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# PROVISIONAL SUMMARY RECORD OF THE THIRTEENTH MEETING

**WHO headquarters, Geneva**
**Saturday, 28 January 2017, scheduled at 09:30**

**Chairman: Dr R. BUSUTTIL (Malta)**

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## THIRTEENTH MEETING

**Saturday, 28 January 2017, at 09:30**

**Chairman:** Dr R. BUSUTTIL (Malta)

**NONCOMMUNICABLE DISEASES:** Item 10 of the agenda

**Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018:** Item 10.1 of the agenda (documents EB140/27 and EB140/27 Add.1)

The CHAIRMAN invited the Executive Board to note the report and consider the draft resolution contained in document EB140/27. The financial and administrative implications for the Secretariat of that draft resolution were contained in document EB140/27 Add.1.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, reaffirmed the Region's commitment to implement resolutions WHA66.10 (2013) on the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and WHA69.6 (2016) on responses to specific assignments in preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable diseases. Tackling the double burden of communicable and noncommunicable diseases in the Region required efforts that could not be supported by national budgets alone. The main challenges faced by the Region included unmet demands for technical assistance to strengthen national capacity and industry interference that blocked certain measures. He welcomed the draft updated Appendix 3 to the global action plan for the prevention and control of noncommunicable diseases 2013–2020. When selecting interventions for noncommunicable diseases, it was essential to consider national implementation capacities and feasibility. The Member States of the African Region would therefore require technical and financial support from WHO. He supported all measures to ensure that non-State actors, and the private sector in particular, followed WHO standards and guidance and could register their contributions to action on noncommunicable diseases in an objective and independently verifiable manner. The Secretariat should therefore complete its work to develop an approach to the registration and publication of the contributions of non-State actors to the achievement of the voluntary targets for noncommunicable diseases. Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018, should be based on consensus and transparency, and should take into account national circumstances and the need for multisectoral action, fairness, efficiency, universal health coverage and strengthened health promotion and research, including the development of new technologies. He urged donors to increase their contributions to support the countries of the Region in developing their national multisectoral noncommunicable disease responses, with the involvement of both State and non-State actors. He expressed support for the draft resolution.

The representative of TURKEY welcomed the report, noting that, in 2016, the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases had carried out a useful mission to Turkey. The fight against noncommunicable diseases was the shared responsibility of all United Nations organizations. WHO should ensure system-wide cooperation in that regard.

The representative of MEXICO noted the importance of taking global, unified and standardized measures on noncommunicable diseases, and of coordination and evaluation efforts, which would contribute to the development of more effective strategies in Member States. She expressed support for the proposed workplan and draft updated Appendix 3. It was crucial to register and publish the contributions of non-State actors to the achievement of the nine voluntary targets for noncommunicable diseases.

The representative of CANADA said that the draft updated Appendix 3 was an important tool for the implementation of measures on noncommunicable diseases and their risk factors, which should be applied according to national circumstances. The Secretariat should provide, prior to the Seventieth World Health Assembly, additional technical information on the findings that had led to the inclusion of each of the options in the draft updated Appendix 3, since increased transparency would provide added weight to the evidence. Before the Seventieth Health Assembly, once the analyses by the WHO's Choosing interventions that are cost-effective (WHO-CHOICE) project had been completed, the Secretariat should hold a technical briefing on the outcome of those analyses.

The representative of the CONGO expressed concern that sickle cell disease, as the most widespread genetic disease, and one that affected countries in Africa, the Middle East, South-East Asia, Europe and the Americas, was a forgotten noncommunicable disease. Although an African regional programme on noncommunicable diseases had been developed for 2010–2016, it had hardly been implemented or evaluated. All noncommunicable diseases, including sickle cell disease, must be taken into account in order to conduct a comprehensive evaluation of the effectiveness of preventative measures and resulting treatment regimes.

The representative of COLOMBIA, speaking on behalf of the Member States of the Region of the Americas, said that she welcomed the draft updated Appendix 3 and the proposed workplan and took note of the draft approach to register non-State actors' contributions to the achievement of the voluntary targets. Member States should discuss the purpose and benefits of each model presented in the draft updated Appendix 3, in line with the Framework of Engagement with Non-State Actors. Given the Region's high burden of noncommunicable diseases, it was strongly committed to taking action, specifically through the Plan of Action for the Prevention and Control of Noncommunicable Diseases in the Americas 2013–2019, on which further efforts and cooperation were needed. Comprehensive approaches by government and in society were necessary to confront noncommunicable diseases and manage their risk factors. Political will, coordinated investments and cooperation were critical to addressing the underlying social, economic, political and capacity-related challenges of noncommunicable diseases and tackling the interconnected nature of the epidemic, including with reference to the Sustainable Development Goals. More measures were urgently needed, in order to make progress on preventable noncommunicable diseases and meet the voluntary targets. The preparation for the third High-level Meeting, in which the Member States of the Region would participate, required a multistakeholder approach. The Secretariat should play a strengthened role in supporting Member States in the development and implementation of national responses and capacities on noncommunicable diseases, and should facilitate the coordination of activities, multistakeholder engagement and cross-sectoral action to implement the global action plan.

The representative of MALTA, speaking on behalf of the European Union and its Member States, proposed that, in paragraph 3 of the draft resolution, a footnote should be inserted after the words "Member States", which would read "And, where applicable, regional economic integration organizations."

The representative of JAMAICA recalled that heads of State of the Caribbean Community had been the first to sign a declaration on tackling the epidemic of noncommunicable diseases. Despite

efforts in the Caribbean subregion to increase public awareness of noncommunicable diseases, the challenges included inadequate funding for national action plans, competing priorities for resources and advertising that countered positive cultural norms. As a result, the subregion was not on track to meet the nine voluntary targets on noncommunicable diseases, and the attainment of the Sustainable Development Goals related to noncommunicable diseases was under threat. He endorsed the draft updated Appendix 3 and took note of the draft approach to register and publish non-State actors' contributions to the achievement of the voluntary targets. Two nongovernmental organizations in the Caribbean subregion had published a status report that registered the contribution of regional non-State actors to the global commitments on noncommunicable diseases. The Secretariat should give due consideration to that report when completing its work on registering non-State actors' contributions.

The representative of THAILAND said that he welcomed the draft updated Appendix 3, the draft approach to registering non-State actors' contributions and the proposed workplan. Experience of the prevention and control of noncommunicable diseases highlighted the need for effective and sustainable multisectoral action to address related risk factors. The frequent strong response to health-related tax increases from the tobacco, alcohol, and sugary drink industries meant that strong leadership and good governance would be crucial to success. A central challenge would be translating the menu of policy options into action to achieve the voluntary targets. The Secretariat should develop a composite risk index for noncommunicable diseases and promote a total risk approach. A global strategy and action plan on physical activity would contribute to the achievement of the voluntary targets. WHO and other global leaders in health should act as role models by promoting healthy organizations, cities and countries.

The representative of BAHRAIN, highlighting the challenges posed by noncommunicable diseases, noted the impact of such diseases in his region. Cooperation should be strengthened to enhance the implementation of national strategies to combat noncommunicable diseases. He supported all efforts by WHO to tackle noncommunicable diseases.

The representative of the UNITED STATES OF AMERICA, referring to the draft updated Appendix 3, called for additional information on the analyses related to modified or new interventions, such as effective taxation of sugar-sweetened beverages. Without the draft technical annex, an endorsement of the draft updated Appendix 3 would be premature. She proposed that paragraph 1 of the draft resolution should be bracketed and that the Secretariat should brief Member States on the Appendix, the underlying WHO-CHOICE analyses and the updated technical annex prior to the Seventieth World Health Assembly. The draft technical annex should include WHO's key assumptions, for example on whether analyses modelled a range of coverage scenarios and the impact of different tax rate changes. Accessible tools that allowed users to explore interventions and policy options in detail and in light of local factors would be helpful. She encouraged a thorough and ongoing evaluation of the effectiveness of the policy and intervention recommendations. She expressed support for a multisectoral and multistakeholder approach to addressing noncommunicable diseases and encouraged WHO to consult broadly on the further development of the approach to register and publish non-State actors' contributions. Regular engagement with non-State actors should include dialogue, the sharing of best practices and collaboration to tackle noncommunicable diseases.

The representative of NEW ZEALAND expressed support for WHO's focus on determining and implementing cost-effective and evidence-based interventions. The availability of the evidence base for the policy options set out in the draft updated Appendix 3 was key to conducting a constructive review of the report prior to the Seventieth World Health Assembly. Accordingly, he supported the request for the Secretariat to provide the evidence base referenced in document EB140/27, Annex 1, paragraph 7, and to convene discussions on that information before the

Seventieth World Health Assembly. Those background materials should be publicly available through open access.

The representative of CHINA expressed his support for the proposed workplan. He urged WHO to strengthen coordination with other international organizations on action to tackle noncommunicable diseases. The Organization should also boost financial and technical support for developing countries on noncommunicable diseases and develop innovative support models, improve its monitoring system, introduce information technology tools to improve efficiencies and promote global capacities.

The representative of the RUSSIAN FEDERATION said that, although WHO and global health leaders had made noncommunicable diseases a top priority, progress was slow. She noted the support for tackling noncommunicable diseases provided by the geographically dispersed office in Moscow. She expressed support for the draft updated Appendix 3.

The representative of KUWAIT said that political will, financial support and cooperation with all stakeholders were crucial to the successful implementation of the global action plan. She expressed support for the draft updated Appendix 3, which would allow WHO to capitalize on evidence of tackling noncommunicable diseases and would bolster the efforts made by Member States. The Organization should promote best practices and lessons learned, and cooperate with non-State actors. The issue of noncommunicable diseases and emergency situations should be thoroughly discussed, in particular with respect to the health of migrants and the impact of such diseases on receiving countries.

The representative of PAKISTAN said that concerted efforts would be required to combat noncommunicable diseases and their impact on economic development. High-level political commitment, resource mobilization, technical expertise, legislation and intersectoral collaboration would be vital to success. He stressed the need to identify common ground between the work being done to combat noncommunicable diseases and other areas of work, including chronic diseases, infectious diseases, social determinants and the Sustainable Development Goals. He urged WHO to develop synergies at every level in that regard.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO said that, in order for action plans to achieve their aims, they must be realistic. The main objectives of the global action plan would not be met unless all countries placed emphasis on the implementation of realistic national action plans backed by sufficient resources.

The representative of NEPAL said that steps should be taken to effectively implement national multisectoral action plans. Prevention and control strategies should be well coordinated and include the active participation of health sector partners and other stakeholders. Exercise and healthy lifestyles should be promoted and integrated into national primary health care systems. Adequate financial resources for prevention, control, monitoring and research activities should also be made widely available at the national and global levels.

The representative of JAPAN[1] said that the promotion of healthy and active ageing would play a vital role in combating noncommunicable diseases. She stood ready to share experience and knowledge on the matter, in order to galvanize momentum ahead of the third High-level Meeting. She welcomed the draft resolution.

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

The representative of URUGUAY[1] said that strong political will would be required to tackle noncommunicable diseases at the global level. The global coordination mechanism on the prevention and control of noncommunicable diseases represented the best means of bringing relevant stakeholders together to take joint action. It was imperative that national and international strategies to tackle noncommunicable diseases focused not only on health aspects, but also on social and educational determinants. She expressed support for the draft updated Appendix 3 and the proposed workplan.

The representative of the UNITED REPUBLIC OF TANZANIA[1]welcomed the draft updated Appendix 3. He expressed the hope that his country would continue to receive WHO assistance in the implementation of its national action plan on noncommunicable diseases.

The representative of INDIA[1] said that written amendments to the draft updated Appendix 3 would be forwarded to the Secretariat. While expressing support for the draft approach to registering and publishing the contributions of non-State actors to the achievement of the nine voluntary targets for noncommunicable diseases, he stressed that the approach must be consistent with the Framework of Engagement with Non-State Actors and include a comprehensive policy on conflicts of interest. An open internet platform would be a cost-effective way of implementing the draft approach and would provide the required transparency. He urged the Secretariat to make the resource library on noncommunicable diseases, referred to in Action 2.2 of the proposed workplan, available to Member States at the earliest possible opportunity.

The representative of NORWAY[1] said that, given the importance of urban planning policy in promoting health, efforts should be made to disseminate noncommunicable disease prevention practices via the WHO European Healthy Cities Network. He expressed support for the draft updated Appendix 3 and noted that alcohol and tobacco control could serve as effective means of curbing the rise of noncommunicable diseases, while simultaneously generating national revenue to finance noncommunicable disease programmes. Regarding the draft approach to registering and publishing non-State actors' contributions, he emphasized the importance of accuracy over speed and suggested a stepwise approach to implementation. The approach should remain a self-reporting tool, whereby non-State actors were encouraged to register only those contributions related to activities within their core area of business. He supported the overall eligibility criteria for participation in the implementation of the approach, based on the compliance of non-State actors with the provisions of United Nations General Assembly resolutions 66/2 (2011) and 68/300 (2014), the Framework of Engagement with Non-State Actors and the global action plan for the prevention and control of noncommunicable diseases 2013–2020. As for the proposed workplan, WHO should continue to promote low-cost interventions in low- and middle-income countries and strengthen the work of country offices. He noted the important work performed by the global coordination mechanism and looked forward to receiving updates on its progress.

The representative of TOGO[1] said that decisive action must be taken to prevent the emergence of noncommunicable diseases in childhood and adolescence and to promote healthy lifestyles, so as to reduce morbidity and mortality rates in the decades to come.

The representative of AUSTRALIA[1] acknowledged that an increased number of Member States had an operational policy on noncommunicable diseases, but expressed concern that many countries struggled to move from commitment to action. He urged Member States to accelerate their efforts to implement policies aimed at combating noncommunicable diseases prior to the comprehensive status

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

review at the third High-level Meeting in 2018. He expressed support for regional leadership on the prevention, control and treatment of noncommunicable diseases in the Western Pacific Region and welcomed the draft updated Appendix 3 and the proposed workplan. Registering non-State actor contributions would be essential to tackling noncommunicable diseases. However, the approach taken must be practical, transparent and accountable, and backed by adequate resources.

The representative of PANAMA,[1] recognizing that the increase in the number of actions on noncommunicable diseases generated new challenges, noted that a number of countries had not made progress on their commitments, due to conflicts between the public health sector and industry. Framework conventions should be established for each risk factor and the relevance of food to noncommunicable diseases must be addressed. She called on Member States make efforts to attain their commitments and urged the Director-General to manage the relevant financial resources and apply the Framework of Engagement with Non-State Actors. Health authorities should manage and facilitate action to improve public health in the face of global challenges. She expressed support for the report and its annexes.

The representative of ITALY[1] welcomed the Secretariat's pledge to provide Member States with additional technical support to tackle noncommunicable diseases. She noted the importance of relying on strong and robust scientific evidence to identify and guide policy options and interventions aimed at preventing noncommunicable diseases, without prejudice to national sovereignty. She would therefore not be in a position to endorse the draft updated Appendix 3 before completion of the evidence-based studies and analyses of the policy option on reducing sugar consumption through effective taxation on sugar-sweetened beverages.

The representative of ECUADOR,[1] noting that successful control of noncommunicable diseases would require a cross-cutting, global approach, expressed regret that the report failed to mention the United Nations Decade of Action on Nutrition. To that end, she wished to know what joint activities would be organized under the global coordination mechanism to improve synergies with the United Nations Permanent Committee on Nutrition as well as to help Member States comply with the objectives of the global action plan and counteract the pernicious influence of the food, alcohol and tobacco industries. Agreement must be reached with private sector bodies on improved and sustainable food production systems that allowed for the promotion of a healthy diet and equal access to quality products. She called on Member States to comply with commitments to prevent and control noncommunicable diseases and prepare seriously for the third High-level Meeting. The proposed workplan for the global coordination mechanism must encompass a multisectoral, interdisciplinary approach, so as to identify synergies and optimize the limited resources available. She therefore proposed that, at the end of the second preambular paragraph, and the third operative paragraph of the draft resolution, the phrase "including Resolution A/RES/70/259; as well as the existing synergies with Resolution WHA68.19 on the Outcome of the Second International Conference on Nutrition" should be added.

The representative of BANGLADESH,[1] noting the slow rate of progress in implementing the global action plan, expressed the hope that the third High-level Meeting would lead to the development of pragmatic initiatives to dramatically reduce noncommunicable diseases. He expressed support for the draft resolution.

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

The representative of SOUTH AFRICA[1] said that the readiness of health systems and the effective implementation of national action plans would be crucial to the prevention and control of noncommunicable diseases. She stood ready to share South Africa's experience of integrating services for noncommunicable diseases. Further scientific evidence would be required in order to devise cost-effective interventions to tackle such diseases. She supported the draft updated Appendix 3.

The representative of MONACO[1] said that the collective action taken by the Member States since the first High-level Meeting was both relevant and innovative. For example, the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases made it possible to tackle problems at their roots, while the global coordination mechanism fostered dialogue with all stakeholders, including the private sector. It was therefore crucial to continue working together. She expressed support for the draft resolution and stood ready to participate in the preparations for the third High-level Meeting.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA[1] endorsed the statement made by the representative of Ecuador. Progress was needed on health promotion policies in terms of food production regulations, especially with regard to the sodium and saturated fat content of processed foods and to the sugar content of non-alcoholic beverages. He endorsed global efforts on noncommunicable diseases and noted that his Government would bolster its national activities in the light of global objectives, in particular those set out in the draft updated Appendix 3.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES recommended that the third High-level Meeting should hold further discussions of two issues: the role of volunteers and community-based health programmes in supporting preventive lifelong behaviour change and providing care for those living with chronic illnesses; and expanding support to address noncommunicable diseases in disasters, emergencies and complex settings, including among people on the move. The Federation welcomed the proposal to develop a system allowing non-State actors to publish achievements in relation to noncommunicable disease control targets.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that physicians were committed to reducing the chronic disease burden at all levels. The Association offered its expertise to help the Secretariat and Member States implement the noncommunicable disease strategy and evaluate the global coordination mechanism. It also stood ready to support WHO in the organization of the third High-level Meeting. Measures relating to noncommunicable diseases had to be broad and inclusive in scope. A holistic approach was needed that was based on common risk factors, the social determinants of health and a life course approach. Member States, United Nations agencies, civil society and the private sector all had to work together in a committed partnership that took due account of the need to address conflicts of interest.

The representative of FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that FDI stood ready to participate in the mid-point evaluation of progress on the implementation of the global action plan. With regard to the nine voluntary targets for noncommunicable diseases, he emphasized that the prevention and control of oral diseases and the promotion of oral health could make significant and direct contributions to achieving targets 1, 2, 5 and 7. FDI supported population-wide measures, but noted that they could appear judgemental and open the door to industry accusations relating to personal freedom and punitive taxes affecting the

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

poor; it therefore advocated such measures in combination with awareness-raising campaigns. Oral health promotion and disease prevention campaigns were convincing and cost-effective means of promoting healthy behaviours to prevent other noncommunicable diseases.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIRMAN, expressed satisfaction at the inclusion of palliative care and access to pain medicines in the draft updated Appendix 3, Objective 4. She urged Member States to speed up implementation of WHA67.19 (2014) and integrate palliative care into their health systems by increasing the training and certification of health care providers and primary care physicians in basic palliative care skills. She urged the Secretariat to help Member States to implement the operational recommendations of the outcome document adopted by the United Nations General Assembly Special Session on the world drug problem pertaining to the availability and affordability of controlled essential medicines, particularly oral morphine, for the relief of severe pain and dyspnoea. The inclusion of palliative care and essential controlled medicines in national noncommunicable disease plans would help Member States achieve target 3.8 of the Sustainable Development Goals.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, commended the Secretariat for the significant improvements made to Appendix 3, which now acknowledged the limitations of cost-effective analysis and emphasized the importance of population-based interventions, including fiscal policies and environmental changes. She urged the Board to discuss in depth the approach used to register contributions from non-State actors, the purpose and feasibility of which remained unclear. For the approach to be credible, commitments would have to be specific, measurable, achievable, realistic and time-bound and directly related to the non-State actor's core business. It would have to comprise a sophisticated set of output indicators and a robust monitoring and evaluation component. It must in no way draw attention away from the urgent need for policy action, including legislation and regulation, by Member States.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that the various barriers to global progress on noncommunicable diseases – such as the lack of policy expertise at the national level, industry interference and funding shortfalls for global action – had not been adequately addressed in document EB140/27, and called on WHO to provide leadership to overcome those barriers. She called attention to the role of young people in raising awareness of and preventing noncommunicable diseases. To ensure that young people's voices were heard, the Secretariat and Member States should leverage their energy, creativity and enthusiasm, and involve them further in the process leading up to the third High-level Meeting.

The representative of the INTERNATIONAL SOCIETY OF NEPHROLOGY, speaking at the invitation of the CHAIRMAN, said that kidney disease was not one of the four noncommunicable diseases specially targeted by the global action plan, and yet both chronic kidney disease and acute kidney injury raised important public health concerns. Many structural factors, including poverty, education, nutrition, gender inequality, substance abuse and lack of access to primary care, directly increased the risk of kidney disease, which therefore had to be tackled using a multisectoral approach. She encouraged WHO and Member States to strive to integrate kidney disease into the global action plan, as it was a potent modifier of cardiovascular and diabetes morbidity and mortality.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, said that national responses in terms of noncommunicable diseases remained inadequate and called on the Board to provide clear guidance on the preparatory process for the third High-level Meeting. She made four recommendations to that effect: preparatory meetings comprising a

multisectoral and multistakeholder segment should be held in all WHO regions after the publication of the Director-General's progress report and before March 2018; a United Nations civil society task force should be convened, to provide input for the preparatory work, and an interactive civil society hearing should be held no later than two months before the High-level meeting; Member State participation had to be at the level of the head of State; and the High-level Meeting should take place over two days in September 2018, just before the United Nations General Assembly, and conclude with an action-oriented outcome document comprising time-bound commitments, targets to ensure accountability and monitoring of progress, and allocation of resources.

The representative of the WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIRMAN, expressed satisfaction that the scope of interventions listed under Objective 3 of the draft updated Appendix 3 had been expanded, but said that specific reference should have been made to the importance of mandatory regulations and legislation in securing reformulation targets and preventing industry interference. She also expressed satisfaction at the inclusion of WHO tools and the specific recognition that interventions could be cost-effective, affordable and feasible even if they did not involve WHO-CHOICE analysis, and that non-financial considerations were important. The draft updated Appendix 3 should be further strengthened by aligning it with the recommendations made in the implementation plan drawn up by the Commission on Ending Childhood Obesity.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, expressed concern about the overlapping mandates and forums governing noncommunicable diseases globally, continued underfunding under the WHO's financing dialogue, and the lack of clarity on protection against conflicts of interest. She urged Member States to: request guidance on articulating procedures enabling the global coordination mechanism to monitor, and advise the Director-General of, potential conflicts of interest in the implementation of the global action plan; to include collaboration with the Human Rights Council in the proposed workplan; for the mid-point evaluation, to request additional information on the selection of a representative group of stakeholders and to consider potential conflicts of interest in that process; and, in terms of the draft approach to register contributions of non-State actors, to consider including both negative and positive contributions, to permit independent registration and to provide a comprehensive assessment of contributions. She urged the Secretariat to revise the draft updated Appendix 3 to include interventions relating to the fundamental social determinants of health, robust health systems and strong regulation of transnational corporations.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, expressed alarm at the disproportionate access granted by the global coordination mechanism to a wide range of corporations and public private partnerships, despite the requirement under the Framework of Engagement with Non-State Actors to exercise particular caution when engaging with private sector entities whose policies or activities negatively affected human health. The reporting system currently proposed by the global coordination mechanism would mislead the public and policy-makers alike: although it encouraged non-State actors to submit only actions within their core area of business, spurious marketing strategies masquerading as health initiatives could nonetheless be registered and so gain credibility from the image transfer from WHO. The promotion of voluntary initiatives also had the potential to undermine government resolve to enact effective legislation. WHO admitted that it did not have the capacity to guarantee that all activities were in conformity with WHO policy, and the idea of the reporting system should therefore be abandoned. WHO also had to be consistent in its messaging; it should not emphasize the importance of micronutrients, and thereby open the door to idealized health and nutrition claims on

less healthy processed products, on the one hand, while encouraging the consumption of fresh fruit, vegetables and minimally processed, biodiverse foods, and breastfeeding, on the other.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health) said that, since the political architecture for noncommunicable diseases had been constructed, WHO was entering a new phase of that work, moving from discussions to the development and implementation of mechanisms with a view to achieving the mortality target of a 25% reduction in premature mortality from noncommunicable diseases by 2025. It was good to see that the 2030 Agenda for Sustainable Development had taken into account the WHO's approach in that regard, namely in its target to, by 2030, reduce by one-third premature mortality from noncommunicable diseases. Efforts were being made to mobilize the entire United Nations system on the issue and there were three years of experience of cross-system cooperation in that area, for example, the mandate of the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases had recently been expanded. He welcomed the comments made and the amendments to the draft resolution proposed by Member States and assured the Executive Board that the Secretariat would take them all into account. He welcomed the comments of non-State actors. The link between noncommunicable diseases and cities was important; a cooperation initiative with ITU and the United Nations Human Settlements Programme on the health of cities was being considered. The impact of emergency situations on morbidity from noncommunicable diseases merited attention. Funding was a key challenge for WHO with regard to noncommunicable diseases; the Secretariat was endeavouring to build a system that provided assistance to Member States before requesting additional funding. He thanked those Member States that had provided additional financial support.

**The Board noted the report.**

The CHAIRMAN took it that the Board wished to adopt the amendment to the draft resolution contained in document EB14/27 proposed by the representative of Malta, on behalf of the European Union and its Member States.

**The amendment proposed by the representative of Malta was adopted.**

The CHAIRMAN took it that the Board wished to adopt the amendment to the draft resolution proposed by the representative of the United States of America.

The representative of FRANCE said that although her country would have preferred to adopt the draft resolution without the bracketed text, it was understandable for Member States to consult reference studies prior to deciding their position. Nevertheless, Appendix 3 should be kept at the technical level and must be adopted at the Seventieth World Health Assembly. She welcomed the proposal for a full technical briefing prior to the Health Assembly to outline the methodology behind the Appendix and as a result did not oppose the proposed amendment.

The representative of NEW ZEALAND noted that the Assistant Director-General had not expressly responded to the recommendation that technical documentation should be provided. If Member States could be confident that the information would be provided then he could accept the proposed amendment.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health) confirmed that the documentation would be provided and that consultations with Member States would be ongoing.

**The amendment proposed by the representative of the United States of America was adopted.**

The CHAIRMAN said that the Board could not recommend the adoption of a draft resolution containing bracketed text. Therefore, he suggested that the first paragraph of the draft resolution should be amended to read: "RECOMMENDS to the Seventieth World Health Assembly to consider the following draft resolution."

**It was so agreed.**

Drawing attention to the amendment proposed by the representative of Ecuador, the CHAIRMAN asked whether any Board member wished to support the proposal.

**There being no support for the proposed amendment, it was rejected.**

The CHAIRMAN took it that the Board agreed to adopt the draft resolution, as amended.

**The resolution, as amended, was adopted.**[1]

**Draft global action plan on the public health response to dementia:** Item 10.2 of the agenda (documents EB140/28 and EB140/28 Add.1)

The CHAIRMAN invited the Board to consider the report in document EB140/28, and the draft decision contained therein. The financial and administrative implications of the draft decision were set out in document EB140/28 Add.1.

The representative of the DOMINICAN REPUBLIC, speaking on behalf of the Member States of the Region of the Americas, said that the Region placed great emphasis on the need to strengthen country responses to dementia through the provision of technical assistance, the promotion of global cooperation, awareness-raising activities, and policies that treated dementia as a cross-cutting issue. It was essential to provide support to persons with dementia and their carers, and to those at risk of developing it. Member States should continue to share their experiences and evidence-based best practices and take steps to improve studies and data collection to aid the identification of diagnoses, treatments and support, taking into account the importance of human rights, gender equality and the need for a multisectoral approach. Particular emphasis should be given to support for families and carers in the design of national strategies, plans and policies. He encouraged the Board to approve the draft global action plan.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that Turkey, the former Yugoslav Republic of Macedonia, Montenegro, Serbia, Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia, aligned themselves with her statement.

She encouraged Member States to adopt the draft decision and said that it was essential that the draft global action plan should include as a cross-cutting principle the need to promote and protect the human rights of persons with dementia. It should be remembered that with the right services and support, persons with dementia could continue to live well for a long time in their own homes and

[1] Resolution EB140/R7.

communities; the draft global action plan provided a roadmap towards achievement of that vision. A human rights-based approach should include: granting access to quality and affordable health and social care, as needed, respecting patients' autonomy, will and preference; promoting and protecting the human rights of all affected persons based on the principles of dignity, autonomy and de-stigmatization; and raising awareness about the nature and challenges of dementia, including through the strengthening of long-term care services and the adoption of a gender-sensitive approach. In addition, it was necessary to support countries, including low- and middle-income countries, in taking actions to reduce the risk, mitigate the impact and delay the onset of dementia, facilitate timely diagnosis, improve data collection and develop key indicators and targets. Involvement of multiple sectors was needed to tackle the challenges faced, and all relevant stakeholders, under WHO's leadership, should be involved in the implementation of the draft global action plan.

Turning to the draft decision, she proposed that in paragraph 2 a footnote should be inserted after the phrase "Member States", which should read as follows: "and, as appropriate, regional economic integration organizations."

The representative of SWEDEN, expressing support for the draft decision and the draft global action plan, welcomed the emphasis in the draft plan on the importance of early diagnosis, informed consent from the individual or their family members, and a rights-based approach respecting the autonomy of individuals, which reflected the approach to addressing dementia in her country. The gender dimension of dementia needed to be taken into account; more women than men were diagnosed with dementia and a large proportion of those working in dementia care, both paid and unpaid, were women.

The representative of ERITREA, speaking on behalf of the Member States of the African Region, said that the burden of dementia in the Region was not fully known, meaning that the condition tended to be neglected. The draft global action plan was comprehensive and built upon other related action plans and strategies adopted by the Health Assembly. Nevertheless, WHO should continue to support the capacity building of health workers for the prevention and treatment of dementia; and encourage Member States to develop integrated national preventive programmes, guidelines and protocols for dementia. Increased efforts were also needed to collect, collate and analyse data in order to determine the burden of dementia at the country level. A project to collect such data was under way in Mauritius, Swaziland and Togo and it should be expanded to include all countries in the Region. Moreover, Member States should be encouraged to submit inputs on the draft global action plan to enable the Secretariat to finalize the document and should be supported in mobilizing resources for dementia prevention and treatment.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, emphasizing the importance of global solidarity in addressing dementia, said that more focus was needed on how dementia affected low-, middle- and high-income countries, and the different levels of intervention required. The draft global action plan was a positive step forward in that regard and she encouraged all Member States to endorse that plan in order to build momentum and increase collaborative efforts.

The representative of the PHILIPPINES welcomed the draft global action plan as it rightly recognized dementia as an issue that could easily be integrated into other health programmes, including those on noncommunicable diseases, ageing and mental health. He looked forward to its finalization and adoption in due course.

The representative of the NETHERLANDS said that the draft global action plan was a valuable contribution to efforts to combat the challenges related to dementia, and was consistent with the

activities carried out in his country. The Netherlands would make an additional financial contribution for 2017 in support of the Global Dementia Observatory.

The representative of KUWAIT, noting that incidence of dementia and similar illnesses was increasing worldwide, said that the draft global action plan outlined the large amount of work to be done. In Kuwaiti culture, the elderly were afforded high levels of respect and it was seen as the responsibility of society to care for them. Any WHO programme on dementia should be based on evidence and take into account different cultural values. She looked forward to the adoption of the draft global action plan.

The representative of the RUSSIAN FEDERATION said that the draft global action plan, for which she expressed support, was a necessary measure that would bring together Member States' efforts in an area of increasing national and global importance. Her country had developed a national strategy for the older generation to tackle both physical and mental health and would continue its work in that regard.

The representative of THAILAND said that, despite efforts to create more effective anti-dementia medicines, neither cost-effective nor targeted medications for dementia were available and the accessibility and affordability of existing medications were limited. Reduction of risk factors for dementia was key and was the driving force behind Thailand's proposal to include an item on physical activity for health on the agenda of the current session of the Executive Board. He expressed support for the draft decision and the draft global action plan; technical support from WHO for low- and middle-income countries would be essential for implementation of the latter.

The representative of CHINA, drawing attention to his country's efforts to improve care for the elderly, said that in the draft global action plan, full consideration should be given to levels of social development, cultural traditions, levels of advocacy and education, and the composition of medical services and social security systems in different countries. There was no one-size-fits-all approach to dementia and Member States should be able to implement the draft plan taking into account their specific needs.

Moreover, after paragraph 14 in the draft global action plan, a new paragraph should be inserted to read:

"The draft action plan calls for international organizations to play a full role. International cooperation on dementia should be strengthened on the basis of experience sharing and mutually beneficial action. The plan also calls on the international community to pay attention to the special difficulties faced by developing countries and regions and to provide financial, technical and other support to jointly address the global challenges posed by dementia."

The representative of COLOMBIA, expressing support for the draft global action plan, emphasized the significant physical, psychological, social and economic impact of dementia on patients, caregivers, families and society, as confirmed by a recent national survey on ageing undertaken in her country. The draft global action plan would provide an opportunity to strengthen efforts at the national level in the area of mental health, which included dementia, and to continue improving tools to generate evidence for policy-making. Accurate information was needed on how the condition affected individuals and populations and on the various aspects of prevention and treatment, including information on barriers to tackling dementia. Rigorous analysis of available information would improve decision-making to benefit people with dementia, their families and communities. She expressed support for the draft decision, which would strengthen the Organization's leadership role on the issue.

The representative of ALGERIA said that strokes were the second highest cause of dementia but were a neglected risk factor. If properly used, thrombolysis was a simple and effective way of preventing disabilities, dementia and death resulting from strokes. He called on the Secretariat to draft standardized treatment protocols, to provide countries with technical support and to build capacities in that field.

The representative of FRANCE emphasized the need for close cooperation between WHO and other international organizations and partners working to address dementia, especially OECD and the Alzheimer Cooperative Valuation in Europe project. Indicators developed by WHO must be coherent and aligned with those of OECD. The available data on dementia did not always give an accurate picture of the situation. In her country, obtaining specific data was complicated by the number of organizations and authorities involved in dementia care.

In addition to primary and secondary prevention, the concept of diagnosing diseases at the pre-dementia stage should be included in the draft global action plan to allow for targeted tertiary prevention measures and access to therapeutic trials. Particular attention should be given to strengthening synergies between care and research, encouraging collaboration among the academic community, donors and industry, and changing how society viewed neurodegenerative conditions so as to promote inclusion.

The representative of CANADA, highlighting the significant impact of dementia on individuals, their families and caregivers and the need for cooperation among all levels of government and other sectors in addressing what was a serious public health challenge, said that Canada had taken action taken to improve understanding of dementia, reduce the risks and improve the quality of life of those affected. It supported the aspirational goal of finding a cure or disease-modifying treatment for dementia by 2025 and had endorsed several international commitments for action on dementia. She expressed support for the draft global action plan.

The representative of MEXICO expressed support for the draft global action plan, which supplied a framework for developing plans at the national level. Society in general and health care workers in particular must be made more aware of the burden of dementia on patients, carers, families, society and health services so that inclusive steps could be taken. Such an approach would require standardized and continuous training for primary caregivers and the development of patient-centred care models that incorporated a human rights perspective.

The representative of TURKEY expressed support for the draft global action plan and for the draft decision. Lack of awareness and understanding of dementia were significant challenges to overcome, but increasing understanding and tolerance could improve lives. The cross-cutting principles set out in the draft plan were well prepared and the action areas carefully selected. The global targets were meticulous and accompanied by appropriate indicators. In the expectation that the draft plan would be endorsed by the Seventieth World Health Assembly, he urged Member States to prepare national strategies and action plans without delay.

The representative of NEW ZEALAND expressed support for the comments made by the representatives of China and Eritrea with regard to ensuring that the draft plan was better aligned with national priorities. The implementation of many of the Sustainable Development Goals would contribute to the prevention of dementia and improve levels of service and respect for human rights.

The representative of FIJI, expressing support for the draft global action plan, emphasized the fact that, while ageing was the strongest known risk factor for the onset of dementia, 9% of cases were classed as "young onset dementia" affecting people under the age of 65. It was encouraging that the

draft plan acknowledged that health systems should address the needs of younger people living with dementia.

The representative of SWITZERLAND[1] said that national policies on dementia must be aligned with existing programmes in areas such as noncommunicable diseases and mental health in order to be effective. The inclusion of research and innovation as one of the action areas in the draft global action plan was welcome, given the lack of medication to treat Alzheimer's and similar diseases. Gender-specific issues and the fact that women were disproportionately affected by dementia must be addressed urgently. With any action plan, implementation and resource mobilization at the national level were the greatest challenges. Sufficient resources must be allocated to enable the Secretariat to support Member States. She encouraged the Board to adopt the draft decision and to focus on what was essential: the need for action.

The representative of URUGUAY,[1] expressing support for the draft global action plan, and welcoming the comprehensive, multisectoral approach that it followed, said that the indicators and targets set out therein would facilitate monitoring and evaluation. In anticipation of a two-fold increase in dementia over the next two decades, her country had taken steps to improve the prevention, early diagnosis, and treatment of dementia, as well as to support family carers. The draft global action plan would enable the Organization to support Member States in their endeavours to tackle dementia.

The representative of AUSTRALIA[1] said that leadership, partnerships and innovative research were required to address dementia effectively. The issue would only increase in significance in line with population ageing. A global commitment to action to promote recognition of the prevalence of dementia and improve risk reduction, care, support and quality of life for people living with the disease was needed. Noting that Australia was proud to be a global leader in providing care and support services for people living with dementia, their informal carers and their families and that her country contributed to a number of international dementia initiatives, she welcomed the draft global action plan and expressed strong support for the draft decision.

The representative of PANAMA[1] welcomed the draft global action plan and its recognition of the importance of the human rights of people with dementia. The draft plan focused on the empowerment and participation of persons with dementia and their carers, as that was seen within the scientific community as good practice to reduce risk and improve care. A multisectoral approach and universal health coverage would help to achieve equity and establish comprehensive care, raising awareness among the population and promoting understanding of the condition.

Multidisciplinary and intersectoral initiatives to tackle dementia were under way at the national level but technical and financial support was required to take the process further and reach the targets set out in the draft global action plan. A follow-up and evaluation system for the draft plan, using strategic indicators, was also needed, along with action on risk factors and social determinants that affected dementia rates.

The representative of MONACO,[1] noting the priority her Government attached to tackling dementia and similar diseases, welcomed the draft global action plan and expressed support for the draft decision. Information on measures taken at the national level, which were principally aimed at preserving the dignity of patients and enabling them to live in familiar surroundings with their family for as long as possible, could be provided to the Secretariat.

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

The representative of DENMARK[1] spoke of the importance of embedding dignity and respect for human rights in policies on dementia and tackling stigma. Welcoming the ambitious goals set out in the draft global action plan, he outlined the national plan recently introduced in Denmark, which aimed to improve dementia detection, treatment and care. Dementia plans at all levels should be formulated through open and inclusive processes.

The representative of INDIA[1] said that the incidence of dementia was expected to rise more rapidly in India than in developed countries, in line with demographic change. Dementia policies, programmes and plans should be framed within a public health approach, with a focus on reducing the number of people who developed the condition. Concerted international efforts were needed in support of plans and policies at all levels for people living with dementia, particularly in low- and middle-income countries. Strategic approaches to dementia research were also needed, with timely diagnosis and rapid and less costly clinical trials. He expressed support for the draft global action plan.

The representative of JAPAN[1] said that, as a result of Japan's ageing society, much useful research had been carried out into dementia; however, evidence from general and clinical studies must be combined with a social approach. The inclusion of the concept of the age- and dementia-friendliness of communities in the draft global action plan was therefore welcome. His country had trained 8 million dementia supporters, including more than 1 million school children, giving them proper knowledge of the condition and enabling them to support people with dementia and their families in a community setting. It would contribute to efforts to promote such initiatives on a global scale.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES welcomed the draft global action plan. Although there was no cure for dementia, early recognition and supportive treatment could improve the lives of patients and carers. Further attention should be given to addressing the needs of people living with dementia in emergency settings, who were extremely vulnerable and at risk of being left behind by families forced to flee; and to the need for careful screening and support for volunteers who visited older people with diseases such as dementia. In that regard, the Federation had developed a set of minimum standards and guidance on community-based home care for older people.

(For continuation of the discussion and adoption of the decision, see the summary record of the fourteenth meeting, section 1.)

**Revitalizing physical activity for health:** Item 10.6 of the agenda

The CHAIRMAN, recalling that the procedure for dealing with the item had been discussed during the adoption of the agenda, took it that the Board agreed to endorse the proposal referred to at that time for the Secretariat to prepare a report and draft action plan on physical activity to be submitted, through the Executive Board at its 142nd session, for consideration by the Seventy-first World Health Assembly.

**It was so agreed.**

**The meeting rose at 12:25.**

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

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