimated to the nearest US$ 10 000).

Total US$ 2.5 million (staff: US$ 1.5 million; activities: US$ 1.0 million)

Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.

At headquarters and in all six regions

Is the estimated cost fully included within the approved Programme budget 2012–2013? (Yes/no)

Yes

If "no", indicate how much is not included.

(c) Staffing implications

Could the resolution be implemented by existing staff? (Yes/no)

Yes

If "no" indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

4. Funding

Is the estimated cost for the biennium 2012–2013 indicated in 3 (b) fully funded? (Yes/no)

No

If "no", indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

US$ 2.0 million; source(s) of funds: voluntary contributions from bilateral donors.

Dr DAULAIRE (United States of America), introducing the draft resolution, said that it was proposed by Australia, Barbados, Canada, Costa Rica, Kenya, Norway, Russian Federation, Switzerland and the United States of America. The High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases and its preparatory meetings had enabled Member States to collaborate, consider national and global responses, and adopt best practices for the implementation of evidence-based policies and programmes. He acknowledged the useful informal consultation on indicators and targets held by Member States in January 2012, which had established areas of convergence about the Organization's role in following up the Political Declaration of the High-level Meeting and had provided the basis for the draft resolution. The text sought to establish a process and timeline for three areas of WHO's work on noncommunicable diseases, and would commit Member States to action that would enable WHO to meet the deadlines contained in the Political Declaration.

The first area was the development of the comprehensive global monitoring framework, including draft global targets and indicators for noncommunicable diseases, called for in paragraphs 61 and 62 of the Political Declaration. That process should be transparent and inclusive. Progress should be reviewed by the Health Assembly in May 2012 so that the framework could be finalized later in the year. The second area was the request to the Director-General to engage in consultations on WHO's role in strengthening and facilitating multisectoral action through effective partnerships, although the primary role in that process would be played by the United Nations Secretary-General. The third area was the renewal of WHO's mandate through development of a new action plan for the global strategy for the prevention and control of noncommunicable diseases covering the period from 2013, when the current plan expired, to 2020. That would align the reporting cycle with that of the United Nations. The new plan should focus more closely on access to medicines, working in partnership with governments and the private sector. The draft resolution highlighted the connections between the three areas and the benefits of a transparent and inclusive consultation process.

Dr BELO (Timor-Leste) proposed two amendments to the draft resolution. In subparagraph 2(2), the phrase "and transparent" should be inserted after "effective" and similarly the phrase "while safeguarding public health from any potential conflict of interest" after "partnership". Secondly, in subparagraph 2(5), the phrase "and as appropriate civil society" should be inserted after "governments".

Dr OMI (Japan), expressing his support for the draft resolution, welcomed the increased international emphasis on the prevention and control of noncommunicable diseases. WHO should continue to provide support for evidence-based, country-specific policy planning, as well as helping to combat the scarcity of data on noncommunicable diseases through technical assistance and capacity building. National prevention and control programmes should be diverse in nature and the various activities should be implemented simultaneously, including, for instance, advocacy for healthy lifestyles and improved health-care systems for people with noncommunicable diseases. Deaths from noncommunicable diseases were seen mostly in low- and middle-income countries, and in Japan those diseases had become a serious problem owing to the rapid ageing of the population. For that reason, his country planned to submit a draft resolution on strengthening noncommunicable disease policies to promote active ageing.

Dr SILBERSCHMIDT (Switzerland) noted that the draft resolution provided a timeline for specific actions to be undertaken in response to the Political Declaration. The development of the new global monitoring framework and targets, being a standard-setting activity, should be protected from the influence of the private sector, but the latter must be involved in the third area of activity, namely the implementation of the new action plan for the global strategy for the prevention and control of noncommunicable diseases, because of its crucial role in addressing risk factors and dealing with the impact of noncommunicable diseases.

He appreciated the intention behind the amendments proposed by the member for Timor-Leste, but considered it inadvisable to amend text that had been reproduced from the Political Declaration. He suggested that the issue should be resolved informally.

WHO's workplan for the year ahead should cover the difficult, but crucial, issue of ensuring coherence between the activities related to the three areas of work described in the draft resolution.

Dr NASHER (Yemen), speaking on behalf of the Member States of the Eastern Mediterranean Region, highlighted paragraphs 3, 4, 30, 42, 43, 45(a) and (k), 56, 59 and 60 of the Political Declaration of the High-level Meeting. The Organization in general and the Regional Office for the Eastern Mediterranean in particular would continue to provide support for Member States and to work with governmental and nongovernmental organizations and WHO collaborating centres on the prevention of noncommunicable diseases, which was an indispensable part of health and socioeconomic development.

Dr JESSE (Estonia), speaking on behalf of the European Union and its Member States, said that the acceding State Croatia, the candidate countries Turkey, the former Yugoslav Republic of Macedonia, Montenegro and Iceland, the countries of the Stabilisation and Association Process and potential candidates Albania, Bosnia and Herzegovina, and Serbia, as well as Ukraine, Armenia and Georgia associated themselves with her statement. She welcomed the increased international attention being paid to noncommunicable diseases following various high-level meetings. The 8th Global Conference on Health Promotion due to be held in Helsinki in June 2013 would build on the outcome of the High-level Meeting and on the Rio Political Declaration on Social Determinants of Health and provide a basis for discussions on development goals after the end-date of the Millennium Development Goals in 2015.

It was important not to lose the momentum gained so far, and all Member States, irrespective of their level of development, should be committed to the effective implementation of the global strategy for the prevention and control of noncommunicable diseases and the associated action plan. She asked the Secretariat for more information on its implementation of the action plan, with particular regard to the marketing of food and non-alcoholic beverages to children (referred to in subparagraph (f) of the section on promoting healthy diets and physical activity under Objective 3 in document EB130/7).

Tackling noncommunicable diseases was a priority for the European Union, which sought a mechanism for establishing voluntary global targets, monitoring and indicators. Results of that work would be included in the review of innovative approaches for chronic diseases that had been launched by the Member States of the European Union and the European Commission. The new WHO action plan for the global strategy for the prevention and control of noncommunicable diseases should be based on an analysis of progress made by Member States, take into account the outcomes of the High-level Meeting, and be consistent with existing strategies, plans and instruments. Implementation of the action plan and activities related to social determinants of health should remain a high priority for WHO.

In the draft resolution, she proposed replacing "15 February" with "end-February" in subparagraph 2(1)(b); replacing "end-March" with "before the Sixty-fifth World Health Assembly" in subparagraph 2(1)(c); inserting "on the development of a framework" after "progress report" in subparagraph 2(1)(e) and replacing "initial" with "a set of" in that same subparagraph; and replacing subparagraphs 2(1)(g) and 2(1)(h) with a new subparagraph 2(1)(g), to read: "adopt the work on the global monitoring framework, including a set of indicators and targets, in a Member State consultation held before the end of 2012". In subparagraph 2(4), she proposed replacing "and WHO's ongoing reform" with "building upon and being consistent with existing WHO strategies and tools on tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity". In subparagraph 2(5), the phrase "with the appropriate safeguard with the conflict of interest," should be inserted after "private sector".

Mr MAXTONE-GRAHAM (Papua New Guinea), speaking on behalf of the Member States of the Western Pacific Region, said that noncommunicable diseases were responsible for 80% of the 30 000 or so deaths every day in the Region from preventable diseases. Those concerns had been reflected in the Seoul Declaration on Noncommunicable Disease Prevention and Control in the Western Pacific Region (2011) and the Honiara Communiqué on the Pacific Noncommunicable Disease Crisis, adopted by the Ninth Meeting of Ministers of Health for the Pacific Island Countries in June 2011. In October 2011, the Regional Committee for the Western Pacific had adopted resolution WPR/RC62.R2 on expanding and intensifying noncommunicable disease prevention and control and requested the Regional Director to develop by 2013 a regional action plan, including targets and progress indicators, for the period 2014–2018.

Noncommunicable diseases were posing an increasing burden on his country; preliminary data from the WHO STEPwise approach to Surveillance of NCD Risk Factors indicated that 21.9% of the population had three or more risk factors for those diseases, and the prevalence of tobacco smoking was particularly high.

Despite some regional advances in implementing the global strategy, individual Member States still faced various challenges, including the lack of national capacity to deal with noncommunicable diseases, which required sustained funding to rectify the situation. Noncommunicable disease policies should be integrated into health planning and processes and the development agenda, and multisectoral action should be encouraged, through health-in-all-policies and whole-of-government approaches. National capacity should be built up in order to strengthen national health policies and plans, with special emphasis on monitoring and evaluation, reducing exposure to risk factors for noncommunicable diseases, and promoting access to primary health care. Resources should be increased for noncommunicable disease control and viable financing options should be explored.

He urged WHO to adopt a framework to guide countries in adopting a health-in-all-policies approach, addressing all the social determinants of health. Furthermore, synergies should be sought with work on other global health and development matters, including climate change. Health systems strengthening should focus on chronic conditions. He supported the draft resolution.

Dr ST. JOHN (Barbados), supporting the proposed follow-up process for the High-level Meeting, noted the three components of the new framework for surveillance of noncommunicable

diseases: monitoring exposures, monitoring outcomes and health system responses. Implementation of the framework at national level would require adequate surveillance capacities and integrated health-information and data-collection systems, including reliable registration of vital statistics. Improvements in death certification and the establishment of an epidemiology unit and health information systems would enhance her country's capacity in that regard.

More accurate reporting was required, in particular for cancer, as data on incidence and type of cancer were essential in planning cancer control programmes. Cancer registries provided an unbiased description of cancer patterns and trends in a given population, and her Government would therefore continue to support the Barbados National Registry for Chronic Non-Communicable Disease.

The draft resolution, of which her country was a sponsor, should help WHO to fulfil its obligations and sustain the momentum given by the High-level Meeting, while maintaining its leadership of the multisectoral response. Global commitment was needed to change the global social environment.

Ms ARTHUR (France) welcomed the increased international attention being paid to noncommunicable diseases since the High-level Meeting, as they were one of the major challenges to development in the 21st century. The Political Declaration should facilitate the formulation of targets and policies to guide States' actions. WHO should take into account five areas in its work on noncommunicable diseases, in particular when updating the current action plan. First, the social and environmental determinants of noncommunicable diseases, which were particularly significant for prevention. Secondly, a response dealing with health issues alone was not enough. Any response to noncommunicable diseases must be multisectoral, but with health remaining the principal consideration. Thirdly, other stakeholders must be involved in the implementation of prevention and control programmes, but any collaboration with the private sector must be transparent and avoid conflicts of interest. Fourthly, the financial burden of the prevention and treatment of noncommunicable diseases and their consequences weighed heavily on both governments and patients; the latter must be guaranteed access to information with appropriate and affordable treatment. Universal health coverage would improve patients' access to the care they needed. Finally, several Member States had emphasized the value of using tools and activities taken from other WHO strategies relating to noncommunicable diseases, although they had also noted difficulties in implementing national prevention and control policies. Successes and challenges at the country level should be evaluated to identify best practices and contribute to the definition of indicators and targets.

Dr PE THET KHIN (Myanmar) supported the draft resolution. He recalled that work to implement the action plan for the global strategy had already been undertaken during two bienniums, yet the budget allocated to control of noncommunicable diseases remained considerably lower than that for communicable diseases. Had there been any increase in the budget for noncommunicable disease programmes? An increase would be necessary if the six objectives of the action plan were to be achieved at all levels of the Organization. The headquarters and regional office budgets and work plans at all levels must be reviewed.

Subparagraph (a) of Objective 2 (document EB130/7) on national policies and plans referred to technical support provided by the Secretariat for building public health capacity to implement noncommunicable disease interventions through primary health care. He asked that specific information on that technical support be included as an annex to the report.

The Political Declaration of the High-level Meeting made no provision for funding. WHO must ensure that it obtained the necessary funding for the activities it wished to implement.

Dr LEI Zhenglong (China) said that the High-level Meeting had provided an historic chance to tackle the prevention and control of noncommunicable diseases, but that follow-up was crucial. He therefore supported the draft resolution with the amendments proposed but would welcome inclusion

of the following points in the Secretariat's report. The first related to the need for extensive publicity and advocacy activities to create a favourable social environment among communities, governments and relevant State agencies. The second was a suggestion that Member States should set up pilot projects to test strategies and models suited to their national context, which could gradually be extended. Thirdly, the Secretariat should develop a framework for evaluation of progress in Member States, create a basic database to evaluate global progress and introduce incentives to encourage Member States to contribute.

Mr PRADHAN (India) said the Political Declaration of the High-level Meeting recognized that the main noncommunicable diseases were primarily linked to known risk factors, including the use of tobacco and the harmful use of alcohol. National health ministries could not combat those diseases alone: other relevant ministries must also work on known risk factors in a whole-of-government approach.

The action plan with its six objectives was essential for enhancing Member States' capacity to control noncommunicable diseases at the primary, secondary and tertiary levels of health care. Work should focus on health promotion and disease prevention, as well as on addressing risk factors and strengthening health systems.

The Political Declaration recognized the fundamental conflict between public health and the tobacco industry. There was a need for similar global and national actions to minimize the harmful use of alcohol, as it led to chronic disease, domestic abuse, unemployment and a lower quality of life. He therefore suggested that WHO initiate action to prepare an agreement similar to the WHO Framework Convention on Tobacco Control within a specified time frame.

Paragraphs 61 and 62 of the Political Declaration required the development of a comprehensive global monitoring framework and a set of voluntary targets for the prevention and control of noncommunicable diseases by the end of 2012. That development process should be inclusive, and incorporate the views of civil society and international agencies, as well as Member States.

He supported the draft resolution, but asked whether it was necessary to include the specific timeline contained in subparagraph 2(1), as the same deadlines were also stated in subparagraphs 2(2), 2(3) and 2(6).

Dr DE ASSUNÇÃO SAÍDE (Mozambique), speaking on behalf of the Member States of the African Region, said that the increasing burden of noncommunicable disease had a disproportionate impact on poor and disadvantaged populations, which affected economic development and contributed to widening health gaps within and between countries.

The *Global status report on noncommunicable diseases* had highlighted that deaths due to those diseases would increase in the current decade by more than 20% in Africa if no action were taken to curb the current trend. African health ministers had adopted the Brazzaville Declaration on Noncommunicable Diseases Prevention and Control in the WHO African Region (April 2011), which placed particular emphasis on the need to address the main risk factors, including tobacco use, harmful use of alcohol, physical inactivity and inadequate diet.

Training workshops on policy management for the prevention and control of noncommunicable diseases had enabled 16 Member States to develop and implement integrated noncommunicable disease action plans. Selected noncommunicable diseases had been incorporated into the second edition of the technical guidelines for integrated disease surveillance and response in the Region.[1] A

[1] World Health Organization and Centers for Disease Control and Prevention. *Technical guidelines for integrated disease surveillance and response in the African Region*. Brazzaville, Regional Office for Africa, and Centers for Disease Control and Prevention , Atlanta, Georgia, United States of America, 398pp, 2010.

regional database on noncommunicable diseases was being developed and cancer registries had been established in selected countries.

The continued implementation of the VISION 2020: The Right to Sight initiative had raised the profile of eye health in Africa, and comprehensive oral health initiatives had been integrated into action plans for noncommunicable diseases in eight countries. Indicators for noma had been developed, and disease-endemic countries were implementing integrated and multisectoral approaches for prevention and control. Recommendations on the marketing of food and non-alcoholic beverages to children had been disseminated to try to prevent childhood obesity, which was increasingly common, even in countries where childhood malnutrition persisted. The Regional Office was spearheading the development of indicators and data-collection tools for noncommunicable diseases, including eye, ear and oral health, which had been included in the African Health Observatory.

Despite those developments, challenges remained, including monitoring noncommunicable diseases and their risk factors through surveillance mechanisms within national health information systems; reducing risk factors by establishing and strengthening intersectoral action; and improving health care for people with those diseases by strengthening health systems. Resources to implement and evaluate programmes were lacking. The lack of medicines, appropriate means of diagnosis, and low numbers and poor distribution of personnel trained in specific noncommunicable diseases such as eye, ear and oral health also hindered progress. As a result, he recommended the use of the flexibilities offered by the Agreement on Trade-Related Aspects of Intellectual Property Rights, and emphasized disease prevention and strengthening national capacity for medicine production.

He supported the draft resolution.

Mr MANCHA MOCTEZUMA (Mexico) said that in 2011 Mexico had hosted a regional ministerial meeting, whose outcome had been submitted to the High-level Meeting as a ministerial declaration. The Political Declaration of the High-level Meeting, which covered all aspects of disease prevention, demonstrated the high level of commitment from Member States and provided a valuable opportunity to make progress. It was important to tackle the social determinants of chronic noncommunicable diseases in order to encourage the alignment of the various sectors that impacted on the health sector, as well as access to medicines and strengthening of health systems, international cooperation, sharing of best practices and increased accountability in respect of information systems.

He supported the proposed amendment that the timeline for action in the draft resolution be amended. It was important to ensure greater flexibility in reviewing the indicators, as each country had different health structures and infrastructures and sources of health information. He endorsed the statement in the eighth preambular paragraph that noncommunicable diseases affected people of all ages. In Mexico, diseases related to nutrition, in particular, were common in children.

Dr GULLY (Canada) looked forward to working with the Secretariat, other United Nations agencies, funds and programmes, and Member States in implementing the Political Declaration of the High-level Meeting, for example through regional and global consultations on strengthening and facilitating multisectoral action, the new action plan for 2013–2020 and the development of a global monitoring framework.

Having participated in the informal consultations on the global monitoring framework held in January 2012, he supported the draft resolution, which reflected the outcome of that meeting. His country's experience in establishing surveillance systems in a complex setting demonstrated the value of a broad consultation process involving technical experts. The proposals in the draft resolution made good use of the time available to develop a comprehensive global monitoring framework, including a set of indicators that were applicable across regions and countries, and to develop recommendations for a set of voluntary global targets for the prevention and control of noncommunicable diseases.

Turning to the amendments to the draft resolution proposed by the member for Timor-Leste, he agreed with the amendment to subparagraph 2(2), but asked for clarification of the definition of "civil society" in the proposed amendment to subparagraph 2(5).

With regard to the amendment proposed by the member for Estonia to replace subparagraphs 2(1)(g) and 2(1)(h) with a new subparagraph, he said that it was not within the remit of the Director-General to adopt the work on the global monitoring framework, and therefore proposed replacing "adopt" by "include".

Dr DÍAZ ANAIZ (Chile) supported the draft resolution. The global strategy for the prevention and control of noncommunicable diseases 2008–2013 contained clear technical guidelines for the prioritization of interventions, but also required action from stakeholders beyond the health sector and WHO, including the food industry, agriculture, commerce, transport, urban development, education and finance and taxation authorities. It was important to encourage changes in modern lifestyles, create alliances between key stakeholders, and adopt new legislation. That was a complex task which would require collaboration between countries and with FAO, WHO, the World Bank, WTO, nongovernmental organizations and other stakeholders. Those organizations should encourage the development of intersectoral strategies on the use of tobacco, healthy diets and physical activity, which were some of the risk factors for noncommunicable diseases. WHO's leadership would be required to foster the necessary political will at national level to encourage change and guarantee resources and technical assistance.

Any integrated national strategy required capacity building, behavioural change, attention to social, economic and environmental determinants, surveillance and monitoring of the burden of disease, and the promotion of high-quality research in developing countries such as Chile. His Government had launched a programme called "Choose to live healthily" (*Elige vivir sano*) which promoted healthy eating and physical activity. Chile had spearheaded the development of a surveillance model for noncommunicable diseases in Latin America, within the framework of the Common Market of the South, the first report of which had been published in December 2011. Although he was aware that the prevention of noncommunicable diseases was a national responsibility, he encouraged WHO to request that other multilateral international organizations consider the impact of their policies on noncommunicable diseases.

Mr YUSOF (Brunei Darussalam), commending the progress made towards achieving the objectives of the global strategy, stressed the need for more work to maintain the momentum. He supported the draft resolution. Given the limited resources of Member States, effective use should be made of existing regional and international forums to forge links with the food, beverages and pharmaceuticals industries and to capitalize on capacity-building and research opportunities. He applauded WHO's initiative to establish a comprehensive global monitoring framework with realistic targets and indicators.

Ms QUACOE (Côte d'Ivoire)[1] said that noncommunicable diseases led to many premature deaths in Africa because of inadequate screening services, late diagnosis and the lack of adequate equipment, including radiotherapy equipment to treat cancer. There were not enough specialist health workers and they were not available in all areas. The supply of essential medicines was erratic and the cost was often beyond patients' means. Efforts must be made to strengthen health systems, improve geographical coverage and equity in health services, ensure the supply of effective generic medicines and launch community-based initiatives to promote healthy lifestyles.

[1] Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

Ms PATTERSON (Australia)[1] expressed support for the global efforts agreed at the High-level Meeting to scale up action to combat noncommunicable diseases. Her Government supported WHO's strong leadership role in that endeavour and would work with other Member States to fulfil the commitments made at the Meeting. It had provided funding to enable the Secretariat to support developing countries in implementing the current action plan for the global strategy for the prevention and control of noncommunicable diseases, and would contribute to the development of the next plan.

Ms ESCOREL DE MORAES (Brazil)[1] said that noncommunicable diseases, which caused millions of premature deaths and were increasingly prevalent in developing countries, remained at the top of the global health agenda. Her Government supplied patients with medication for hypertension and diabetes free of charge. It regarded the use of the flexibilities in the Agreement on Trade-Related Aspects of Intellectual Property Rights, the Doha Declaration on the TRIPS Agreement and Public Health, and WHO's global strategy on public health, innovation and intellectual property as crucial to public policies aimed at ensuring the right to health, and it placed particular emphasis on tackling risk factors, such as tobacco and alcohol use, physical inactivity and unhealthy diets.

It was essential to strike a proper balance between prevention, treatment and diagnostics in activities for the implementation of the Political Declaration of the High-level Meeting. Prevention was important, but it was equally important not to lose sight of the millions of underprivileged people without access to affordable medicines and treatment. WHO had been assigned a key role in the follow-up to the Political Declaration, which included monitoring the socioeconomic determinants of noncommunicable diseases and promoting effective intersectoral action; hence the need for close links with efforts to implement the Rio Political Declaration on Social Determinants of Health.

She supported the draft resolution as amended by the member for Timor-Leste.

Dr MAKUBALO (South Africa)[1] supported the draft resolution. Noncommunicable diseases placed a heavy burden on the health sector in her country. Recognizing the influence of social determinants, her Government had increased spending on health and initiated a programme for universal coverage of health care; it had prioritized the strengthening of the health system through capacity building for human resources, sustainable funding, reliable health information systems and securing access to affordable medicines. South Africa had taken part in the informal consultations to develop targets related to noncommunicable diseases. It was to be hoped that a realistic global monitoring framework would be developed. The next steps would call for preparation, commitment and sustainable funding at the national, regional and global levels.

Mr SAMAR (Algeria)[1] hailed the adoption of the Political Declaration of the High-level Meeting as a turning point in the fight against noncommunicable diseases. It recognized the global burden and threat of those diseases as a major obstacle to development in the 21st century, and highlighted the urgent need for comprehensive, coordinated and multisectoral measures at the national, regional and global levels. Noncommunicable diseases constituted a challenge of enormous proportions, especially in developing countries, which lacked the scientific, technical and financial capacity and infrastructure for early detection, treatment and care. Beside prevention, access to affordable medicines was necessary, but that would require technology transfer to enable medicines to be manufactured locally and the use of flexibilities in the Agreement on Trade-Related Aspects of Intellectual Property Rights.

To secure additional funding for health care, his Government had established a special cancer fund in the 2011 budget and imposed taxes on tobacco and other harmful products. A wide-ranging

[1] Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

investment plan had been launched to strengthen the national health system, and a multisectoral programme to combat noncommunicable diseases had been set up, with the participation of civil society. The Government collected information on risk factors and health determinants. From the point of view of sustainable development and efforts to combat social inequalities, an integrated and solidarity-based, scientific approach underpinned by compliance with the commitments made to the countries of the South would help to reduce the socioeconomic and health-related impacts of those diseases. His country would play a full part in any further consultations on the subject.

Dr THAKSAPHON THAMARANGSI (Thailand)[1] supported the draft resolution with the amendments proposed by the member for Timor-Leste. Although the language was not taken directly from the Political Declaration, concepts such as transparency, conflict of interest, and civil society involvement figured among its core principles and must be taken into account in all future work on the issue. He therefore urged Board members to approve those amendments.

He also endorsed the comments by the representative of Brazil on the importance of taking into account the social determinants of health in efforts to tackle noncommunicable diseases.

Dr NICKNAM (Islamic Republic of Iran)[1] commended the Secretariat's establishment of a specialized tobacco control centre in one WHO region and the development of various tools at the global level, which had brought effective interventions closer to populations in need. With greater commitment to combating noncommunicable diseases evident at senior political levels, it was important to introduce cost-effective, evidence-based interventions to tackle relevant risk factors. Expressing the hope that the Secretariat's next report would present more information on progress at the country level, he suggested that it should explore additional mechanisms and develop a plan to secure sustainable funding for the global strategy for the prevention and control of those diseases.

Mr KULIKOV (Russian Federation)[1] stated his Government's support for the draft resolution, noting that it had asked to be added to the list of sponsors.

Mr ADAMS (Union for International Cancer Control), speaking at the invitation of the CHAIRMAN, said that efforts to halt the epidemic of noncommunicable diseases relied on swift fulfilment of the commitments in the Political Declaration and clear decisions by the Sixty-fifth World Health Assembly. He therefore urged Member States to embark upon a consultative process, with the participation of civil society, leading to the adoption of a global monitoring and accountability framework; to adopt an initial set of realistic global targets at the Health Assembly and agree on a process and timeline for setting additional targets, bearing in mind that countries could set their own national targets at any time; to endorse the goal of a 25% reduction in preventable deaths from noncommunicable diseases by 2025; and to include noncommunicable diseases in the international development goals to be determined for the period after 2015, since they were a cross-cutting development priority and must be fully integrated into future global, regional and national frameworks. Member States should also support civil society's participation in the establishment of a multisectoral, global partnership to combat noncommunicable diseases, and provide WHO with the necessary resources to promote and monitor action. His organization pledged its continued support in pursuit of those objectives in order to secure a healthy future for all.

Mr MWANGI (Alzheimer's Disease International), speaking at the invitation of the CHAIRMAN, recommended that ageing be recognized as a key determinant of noncommunicable

[1] Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

diseases, and that the proposed global monitoring framework and targets take into account people of all ages, young and old. He further requested that Alzheimer's disease and other dementias be recognized as the fifth major noncommunicable disease.

Mr PLEYER (International Federation of Medical Students' Associations), speaking at the invitation of the CHAIRMAN, urged the Board to take a bold step in calling for time-bound and measurable commitments to reduce the prevalence of noncommunicable diseases; to include those diseases in discussions on other national and international health priorities, such as health systems strengthening and social determinants of health; to acknowledge the influence of industry and marketing on noncommunicable disease policies and urge governments to take a more active role; and to encourage the meaningful participation of youth from an early stage in the related strategies, as young people would be responsible for their implementation in the future.

Ms GLAYZER (Consumers International), speaking at the invitation of the CHAIRMAN, expressed the concern that the voluntary targets associated with the proposed global monitoring framework were too narrow to deliver the whole-of-government, multisectoral approach advocated in the Political Declaration. Additional targets were required to meet the challenge posed by poor diets in developed and developing countries, and the updated action plan for the global strategy for the prevention and control of noncommunicable diseases should call for measures to tackle the marketing of food to children; to require clear consumer information, including nutritional values, on packaging; and to ensure comprehensive, monitored reductions in the content of salt, sugar and saturated fats in processed foods. WHO already recorded progress in such areas, but including those measures in the voluntary targets stemming from the High-level Meeting would help to foster a more comprehensive approach and raise awareness of the importance of healthy eating and sound prevention policies targeting the diet-related risk factors for noncommunicable diseases.

Mr MWANGI (International Alliance of Patients' Organizations), speaking at the invitation of the CHAIRMAN, said that much remained to be done to fulfil the commitments in the Political Declaration. He called on Member States to ensure equitable implementation of the global strategy for the prevention, diagnosis, treatment and care of all chronic noncommunicable diseases; to prioritize the strengthening of health systems in terms of their service delivery, workforce, financing, medical products, technologies and information systems, as well as patient self-management; to make sure that the views of patients were solicited in the design, implementation, monitoring and evaluation of interventions; to encourage the active participation of patients' organizations in developing, implementing and monitoring legislation, policies, regulatory frameworks, strategies, guidelines and standards; to commit themselves to a plan to improve health literacy for all; to enhance research on the incidence and prevalence of noncommunicable diseases and their impact on the lives of patients, families and caregivers; to promote early diagnosis and treatment; and to ensure that all policies and programmes were based on the fundamental right to patient-centred health care, with an emphasis on individual needs, preferences and values and on patient autonomy.

Dr COSTEA (International Special Dietary Foods Industries), speaking at the invitation of the CHAIRMAN, expressed support for WHO's leadership role in the prevention and control of noncommunicable diseases. The special dietary foods industry supported exclusive breastfeeding for the first six months of life and the introduction of safe and appropriate complementary foods thereafter. Although global rates of breastfeeding had improved, the health and development of infants and young children in some countries was still undermined by nutritional deficiencies resulting from nutritionally poor complementary foods. Better information on the composition and nutritional value of such foods would help Member States to develop relevant national interventions to improve child nutrition, and her organization was committed to providing the necessary expertise. Its members

would analyse data on their products intended for children aged 6–24 months in selected countries and a consolidated report would be sent to WHO and other stakeholders. The industry's investment in research and development ensured that special dietary foods met the nutritional, micronutrient and safety needs of infants and young children, according to national and international standards. She supported the objectives set out in document EB130/7.

Dr SEYER (The World Medical Association Inc.), speaking at the invitation of the CHAIRMAN and on behalf of FDI World Dental Federation, drew attention to paragraph 19 of the Political Declaration, which recognized that oral diseases posed a major health burden and could benefit from common responses to noncommunicable diseases, with which they shared common risk factors. Dental caries was the world's most common chronic disease in children, and cardiovascular diseases, respiratory infections, diabetes and cancer were all linked to oral diseases, which UNDP had described as "obstacles to development".

WHO should take action to ensure that oral diseases were incorporated into noncommunicable disease programmes and national health planning, based on guidance provided in resolution WHA60.17 on oral health; to include oral diseases at the same level as the four main noncommunicable diseases in the proposed comprehensive global monitoring framework, its indicators and targets; to add a target aimed at reducing the number of work or school days missed because of oral diseases, which would also address wider determinants of health and development; and to adopt a set of optional oral health targets and indicators for which the global oral health community could make precise proposals.

Dr SEYER (The World Medical Association Inc.), speaking at the invitation of the CHAIRMAN and on behalf of the International Council of Nurses, the International Pharmaceutical Federation, the World Confederation for Physical Therapy and FDI World Dental Federation, which together made up the World Health Professions Alliance as well as his own organization, urged the Secretariat and Member States not to lose sight of person-centred care and public health when considering noncommunicable disease targets, indicators and a global monitoring system. He called for a common approach that addressed the link between noncommunicable diseases and social determinants of health, with a particular focus on prevention and risk factors; a holistic approach encompassing physical, mental and oral health and health services, addressing shared risk factors, the elimination of inequalities and access to health care as a basic human right; efforts to strengthen health systems through a comprehensive approach, with an emphasis on primary health care and prevention, specialized treatment and rehabilitation; and targets related to physical activity levels for children and adults, noncommunicable disease education and training, and oral health.

Dr BOULYJENKOV (Thalassaemia International Federation), speaking at the invitation of the CHAIRMAN, said that the global burden of haemoglobin disorders continued to increase and that epidemiological data underestimated the magnitude of the problem. Those data needed updating to reflect the migration of populations from affected countries. The Health Assembly had adopted several resolutions on haemoglobinopathies; those had facilitated the Federation's work and supported its activities at country level. However, the Federation wished to see a report on the activities of Member States to develop, implement and reinforce comprehensive national programmes for the prevention and control of sickle-cell anaemia, thalassaemia and other haemoglobinopathies.

Ms EGGERMONT (Medicus Mundi International), speaking at the invitation of the CHAIRMAN, said that the Political Declaration was lacking in clear and measurable targets and favoured untested, voluntary solutions over binding regulations. Regarding the follow-up to the Declaration, the comprehensive global monitoring framework and its indicators would have to be sufficiently flexible to be adaptable to country-specific needs; civil society must be involved in the

target-setting process at the national, regional and global levels; and Member States must increase funding, without diverting resources from other activities, and use innovative, progressive taxation mechanisms. As for the strengthening of multisectoral action, she welcomed the proposed review of existing partnerships; urged WHO and governments to put into effect strong policies tackling conflicts of interest that were detrimental to public health; and supported the call by the member for India to develop a global framework for alcohol control. When updating the action plan for the global strategy for the prevention and control of noncommunicable diseases, the Secretariat must provide countries with guidance for adopting a health-in-all-policies approach that addressed the social, economic and structural determinants of health, which would promote the synergy required to tackle other global challenges, such as food insecurity and climate change. Emphasis should be placed on health system strengthening, with a particular focus on patient-centred primary health care, social protection and access to medicines and health services. Her organization welcomed the suggestion to use the flexibilities in the Agreement on Trade-Related Aspects of Intellectual Property Rights and urged that it be acted upon.

Dr SILBERSCHMIDT (Switzerland) said that, having studied the amendments proposed by the member for Timor-Leste, he fully endorsed them. He shared the stated views on the importance of managing conflicts of interest.

Regarding the proposal to replace subparagraphs 2(1)(g) and 2(1)(h) with a new subparagraph, he had consulted the members for Estonia and Canada and had decided that it was important to comply with the High-level Meeting's decision to have the whole package of recommendations relating to paragraphs 61 and 62 of the Political Declaration ready by the end of 2012. In view of the fact that the customary formalities called for its adoption by the Executive Board, as opposed to a Member States consultation, before it could be submitted to the Health Assembly, he proposed that the word "adopt" in the new subparagraph proposed by the member for Estonia be replaced by "complete"; that the words "in a" in the phrase "in a Member State consultation" should be replaced by "based on"; and that subparagraph 2(1)(h) should remain where it was, with the beginning amended to read: "report on the recommendations relating to …".

Dr JESSE (Estonia), speaking on behalf of the European Union, thanked the member for Switzerland for his delegation's assistance in finalizing the language and asked for time to consider the new text overnight.

The CHAIRMAN suggested that the Board postpone its consideration of the draft resolution until the following morning.

It was so agreed.

(For continuation of the discussion, see the summary record of the ninth meeting.)

Strengthening noncommunicable disease policies to promote active ageing

The CHAIRMAN drew attention to a draft resolution on strengthening noncommunicable disease policies to promote active ageing, proposed by Brunei Darussalam, Canada, China, Japan, Mongolia, Papua New Guinea and Singapore, which read:

The Executive Board,

Having considered the reports on prevention and control of noncommunicable diseases and the need for integrated management of prevention and control of noncommunicable diseases in order to promote active ageing,[1]

RECOMMENDS to the Sixty-fifth World Health Assembly the adoption of the following resolution:

The Sixty-fifth World Health Assembly,

PP1 Having considered the report on the Outcomes of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control and the report on the implementation of the global strategy for the prevention and control of noncommunicable diseases and the action plan;

PP2 Recalling the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, the Moscow Declaration adopted at the First Global Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control (Moscow, 28 and 29 April 2011), and the resolution WHA64.11 on preparations for the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases, following on the Moscow Conference;

PP3 Recalling the Millennium Development Goals (MDGs) Follow-up Meeting (Tokyo, 2 and 3 June 2011), with the participation of more than 110 countries, about 20 United Nations or regional organizations and civil society organizations, at which it was agreed that noncommunicable diseases are emerging global challenges not only for the post-2015 era, but which also threaten the achievement of the internationally agreed development goals including the Millennium Development Goals;

PP4 Noting that an estimated 36 million of the 57 million deaths in the world in 2008 were due to noncommunicable diseases, such as cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, which are largely caused by four common risk factors, namely tobacco use, harmful use of alcohol, unhealthy diet and lack of physical activity, and that nearly 80% of those deaths occurred in developing countries;

PP5 Noting with profound concern that ageing is among the major contributory factors to the rising incidence and prevalence of noncommunicable diseases, which are leading causes of morbidity and disability;

PP6 Noting also the demographic change, with the world's population aged 60 years or more increasing at more than three times the overall population growth rate and rising to about 1200 million in 2025; that the ageing of populations has public health and economic implications, including rising rates of noncommunicable diseases; and also the importance of lifelong health promotion and disease prevention activities that can prevent or delay, for example, the onset of noncommunicable diseases;

PP7 Recalling resolutions WHA52.7 and WHA58.16 on active ageing that urged Member States to take measures that ensure the highest attainable standard of health and well-being for the rapidly growing numbers of older persons in both developed and developing countries;

[1] Documents EB130/6, EB130/7 and EB130/8.

PP8 Recalling further United Nations General Assembly resolution 57/167, which endorsed the Political Declaration and the Madrid International Plan of Action on Ageing, as well as other relevant resolutions on ageing;

PP9 Noting that the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases recognizes that mental and neurological disorders, including Alzheimer's disease, are an important cause of morbidity and contribute to the global burden of noncommunicable diseases, for which there is a need to provide equitable access to effective programmes and health-care interventions and that these disorders are prevalent among the ageing population;

PP10 Recognizing the importance of gender-based approaches, solidarity and mutual support for social development, of the realization of the human rights of older persons, of promoting quality of life, health equity and the prevention of age discrimination, and of promoting social integration of aged citizens;

PP11 Acknowledging the Rio Political Declaration on Social Determinants of Health, which expressed the determination to achieve social and health equity through actions on the social determinants of health and well-being with a comprehensive intersectoral approach;

PP12 Noting the WHO Framework Convention on Tobacco Control and related WHO strategies and action plans, underscoring the importance of addressing common risk factors for noncommunicable diseases;

PP13 Welcoming WHO's focus on prevention and control of noncommunicable diseases through public health action, a primary health care approach and comprehensive health systems strengthening;

1. URGES Member States:

(1) to develop and implement policies, programmes and multisectoral action on noncommunicable disease prevention and health promotion in order to strengthen healthy ageing policies and programmes and promote the highest standard of health and well-being for older persons;

(2) to strengthen intersectoral policy frameworks and institutional mechanisms, as appropriate, for integrated management of prevention and control of noncommunicable diseases, including health care and social welfare services, in order to address the needs of older persons;

(3) to ensure that national health strategies on noncommunicable diseases contribute to the achievement of the Millennium Development Goals;

(4) to promote, as appropriate, conditions that enable individuals, carers, families and communities to encourage healthy ageing, including care for, provision of support to and protection of older persons, taking into account physical and psychological aspects of ageing, the special needs of older persons and the opportunities for the participation of older people in communities;

(5) to strengthen cooperation and partnership among Member States at all levels of government, stakeholders, academia, research foundations, private sectors and civil societies in order to implement plans and programmes effectively;

(6) to highlight the importance of a primary health care approach in national health-care planning, and of enabling integration of health promotion and prevention and control of noncommunicable diseases into ageing policies;

(7) to encourage making available measures and resources to provide health care and social protection for healthy and active ageing, paying special attention to the

importance of training, education and capacity-building of the health workforce in collaboration with WHO and partners;

(8) to further strengthen monitoring and evaluation systems for generating and analysing data disaggregated by age and sex, including data from noncommunicable disease surveillance, with the aim of developing equitable evidence-based policies and planning for older persons;

2. REQUESTS the Director-General:

(1) to provide support to Member States in promoting and facilitating further implementation of commitments made at relevant United Nations conferences and summits on noncommunicable diseases and ageing;

(2) to provide support to Member States in placing emphasis on health promotion and disease prevention throughout the life-course, including multisectoral approaches to healthy ageing, integrated care for older persons and support for providers of formal and informal welfare services;

(3) further to provide support to Member States in raising awareness of healthy and active ageing by means that include ageing-specific policies and the mainstreaming of ageing in their national strategies;

(4) to support the advancement of country level systems for monitoring noncommunicable diseases, as appropriate, and continue to develop a comprehensive global monitoring system for prevention and control of noncommunicable diseases to track trends and monitor progress in implementation of the Political Declaration;

(5) to raise the priority given to prevention and control of noncommunicable diseases on the agendas of relevant forums and meetings of national and international leaders in advance of a post-2015 global development agenda;

(6) to consider focusing *The world health report 2014* on the global status of ageing, recognizing the importance of strengthening information systems through the inclusion of older adults in the collection, analysis and dissemination of data and information on health status and risk factors;

(7) to report to the Sixty-sixth World Health Assembly, through the Executive Board, on progress made in implementing this resolution.

Dr OMI (Japan), introducing the draft resolution, said that Myanmar and the Republic of Korea had joined the sponsors. The number of people older than 60 years was set to increase to an estimated 2000 million by 2050, of whom 80% would be living in developing countries. Ageing was a major contributing factor in the rising incidence and prevalence of the noncommunicable diseases which were the leading causes of morbidity, disability and death. Strokes, for example, which claimed more than twice as many lives in low- and middle-income countries as in high-income countries, not only affected the persons concerned but also required financial and other support from their families. The rapid increase of strokes in high-, medium- and low-income countries alike was alarming. It was therefore time to integrate ageing issues into noncommunicable disease policies and programmes in order to reduce the disease burden through effective prevention and control, and to promote the highest standard of health and well-being for older persons.

Mr PRASAD (India) said that the draft resolution did not appear to contain any reference to affordable medicines, an important element for active and healthy ageing. He therefore proposed insertion of a new paragraph after the fifth preambular paragraph, reading: “Noting further that the populations would require access to affordable medicines to enhance healthy ageing”. He further proposed that the words “access to affordable medicines and” be inserted after “paying special

attention to" in subparagraph 1(7), and addition of a new subparagraph 2(2)bis, reading: "to support the Member States in developing policies and programmes for access to affordable medicines for the ageing".

Mr McIFF (United States of America) proposed adding a new paragraph after the seventh preambular paragraph, reading: "Noting that noncommunicable diseases become more prevalent among older persons, there is an urgent need to prevent noncommunicable-disease-related disabilities and plan for long-term care".

Dr JESSE (Estonia), speaking on behalf of the European Union and its Member States, proposed the following amendments. The words "United Nations" should be inserted before "General Assembly" throughout the document.

In the fifth preambular paragraph, the word "preventable" should be inserted before "morbidity and disability". The end of the sixth preambular paragraph should be amended to read: "… the onset and severity of noncommunicable diseases and promote healthy ageing". In the ninth preambular paragraph, the phrase "and that these disorders are prevalent among the ageing population," should be deleted from the end of the paragraph and reinserted between "noncommunicable diseases," and "for which there is a need". The twelfth preambular paragraph should be deleted, as it singled out the WHO Framework Convention on Tobacco Control when there were several relevant strategies relating to noncommunicable diseases.

The beginning of subparagraph 1(1) should be amended to read: "to develop, implement, monitor and evaluate policies, programmes …". In subparagraph 1(2), the words "health promotion" should be inserted between "including" and "health care". "The beginning of subparagraph 1(3) should be amended to read: "to ensure, where appropriate, that national health strategies …". The end of subparagraph 1(4) should be amended to read: "psychological aspects of ageing, and to focus on intergenerational approaches". A new subparagraph 1(4)bis should be added, reading: "to encourage the active participation of older people in society and local community;". In subparagraph 1(5), the word "societies" should be changed to the singular. In subparagraph 1(6), the phrase "in close collaboration with social services," should be inserted after "planning". In subparagraph 1(7), the words "health promotion" should be inserted after "to provide". The second and third lines of subparagraph 1(8) should be amended to read: "analysing data on noncommunicable diseases disaggregated by age, sex and socioeconomic status, with the aim of …". In subparagraph 2(3), the phrase "and on the positive aspects of ageing" should be inserted after "active ageing".

Every occurrence of the phrase "Member States" should be accompanied by a footnote, reading: "and, where applicable, regional economic integration organizations".

Mr MANCHA MOCTEZUMA (Mexico) expressed concern that the draft resolution focused exclusively on ageing populations and did not take account of the fact, reiterated in the eighth preambular paragraph of the draft resolution on follow-up to the High-level Meeting, which the Board had just discussed, that the increasing prevalence of noncommunicable diseases affected people of all ages. Infant, young child and even maternal nutrition were, as stressed in the earlier discussions, a key means of preventing the onset of those diseases, whereas once people reached old age and the diseases had taken hold, it was too late for prevention and the policies and programmes could only cover treatment and control. He therefore suggested that the scope of the draft resolution should be widened to include all age groups and the concept of early prevention.

Dr GULLY (Canada) drew attention to the fact that the Political Declaration had highlighted population ageing as a contributing factor in the rising incidence and prevalence of those diseases. It further emphasized the links with mental and neurological disorders and suicide, which were more common among older people. Canada's efforts to promote healthy ageing included continued support

for health workers to work towards the well-being of ageing populations, and implementation of the WHO Age-friendly Environments Programme in communities across the country.

Turning to the draft resolution, he said that the twelfth preambular paragraph should be retained in its original form, as the wording was intended to single out a major aspect of noncommunicable disease control, namely tobacco control.

Dr OMI (Japan), expressing concern that the proposed amendment to subparagraph 1(4) might undermine the aim of providing support for the special needs of older persons, requested the member for Estonia to consider revising the proposed amendment.

Dr JESSE (Estonia), speaking on behalf of the European Union, agreed to withdraw the proposal to delete the twelfth preambular paragraph but said that she could not agree to alter the amendment to subparagraph 1(4) without consulting the other members of her regional group.

Responding to an amendment to the ninth preambular paragraph proposed by Mr MANCHA MOCTEZUMA (Mexico), the DIRECTOR-GENERAL said that the Board might wish to use the following wording at the end of the paragraph: "and contribute to the global burden of noncommunicable diseases, and that these disorders are prevalent among the ageing population, for which there is a need to provide equitable access to effective programmes and health-care interventions to all the younger age groups in the population".

Dr OMI (Japan), in order further to emphasize the point made by the member for Mexico, suggested inserting the phrase "starting at the earliest stage possible" after the words "throughout the life-course" in subparagraph 2(2).

Ms PATTERSON (Australia)[1] asked for her country to be included as a sponsor of the draft resolution.

The CHAIRMAN, in the absence of any objection, took it that the Board wished to adopt the draft resolution, as amended.

The resolution, as amended, was adopted.[2]

The meeting rose at 17:35.

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[1] Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

[2] Resolution EB130.R6.