

PROVISIONAL SUMMARY RECORD OF THE FOURTEENTH MEETING

**WHO headquarters, Geneva
Monday, 30 January 2017, scheduled at 09:00**

Chairman: Dr R. BUSUTTIL (Malta)

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FOURTEENTH MEETING

Monday, 30 January 2017, at 09:05

Chairman: Dr R. BUSUTTIL (Malta)

1. NONCOMMUNICABLE DISEASES: Item 10 of the agenda (continued)

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) (continued from the thirteenth meeting)

The representative of ALZHEIMER'S DISEASE INTERNATIONAL, speaking at the invitation of the CHAIRMAN, expressed support for the direct participation of persons living with dementia in the drafting of national dementia policies and urged national governments to conduct further research into the disease. She called for the participation of civil society organizations in efforts to reduce the stigma surrounding dementia and urged WHO to make appropriate resources available to implement the global action plan effectively, once adopted.

The representative of the INTERNATIONAL DIABETES FEDERATION, speaking at the invitation of the CHAIRMAN, welcomed WHO's focus on the linkages between dementia and noncommunicable diseases. The draft global action plan should, however, place greater emphasis on population-based risk reduction measures. She urged Member States to involve persons with dementia in the drafting of national strategies to tackle the condition and to allocate sufficient resources for the effective implementation of national dementia action plans. The Secretariat should provide Member States with technical assistance, where appropriate.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, commended the Secretariat's vision and resolute leadership in addressing dementia and fully supported the seven areas of action contained in the draft global action plan, especially the promotion of research into the disease. She called on the Secretariat to help countries find sustainable financing solutions, so as to accelerate the development of new treatments and diagnostic tools for dementia.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE, speaking at the invitation of the CHAIRMAN, welcomed the recognition of the importance of palliative and end-of-life care for persons with dementia and urged WHO to introduce specific palliative care targets and indicators in the draft global action plan.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health), responding to the points raised, said that it was important to consider the issue of addressing dementia in a wider context and not focus solely on the public health dimension; the issue posed a political challenge as well. In the absence of a cure, measures should be adopted to strengthen research and development, and further consideration given to finding the best approach to treatment, particularly given the rising global prevalence of dementia. Cross-cutting approaches would be crucial, since patients with dementia often suffered from other illnesses, such as diabetes, cardiovascular disease or cancer. Palliative and end-of-life care in the context of dementia were not just about doing away with pain, and Member States' continued support would be essential in devising appropriate strategies in that area.

The CHAIRMAN said that he took it that the Board wished to note the report and adopt the draft decision, as amended.

It was so decided.¹

Public health dimension of the world drug problem: Item 10.3 of the agenda (document EB140/29)

The representative of COLOMBIA delivered a statement on behalf of the core group of countries, comprising Argentina, Australia, Colombia, Guatemala, Mexico, the Netherlands, Norway, Panama, South Africa, Sweden, Switzerland, the United States of America, Uruguay and Zambia, which had a shared interest in reinforcing the focus on the public health dimension of the world drug problem. WHO had a crucial role to play in that regard, in consideration of the commitments made at the 2016 United Nations General Assembly special session on the world drug problem. Swift action was required to strengthen the capacity of national health systems to pursue a balanced and integrated approach encompassing prevention, treatment, recovery, rehabilitation, harm reduction measures, overdose prevention, and access to controlled substances for medical and scientific purposes such as pain relief and palliative care. She called on the Secretariat to keep Member States and the Commission on Narcotic Drugs informed of progress made towards implementing the special session's recommendations, and said that an item on the matter should be placed on the agenda of future governing body meetings, especially the Seventieth World Health Assembly. The joint work of UNODC and WHO was essential for the development of comprehensive and integrated health-based approaches to drug policies.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, the former Yugoslav Republic of Macedonia, Montenegro, Serbia and 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 welcomed the continuing discussions on the world drug problem and the role played by WHO in the implementation of the outcome document of the United Nations General Assembly special session on the world drug problem. Coherent action by all United Nations entities would be essential to the achievement of the joint commitments made during the special session. Indicators relating to the special session's recommendations should be devised, using existing databases and reporting mechanisms wherever possible, to monitor progress and facilitate evidence-based policy development. Goal 3.5 of the 2030 Agenda for Sustainable Development, on strengthening the prevention and treatment of substance abuse, was particularly relevant in that regard. WHO should work in close cooperation with UNODC in assisting Member States to devise anti-drug policies and promoting the public health dimension of the drug problem at all levels. She welcomed the proposed memorandum of understanding between the two entities in that area, and urged WHO to engage actively with the Commission on Narcotic Drugs and to promote a full public health approach to the world drug problem. Given the topic's importance, the issue should be included on the agenda of the Seventieth World Health Assembly.

The representative of BURUNDI, speaking on behalf of the Member States of the African Region, welcomed WHO's participation in the United Nations General Assembly special session on the world drug problem and said that it was imperative to tackle the public health dimension of the problem. He fully supported the action recommended by WHO to reduce demand for drugs and strengthen prevention and rehabilitation activities. Patient access to controlled medicines remained a

¹ Decision EB140(7).

priority, and action must be taken to ensure access, while carefully monitoring supply. He welcomed WHO efforts to tackle the world drug problem and address the issue of access to controlled medicines as part of its current mandate, and supported the adoption of joint measures by WHO and other United Nations entities to reduce drug supply and demand. He expressed support for the measures taken to implement the special session's recommendations and to achieve the relevant targets of Sustainable Development Goal 3. Member States required support to enable them to implement effective strategies aimed at reducing access to dangerous substances, including psychotropic drugs. WHO should continue to work closely with UNODC to ensure that the public health dimension of the world drug problem remained high on the agenda.

The representative of the PHILIPPINES welcomed the report and the support provided by WHO to Member States in devising treatment plans for drug users. He urged Member States to strengthen their harm reduction efforts and called on WHO to issue guidance on how to integrate harm reduction activities into life course interventions. A strengthened and more reliable system for measuring the true burden of drug abuse would be required in order to help countries gauge the problem's severity more accurately and mobilize the resources needed to tackle it.

The representative of the NETHERLANDS, noting the importance of a balanced approach to drug policy, welcomed WHO's efforts to address the public health aspects of the world drug problem and fully supported its strengthened cooperation with UNODC to devise a more humane and balanced drug policy.

The representative of THAILAND welcomed the outcome of the United Nations General Assembly special session on the world drug problem and the corresponding paradigm shift, whereby substance abuse was being tackled in a more integrated and balanced manner. Efforts should be made to promote understanding of the new stance among policy-makers in the justice, administration and health sectors, and to cultivate positive attitudes among the public towards drug rehabilitation programmes. Monitoring systems that captured the prevalence of drug use disorders and morbidity and mortality rates at the national level would be critical to assessing progress and identifying barriers. WHO and UNODC should draft national monitoring guidelines and offer advice to Member States on how to strengthen their monitoring and evaluation systems. Lastly, evidence-based tools had to be devised for the effective implementation of the recommendations made at the special session, including the drafting of harmonized guidelines and the introduction of capacity-building programmes for health workers and other professionals.

The representative of JAMAICA welcomed the report and WHO's planned review of the United Nations classification and governance of cannabis, based on scientific and evidence-based analysis.

The representative of the RUSSIAN FEDERATION said that a package of measures had to be implemented to reduce demand for narcotics in accordance with international conventions against drugs, the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, and the outcome document of the United Nations General Assembly special session on the world drug problem. Public health systems should not aim simply to reduce the harm caused by narcotics, but rather to end drug use for non-medical purposes. Her country supported WHO's plan for implementing the special session's recommendations, which the Organization could do within the terms of its mandate; WHO should work closely with the Commission on Narcotic Drugs to that effect and keep Member States informed of its progress in that regard. She expressed support for the plan, set out in paragraph 10 of document EB140/29, to have multidisciplinary groups – doctors, social workers, psychologists, lawyers – work together to interact with drug users. Her Government was willing to share its extensive experience in that domain with the Secretariat, and in particular to exchange information on the

emergence of new psychoactive substances and related epidemiological data. The development of universal indicators would require study by the Commission on Narcotic Drugs. She agreed with paragraph 7 of document EB140/29 that solving the global drug problem would require enhanced cooperation between relevant United Nations bodies and agencies, and therefore welcomed the forthcoming signing of a memorandum of understanding between WHO and UNODC.

The representative of PAKISTAN said that WHO had much to contribute in terms of tackling the world drug problem within its mandate. He expressed appreciation for the comprehensive road map on WHO's contributions to implementation of the outcome document of the United Nations General Assembly special session, and support for the strengthened cooperation between WHO and other United Nations agencies set out in paragraph 7 of document EB140/29. The forthcoming signing of a memorandum of understanding between WHO and UNODC would lead to a more effective and comprehensive strategy on the world drug problem.

The representative of SWEDEN, speaking also on behalf of Norway, said that the drug problem was a public health issue that existed in all countries, which was why global action was needed. Sustainable Development Goal 3 and the recommendations adopted by the United Nations General Assembly special session reflected a global commitment to ensuring healthier lives and promoting the well-being of people of all ages. Tackling the drug problem from a health perspective was essential to sustainable development, and she welcomed further discussion of the issue at the Seventieth World Health Assembly.

The representative of the UNITED STATES OF AMERICA expressed satisfaction that document EB140/29 emphasized the threat posed by new psychoactive substances, United Nations Member States having committed to strengthening WHO's capacity to review the most harmful such substances. With only ten new psychoactive substances being added to the international control regime annually, certain of them had to be prioritized for review, and the speed and efficiency of the review process improved. His Government would support WHO efforts to assist Member States to implement the recommendations of the United Nations General Assembly special session on the world drug problem, and stressed the importance of keeping the Commission on Narcotic Drugs informed about WHO activities.

The representative of MEXICO agreed that WHO capacities had to be strengthened across the board in order to counter the world drug problem from an integrated and balanced perspective. Activities falling within the Organization's mandate and requiring reinforcement included the following: the provision of information on the impact of programmes to reduce drug abuse; the development of technical guidelines, to promote coherence between drug policies and the Organization's work; guidance for health system interventions to bolster treatment and prevention, and promote healthy lifestyles; advice on the development and implementation of regulatory and institutional frameworks for access to controlled substances; the collection of data on consumption; and the mobilization of financial resources.

The outcome document of the United Nations General Assembly special session marked a turning point, in that it recognized the relevance of public health policies in the approach to the world drug problem. In its report to the Seventieth World Health Assembly, which should be made available well in advance, the Secretariat should provide more details on WHO's cooperation with United Nations agencies such as UNODC. Collaboration within the United Nations system would help strengthen the decisions to be made by Member States with a view to ensuring comprehensive mainstreaming of the 2030 Agenda for Sustainable Development. She called for a frank and open discussion of how WHO could work within its mandate to help governments implement the recommendations of the special session.

The representative of the DOMINICAN REPUBLIC said that his country had seen an increase in drug use and a decrease in the age of first use. Various steps had been taken in response, such as including a drug use variable in the epidemiological surveillance system and national health surveys, strengthening the mental health care system, setting up crisis intervention teams in general hospitals, developing the skills of primary health care providers in detection and early care of people with mental disorders, and creating a technical treatment platform. The great challenge was to regulate treatment for people with drug use disorders, to strengthen the services caring for children and young people afflicted with drug-related problems, and to reinforce surveillance systems so as to collect data on consumption. He therefore welcomed the measures adopted by the Secretariat to support national efforts to coordinate drug-related policies with those in other, related areas of public health.

The representative of COLOMBIA said that her country had made progress in implementing a people- and human rights-centred drug policy that took individual and collective health into account. International cooperation should be strengthened, and the Secretariat should provide technical support to enable Member States to promote a more integrated, balanced public health strategy. WHO had a key technical and normative role to play, and she therefore supported the proposal to enhance coordination with UNODC. Better information collection was needed to identify the needs of individual regions, prevalence in all age groups and the substances involved. A frank, open discussion was also needed to reach a consensus and respond effectively to the problem.

The representative of PERU¹ said that the approach to the world drug problem had to be balanced, integrated, multidisciplinary and sustainable, fully respecting people's rights, health and well-being, as set forth in international conventions and other instruments. Policies aimed only at limiting risk and harm would not reduce drug use; they would simply make drugs easier to obtain. For that reason, they had to be accompanied by measures addressing the social impact of drug use, as recommended in the outcome document of the United Nations General Assembly special session. The outcome document reaffirmed the primacy of the Commission on Narcotic Drugs on drug-related matters, while acknowledging the efforts made by UNODC in that field. It also recognized WHO's role in terms of prevention, treatment, recovery and rehabilitation, and reintegration. The Organization's efforts to that end should not duplicate those of other organizations.

The representative of URUGUAY,¹ noting that the public health dimension of the world drug problem had been acknowledged in the commitments made at the United Nations General Assembly special session and in the 2030 Agenda for Sustainable Development, said that the human right to health was central to finding effective solutions to the world drug problem. WHO should intensify its work to implement the tasks entrusted to it by Member States. In that respect, she underscored the relevance of WHO standard-setting activities to guide national policy-making; the importance of collecting data and information on national efforts and best practices; and the need to strengthen cooperation with UNODC and other relevant organizations. To that end, the Member States should endeavour to provide the Secretariat with the necessary means and resources. The Board should recommend continued discussion of the world drug problem at the Seventieth World Health Assembly and should monitor progress on the implementation of the special session's recommendations and the achievement of the Sustainable Development Goals.

The representative of SINGAPORE¹ expressed support for WHO's contributions to tackling the world drug problem through research on medical drug use and dependency. However, a purely public health-based approach would not address all problems faced by abusers, their families and

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

communities at large, and categorizing drug use as a health problem would not help correct distorted norms. She called on the Secretariat and Member States to work together to fight drugs, although each country would need to tailor its policies to the local context. The goal should be a drug-free society, as expressed in the outcome document of the United Nations General Assembly special session.

The representative of CUBA¹ said that drug use was a threat to national security and economic development as well as a public health problem. Her country's national drug commission had adopted a multidisciplinary, cross-sector and community-based approach, and Cuba's universal free health care system had had positive results in dealing with drug use disorders. Given those results, she did not support terms and actions that could undermine the current international drug control framework, consisting of the United Nations conventions on drugs, the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, and the relevant resolutions of the United Nations General Assembly and the Commission on Narcotic Drugs. She welcomed the memorandum of understanding between WHO and UNODC and urged WHO to collaborate closely on programmes to implement the recommendations of the United Nations General Assembly special session.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ underscored the need to strengthen cooperation between United Nations agencies. WHO current and planned activities to implement the recommendations of the United Nations General Assembly special session fell within its mandate. He expressed full support for strong cooperation between WHO, UNODC, the International Narcotics Control Board and other competent United Nations bodies, within their respective mandates, while acknowledging the primacy of the Commission on Narcotic Drugs as the United Nations policy-making body with overall responsibility for drug control matters.

The representative of AUSTRALIA¹ expressed strong support for WHO's role in implementing the public health elements of the outcome document of the special session of the United Nations General Assembly. Cooperation among United Nations agencies was essential to ensure a comprehensive and coordinated response to the world drug problem. She welcomed the Secretariat's increasing efforts in that regard, especially the joint work on the global disparities in access to controlled medicines for pain relief, which was an issue of deep concern to Australia. He welcomed WHO's collaboration with UNODC and the Union for International Cancer Control on that issue. He looked forward to receiving an update on progress in the implementation of the special session's operational recommendations on health-related issues, and to further discussion at the Seventieth World Health Assembly.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA¹ agreed that the public health problems linked to drug use had become a considerable, and to a large extent preventable, global health burden. His country's health care system had adopted a comprehensive approach that took account of education and family backgrounds, and focused on capacity-building, especially in the spheres of psychosocial and primary health care. The current challenge was to continue that process so as to ensure that all people had access to social rehabilitation and recovery and could overcome the health problems related to addiction. In participating in international discussions, his Government would support a rights-based approach, promote the importance of prevention and rehabilitation, and underscore the need to analyse new psychoactive substances.

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

The representative of SWITZERLAND¹ said that her Government had always encouraged WHO's strong engagement in promoting a public health approach to the world drug problem. Achievement of the 2030 Agenda for Sustainable Development was contingent on the adoption of a comprehensive set of health measures. Among those, reducing the harmful impact of drug use was a crucial means of avoiding preventable deaths from communicable diseases, as stated in the strategies on communicable diseases adopted by the Sixty-ninth World Health Assembly. All relevant United Nations entities should work together to implement the recommendations of the United Nations General Assembly special session; she therefore welcomed the proposed stronger cooperation between WHO and UNODC, and looked forward to receiving further information on the subject at the Seventieth World Health Assembly.

The representative of PANAMA¹ said that WHO should provide technical and normative support to Member States, prioritizing public health measures aimed at reducing morbidity, disability and mortality related to drug use. She noted that certain regulatory measures failed to achieve a balance between preventing the illicit use of drugs and ensuring access to controlled medicines. Target 3.5 of the Sustainable Development Goals called for the prevention and treatment of substance abuse, and four other targets called for guaranteed timely access to good-quality medicines. Not acting on those targets would impede the provision of palliative care and jeopardized the achievement of other targets. Her Government was tackling the problem by establishing guidelines for the treatment of drug-related mental and neurological disorders and by revising its existing regulations.

The observer of the HOLY SEE said that the number of deaths resulting from the use of psychoactive drugs, the level of the drug-attributable disease burden, and the incidence of HIV/AIDS and hepatitis B and C caused by injecting drugs was high enough to refute claims that the recreational use of psychoactive drugs was not harmful. Although WHO had an important and unique role to play in response to the world drug problem, a purely medical approach would not suffice to resolve the issue. A comprehensive and cooperative approach involving the health care, justice, education and law enforcement sectors was needed, together with intensive treatment and social rehabilitation opportunities offered by States and civil society organizations, including those sponsored by religious organizations.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that all barriers to treatment for drug dependency, such as fear of negative consequences, and legal or moral discrimination, should be removed. There was strong evidence that a public health- and rights-based approach to drug policy, offering a continuum of care, was more effective than punishment. He encouraged all governments to implement effective, public health-driven policies on drugs; such policies should be inclusive and informed by need and should safeguard equitable access to services.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN and recalling resolution WHA67.19 (2014), expressed concern that most patients requiring palliative care lived in countries with low or non-existent access to controlled medicines, including opioid analgesia. Attempts to place ketamine under international control were also worrying. WHO should endeavour, inter alia, to: ensure that palliative care, including access to opioid analgesia, was fully integrated into universal health coverage approaches; design and support the delivery of education programmes that presented a balanced view of the benefits and risks of opioid use; and ensure the robust monitoring and evaluation of global progress.

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

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE, INC., speaking at the invitation of the CHAIRMAN, encouraged Member States to provide funding for collaborative training workshops on the role of controlled medicines in managing pain. WHO should work closely with UNODC and the International Narcotics Control Board to develop strategies to improve access to controlled medicines and to help Member States align their drug policies with the 2030 Agenda for Sustainable Development.

The ASSISTANT DIRECTOR-GENERAL (Health Systems and Innovation) acknowledged the need for WHO to work closely with UNODC and said that the memorandum of understanding between the two entities would be signed soon. Moreover, WHO regularly participated in the intersessional meetings of the Commission on Narcotic Drugs, on topics such as access to controlled medicines, new psychoactive substances, and issues related to substance abuse. A proposal had been made to hold a side event during the Commission's session in March 2017, specifically on access to controlled medicines and the work of WHO in general. Within WHO, there was close collaboration between headquarters and the regional offices and between the different departments concerned.

Noting the calls for advice on a number of subjects, including harm reduction, she said that WHO was well placed to promote evidence-based drug policy options in public health, as requested by the member from Mexico. Moreover, WHO, working in collaboration with UNODC and other partners, would provide technical assistance for reducing the drug-related health burden, in line with the recommendations of the United Nations General Assembly special session. As Member States had pointed out, it would be vitally important to define better indicators and strengthen monitoring, also in line with the recommendations of the special session and with the 2030 Agenda for Sustainable Development, particularly in areas such as the availability and price of controlled medicines, treatment coverage for drug use disorders, and the disease burden attributed to drug use and drug use disorders. WHO would work with UNODC and other partners to that end. The Secretariat would provide assistance to Member States on the definition of core indicators for use in policy and programme development.

She thanked Member States for their support of the WHO Expert Committee on Drug Dependence and said that efforts were being made to accelerate reviews of new psychoactive substances. Pre-reviews of cannabis had been planned because medical use of the drug and related pharmaceutical preparations had increased in recent years and some cannabis preparations were receiving marketing authorizations.

The Board noted the report.

Report of the Commission on Ending Childhood Obesity: implementation plan: Item 10.4 of the agenda (document EB140/30)

The representative of THAILAND welcomed the draft implementation plan, in particular its emphasis on the development of physical activity guidelines for pregnant women and children and the need to address sedentary behaviour. He invited all participants to stand up and undertake 30 seconds of physical activity. A brief moment of physical activity should be a regular occurrence at WHO meetings, as it would make the Organization a real role model in that regard.

The representative of BAHRAIN agreed with the proposal by the representative of Thailand. He welcomed the comprehensive nature of the draft implementation plan and the principles and guidance contained therein. It was important to focus on a whole-of-society approach, involving people from all levels of society. The role of governments, intergovernmental organizations and civil society should also not be overlooked. Bahrain had a number of programmes and plans in place that included measures to tackle obesity, and the draft plan would provide support for their implementation.

The representative of LIBERIA, speaking on behalf of the Member States of the African Region, explained that in many countries in the Region, childhood obesity was not recognized as a public health issue, as fatness was often culturally equated with beauty, health and well-being, and malnutrition often confused with undernutrition. Many African countries were facing increasing rates of obesity coupled with a high burden of undernutrition; low birth weight and stunted growth were both risk factors for obesity later in life. Attempts to address undernutrition and stunting may have inadvertently increased the risk of obesity in adulthood for the children concerned. Moreover, the countries in the Region were an attractive market for processed foods, and there were no measures in place to prevent the marketing of products to children or to regulate the sodium, sugar and fat content of such foods. She called on WHO and FAO to work with governments to develop dietary guidelines and interventions intended to increase the availability, affordability and consumption of healthy foods. Civil society organizations, particularly consumer associations, should take the lead in monitoring and evaluating policy implementation. Lastly, she expressed support for the draft implementation plan and added that its execution should be adapted to specific country contexts.

The representative of the PHILIPPINES highlighted efforts undertaken in her country to reduce childhood obesity, including legislation on the marketing of unhealthy foods near schools and on the taxation of sugary beverages, and requested technical support from WHO for the implementation of a national action plan on nutrition. She expressed support for the draft implementation plan.

The representative of VIET NAM said that it was important to take into account the challenges countries faced in implementing multisectoral actions, particularly in terms of conflicts of interest, transparency and accountability. The Secretariat should provide support to Member States in that regard. It should also help them develop legislation restricting the marketing of unhealthy foods and beverages, including the cross-border supply and marketing of such products, and devise mechanisms and policies on the sustainable financing of interventions to prevent and treat childhood obesity.

The representative of CHINA agreed with the guiding principles and framework of the draft implementation plan, which would be a useful tool for Member States. His government had introduced a number of measures to combat childhood obesity, including a physical activity campaign. WHO should continue to collaborate with the relevant international organizations and provide technical and financial support to developing countries on the subject.

The representative of CANADA welcomed the rationale behind the draft implementation plan, namely that the actions were intended to allow countries to assess which package of interventions was best suited to their needs. The plan should explicitly indicate the role of the Codex Alimentarius Commission, particularly with regard to standard-setting and guidelines for labelling schemes. Labelling schemes implemented by Member States should be based on internationally agreed, evidence-based guidance and in line with WTO obligations. She had a number of comments on the plan, which she would submit to the Secretariat in writing.

The representative of the UNITED STATES OF AMERICA, welcoming the Secretariat's efforts to include comments from the online consultation in the draft implementation plan, said that Member States should be given time during the intersessional period to review the plan further and provide further input. In the current version of the plan, the tables lacked flexibility, even though it was recognized in the introduction that Member States had varying approaches to policy-making. It would be useful for WHO to provide Member States with options and information on selecting and prioritizing interventions. Additionally, more robust discussion was needed on key elements for successful implementation, including options for domestic resource mobilization that were not reliant on fiscal policy or tax revenues, and capacity-building for effective cross-sector policy development, implementation and evaluation. More information was also needed on the development of nutrient

profile models for use in food labelling, consumer education and policy-making. Greater precision in the use of language related to human rights would be welcome.

The representative of the RUSSIAN FEDERATION said that healthy eating, physical activity and weight management were key in the fight against childhood obesity, but the problem could be tackled only by applying systemic, multidisciplinary measures across the whole of society. Her country had taken a number of legislative steps in the area of food health. Particular attention was being paid to the most vulnerable in society, especially children. Sensible standards had been drawn up on the average consumption of food products. Healthy lifestyles were taught in schools and large-scale publicity campaigns had been organized on the topic. All children in the country were given an annual medical check-up, including the measurement of their height and weight, and appropriate recommendations were made. The average obesity rate was 7% and rising, making the issue even more relevant. She suggested that the draft implementation plan should include additional training on enteral and parenteral nutrition, for medical staff in units treating newborn and premature babies, with a view to preventing postnatal malnutrition and the programming of metabolic syndrome and obesity in adolescence and adulthood.

The representative of SWEDEN, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, expressed concern at the health effects of childhood obesity, which were likely to continue into later life, and highlighted the need to ensure equitable coverage of interventions, particularly for excluded, marginalized or otherwise vulnerable groups. Some of the detailed and welcome recommendations set out in the draft implementation plan were already being followed in the Nordic and Baltic countries, but more remained to be done. She expressed appreciation for the inclusive and multisectoral approach taken in the draft plan, as childhood obesity could be tackled only through whole-of-government and whole-of-society policies, and for the clear links drawn with other United Nations and WHO documents and initiatives. Robust global monitoring and evaluation using simple, objective indicators was important. She asked how the draft plan would be finalized for submission to the Seventieth World Health Assembly. The Nordic and Baltic countries would continue to tackle the issue of childhood obesity nationally and internationally in accordance with the universally acknowledged right of children to a healthy life.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, welcoming the link drawn between childhood obesity and preparations for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, emphasized the need for swift domestic action that was based on research and evidence and was sensitive to local contexts. His country had published a national action plan on childhood obesity that included a levy on soft drinks, a sugar reduction programme, measures to ensure that children exercised regularly and a health rating scheme for primary schools, and would be happy to share its experience with other Member States.

The representative of MEXICO said that she had high hopes for the draft implementation plan, as it built on the best available scientific evidence and took account of the individual circumstances of Member States. Her country's national strategy on overweight, obesity and diabetes covered many of the same areas, but the draft plan would provide additional guidance. Further strategic alliances were needed to tackle childhood obesity comprehensively and with the active participation of all sectors, particularly the private sector food industry. There must also be opportunities for cooperation among international organizations and global and regional networks for promotional work, resource mobilization, capacity building and research.

The representative of TURKEY, expressing support for the comments made by the representatives of Thailand and Bahrain concerning physical exercise in governing body meetings, welcomed the draft implementation plan but drew attention to the fact that a different version, with some additional information, appeared on the Organization's web site. He sought clarification from the Secretariat in that regard.

The representative of LIBYA welcomed the draft implementation plan and endorsed the comments made by the representatives of the United States of America and Canada. Mothers had the most important role to play in child nutrition and should monitor their children's diet carefully. Society should raise awareness of childhood obesity through social media networks in an attempt to counter commercial publicity for unhealthy food and drink products that targeted children and their parents. Effective coordination among institutions at national level was needed to safeguard future generations.

The representative of COLOMBIA, highlighting the link between childhood obesity and the rates and age of onset of noncommunicable diseases in adults, said that her country had taken steps to tackle the issue, such as introducing warning labels on food products and healthy eating programmes in schools. A proposed tax on sugary beverages had failed to gain approval in Congress but the debate continued. The possibility of a framework convention on obesity and overweight was an interesting one. Social mobilization strategies should be strengthened to encourage healthy lifestyles. The draft implementation plan provided an opportunity to raise awareness of childhood obesity and its effects on quality of life, health systems and production capacity.

The representative of GHANA¹ said that the draft implementation plan was a comprehensive step in the right direction in the face of alarming childhood obesity rates. Obesity was often seen as less important than malnutrition in countries tackling the double burden of both, and education was needed to offset cultural biases in favour of overweight children. She called on the Board to recommend the plan's endorsement to the Seventieth World Health Assembly.

The representative of BANGLADESH¹ welcomed the guiding principles identified to underpin the draft implementation plan, along with the proposed interventions and expected outcomes, but suggested that it would be useful to define the plan's target age group. Nutritional status in his country was improving; however, the double burden of undernutrition and overweight and obesity persisted. Studies revealed rising childhood obesity rates, particularly among urban children, and steps were being taken to tackle the problem. The national nutrition policy and dietary guidelines had been updated and a national plan of action on nutrition developed. The National Nutrition Council ensured a multisectoral approach.

The representative of JAPAN¹ expressed appreciation for the draft implementation plan and emphasized that action should be taken in collaboration with partners in various fields and in line with existing programmes on nutrition and noncommunicable diseases. It was positive that monitoring and evaluation had been included in the draft plan, but the suggested indicators should be improved before global monitoring was undertaken. An evaluation framework should be developed for use in various fields, to facilitate steady implementation. In order to achieve the goal of ending childhood obesity, Member States needed to share their experiences and enhance their commitment. Furthermore, the efforts of United Nations entities needed to be better coordinated, under the leadership of WHO.

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

The representative of ECUADOR¹ drew attention to the high health and economic costs of overweight, from which half the population of her country suffered. The situation was unsustainable. She therefore welcomed the draft implementation plan, which contained excellent recommendations. Nevertheless, improvements could be made, and she asked whether the Secretariat planned to submit the text for consultation before its adoption by the Seventieth World Health Assembly. She also sought further details on the proposal that the Secretariat should lead and convene a high-level dialogue within the United Nations system and with and between Member States.

The representative of CHILE¹ said that his country was developing a food and nutrition policy that had the same focus as the draft implementation plan. Significant progress had been made, including the introduction of compulsory nutritional labels on unhealthy foods and beverages, taxing sugary beverages, and banning adverts aimed at children for processed food and beverages high in sugar, sodium, saturated fats and calories. General and specific food guidelines had been issued that could be adapted to different sociocultural contexts. Guidance on physical activity for children, adolescents, teachers and health professionals was being reviewed by an intersectoral committee led by the Ministry of Sport. It was important to consider the cost-effectiveness of the interventions proposed in the draft implementation plan so that countries could set programme and budget priorities accordingly, focusing on legislative, regulatory and fiscal measures.

The representative of ARGENTINA¹ expressed support for the work of the Commission on Ending Childhood Obesity, particularly in terms of turning obesogenic environments into healthy ones. The interventions proposed in the draft implementation plan were clear, specific and flexible enough to be adapted to each country's individual situation and challenges. She welcomed the draft plan, which would help to tackle the problem in a comprehensive manner, and suggested a number of specific additions concerning the regulation of food publicity and marketing, the provision of nursery care in the workplace for children up to the age of three, and participation in healthy cooking workshops.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIRMAN, said that the Federation could help to identify indicators, reporting mechanisms and baselines, and urged the Board to submit a timeline for submitting the monitoring and evaluation framework of the draft implementation plan to the Seventieth World Health Assembly. She expressed concern about the recommendation for the private sector to facilitate access to and participation in physical activity, which could lead to industries whose core business was the supply and promotion of foods or beverages to focus on physical activity as a priority, rather than addressing harmful practices related to their core business, such as the marketing of unhealthy foods and beverages to children. The recommendations set out in the draft plan should be aligned with those in the updated Appendix 3 to the global action plan for the prevention and control of noncommunicable diseases 2013–2020, and Member States should integrate the draft plan into their strategies to achieve the targets in the 2030 Agenda for Sustainable Development on nutrition and noncommunicable diseases and the Global Strategy for Women, Children's and Adolescents' Health.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that regulating the marketing of high-sugar products targeted at children and adolescents was a particularly useful measure, and food labelling should be universal. The food and drink industry should reformulate products to reduce their sugar content. Expressing concern at the lack of discussion of international economic agreements and

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their impact on public health, he called for increased technical assistance in that area and urged the Member States to develop binding legislation to protect and promote public health. Young people had an important role to play in solving the problem of childhood obesity, and communities should be empowered to tackle the root causes of obesogenic environments.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, underlined the importance of breastfeeding and appropriate complementary feeding in obesity prevention. Mothers were under no obligation to breastfeed their children, remaining fully sovereign over their own bodies; rather, it was the role of States to ensure that mothers did not face obstacles to breastfeeding. Noting that States had an obligation to provide mothers with accurate and unbiased information and counselling from the start of their pregnancy, including on the continuation of breastfeeding up to two years or beyond, she expressed regret that the draft plan failed to mention that key factor. The Baby-friendly Hospital Initiative should also be mentioned. To be consistent with the recommendation to breastfeed exclusively for the first six months of life, States should grant working mothers a minimum of six months' maternity leave. With regard to education, she welcomed the fact that the draft plan warned of the risks of corporate sponsorship and the need for safeguards against conflicts of interest.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health) said that the topic was more complex than appeared at first sight. Breaking with its previous practice, the Secretariat was taking a bottom-up approach, focusing on policies that could be applied throughout health systems. Given that it was driven by Member States' guidance and recommendations on how to tackle such issues, the Secretariat would continue convening consultations. Terminology was also important. The assumption that overweight and obesity were closely associated failed to recognize that obesity was an illness that was very difficult to treat, while overweight was a separate phenomenon with cultural connotations, for example in countries where it constituted a marker of prosperity. He said that the issue deserved more reflection and welcomed suggestions for future action.

The Board noted the report.

Cancer prevention and control in the context of an integrated approach: Item 10.5 of the agenda (documents EB140/31 and EB130/31 Add.1)

The CHAIRMAN invited the Board to note the report and consider the draft resolution contained in document EB140/31. The financial and administration implications of the draft resolution were set out in document EB140/31 Add.1.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO, speaking on behalf of the Member States of the African Region, said that unequal access to screening and treatment for cancers persisted in the African Region, with high mortality rates attributable to gaps in human resources, technical capacity and treatment, in particular for children. The WHO Regional Office for Africa was unable to offer sufficient support to Member States in the preparation of their national cancer policies. Effective early detection of certain cancers and access to vaccination against human papillomavirus and hepatitis B were limited. Despite the introduction of cancer registries, the collection of accurate epidemiological data remained restricted to hospitals in large cities.

In view of those challenges, the draft resolution should take account of the need to: support Member States in enhancing screening capacities; ensure immunization to control effectively cancers caused by viruses and take measures to treat hepatitis C, helicobacter pylori and other infectious carcinogenic agents; promote the reduction of cancer treatment costs; ensure universal health coverage; control environmental risk factors and toxins; and set up subregional centres of excellence

to improve treatment coordination. He had submitted proposed amendments in writing to the Secretariat.

The representative of PAKISTAN said that since cancer was a complex issue that was addressed through various aspects of health systems, an integrated and intersectoral approach was particularly important. Preventing interference by the tobacco industry in public health policy was critical for reducing risk factors. The provision of pain relief to cancer patients was an added challenge in countries with stringent narcotics controls.

The representative of CHINA, outlining efforts made at the national level with regard to cancer prevention, treatment and care, said that WHO should strengthen coordination with partner organizations, promote more cost-effective mechanisms for cancer prevention, especially in developing countries, and support the development of appropriate technologies and tools to reduce cancer prevalence and premature mortality.

The representative of TURKEY said that technical tools prepared by WHO would enable countries to re-evaluate their national cancer control programmes. The role of national immunization technical advisory groups should be acknowledged in the draft resolution, since they were responsible for determining which vaccines should be included in national immunization programmes, identifying target groups and setting vaccination schedules according to national circumstances and priorities. Subparagraph 1(6) should be replaced by the following: “to consider possible primary cancer prevention methods and to include human papillomavirus and hepatitis B vaccinations in national immunization programmes according to national immunization technical advisory groups’ recommendations in line with the immunization targets of the Global Vaccine Action Plan 2011–2020”.

The representative of VIET NAM commended IARC’s work to develop cancer registries and conduct research on diagnostic technologies. WHO should step up its efforts to promote the availability and affordability of medicines and technologies, and help countries secure sustainable financing for critical vaccines. It should also promote the integration of palliative care into health service delivery mechanisms.

The representative of COLOMBIA, underlining the importance of the social determinants of health in cancer prevention and control, said that inequities in health service provision must be addressed to improve health care models and responses. The draft resolution should therefore include greater emphasis on equitable access to all services, technologies and medicines for effective prevention, diagnosis and treatment. It should also address the treatment of cancer in children and adolescents. A drafting group should be set up to take into consideration the many amendments that had been proposed, in writing, to the draft resolution, which could continue its work in the intersessional period, if required.

The representative of FRANCE said that an integrated approach to cancer prevention and control enabled cancer to be viewed from a comprehensive noncommunicable disease perspective. The report’s emphasis on practices linking prevention, screening, diagnosis, treatment and palliative care was particularly welcome, as was its emphasis on research and assessment. Her Government’s national cancer control plan was fully in line with the approach set forth in the report, with particular focus on prevention, access to treatment, research and development and a human rights-based approach. She therefore supported the draft resolution.

The representative of THAILAND said that poor populations were often unable to access new treatment owing to high costs, and that there were gaps in primary prevention, specifically with regard to tobacco and alcohol use. In developing countries, health systems tended to focus on managing communicable diseases; resources for cancer treatment and palliative care were limited. Health systems therefore required greater support and more attention must be paid to cancer in national health commitments.

The representative of the NETHERLANDS said that the high cost of new medicines hindered their widespread use and constituted a global problem, which required a global solution. Owing to better treatment possibilities, cancer was becoming a chronic disease. Greater attention should be paid to psychosocial care and support for cancer patients and their families. The Netherlands had established a highly developed system of cancer registration and was willing to share its expertise in that regard. While the work of IARC was commendable particularly with respect to plans to produce a policy-oriented global report on cancer, WHO and IARC should streamline their communication on guidelines and monographs.

The representative of JORDAN said that his Government had instituted measures to record all cases of cancer nationwide, including among non-Jordanians. It had also introduced screening programmes, a national cancer registry and anti-smoking measures. A national action plan to tackle cancer was in the pipeline, which would include measures to update national data on cancer prevalence and enhance breast cancer screening programmes. Improved human resources for cancer control and prevention were essential.

The representative of the RUSSIAN FEDERATION said that the consequences of rising cancer morbidity worldwide were experienced most acutely in low- and middle-income countries that did not have the resources needed to tackle the disease. Furthermore, in many countries cancer tended in particular to affect certain groups, such as children, indigenous peoples, ethnic minorities and the poor. Many of the basic provisions of the Russian Federation's National Programme for Health Development 2013–2020 were already largely in line with the global measures proposed by WHO. Those measures had improved early diagnosis, significantly increased remission rates, and reduced mortality. He requested that the Russian Federation be added to the list of sponsors of the draft resolution.

The representative of CANADA said that she agreed with the WHO recommendation that cancer control plans should focus on equity and access, so that no one would be left behind. Consistent with that recommendation, greater equity in cancer prevention and control required realizing universal health coverage, and building stronger, more resilient and inclusive health systems. She drew the Executive Board's attention to the issue of mycotoxins, which were produced by fungi that infected food crops and were potent carcinogens, causing up to 35% of liver cancer cases worldwide, and affecting low- and middle-income countries in particular. There was therefore a strong rationale for including a reference to them in the report to be submitted to the Seventieth World Health Assembly. Her delegation had submitted its comments on the draft resolution to the Secretariat.

The representative of NEPAL expressed particular concern about cervical cancer, which, although preventable, caused a significant number of deaths in the South-East Asia Region: nine of the Region's member countries accounted for more than one third of the global burden of cervical cancer, but had no effective or organized cervical cancer control programme. Despite her Government's concerted and comprehensive efforts to tackle all noncommunicable diseases, prevention remained a challenge and health sector leadership and coordination would have to be improved so that other sectors could help address the root causes of the problem.

The representative of the PHILIPPINES said that the draft resolution currently before the Board should contain more explicit language on cancer in children and adolescents, in line with the Universal Declaration of Human Rights, which stipulated that children were entitled to special care and attention, and the Convention on the Rights of the Child, which recognized the right of children to enjoy the highest attainable standard of health and to facilities for treatment and rehabilitation. In emphasizing childhood and adolescent cancer, the draft resolution could build on the reference in preambular paragraph 4 to certain population groups that faced inequalities in risk factor exposure and access to early diagnosis and treatment, and experienced poorer outcomes.

The representative of KUWAIT said that despite the great strides made in cancer control, mainly thanks to the focus of the Secretariat and Member States on diagnosis, treatment and raising awareness of the causes of cancer, the road ahead remained long. She expressed support for the draft resolution, noting that the Secretariat should continue providing support to Member States, especially for the implementation of treatment protocols, surveys, early diagnosis programmes and proposals and ideas on the best and most economical cancer interventions. Member States should also receive support with regard to research and development on cancer treatment and palliative care. She proposed replacing the words “early diagnosis” in paragraph 1(7) of the draft resolution by “early detection”, to include surveys.

The representative of SWEDEN, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, emphasized the need for deliberate political prioritization and medical planning to address cancer prevention and control, and the importance of working with other countries to set benchmarks and learn from experiences. An integrated approach to cancer prevention and treatment was crucial, and evidence-based long- and short-term improvements should be made over time. Primary prevention (such as tobacco and alcohol control, and human papillomavirus vaccination) and secondary prevention (screening) were effective policy measures in that regard. A life-course approach was essential.

Given that many cancers were potentially preventable, it was unacceptable that certain population groups should experience inequalities in risk factor exposure and access to early diagnosis and treatment. Those inequalities must be eliminated. The Nordic and Baltic countries were implementing cancer pathways to improve early detection, reduce waiting times and ensure coordinated care, the impact of which was the subject of constant evaluation. Governments should include patients and patient organizations in the development of national cancer plans to improve the quality of care and avoid unnecessary treatment. Lastly, she echoed the call for Member States to collect high-quality population-based data on cancer.

The representative of the UNITED STATES OF AMERICA, welcoming the draft resolution, said that the time had come to build on existing investments to advance global cancer prevention and control. Of the actions proposed in the report by the Secretariat, his Government particularly welcomed additional research to build the evidence on effective interventions to prevent cancer. The draft resolution was timely as Member States were seeking technical guidance and tools to develop, implement, finance and evaluate effective national cancer control plans, with a view to meeting their commitments under the Sustainable Development Goals and the global action plan for the prevention and control of noncommunicable diseases 2013–2020. Given the diverse cancer burden and uneven capabilities for responding to it, the Secretariat could strengthen its report by elaborating on how it would work at the regional and country levels to spread knowledge of, measure and achieve cancer prevention and control goals and objectives. His delegation had submitted proposed amendments to the draft resolution and looked forward to working with other Member States to prepare the draft for submission to the Seventieth World Health Assembly.

The representative of ALGERIA said that tackling cancer required strong political commitment, financing and information. In Algeria, the Cancer Plan was being carried out under the auspices of the President and had resulted in unprecedented governmental and multisectoral mobilization. Financing should be based predominantly on the mobilization of national resources. His Government had established a national fund to use taxes from the sale of tobacco and mobile telephones to help finance prevention, screening, early diagnosis and treatment and thus offer those services free of charge. It was important to set up a separate information system to fight cancer using cancer registers. The Algerian national network of registers currently covered over 60% of the population and provided the Government with data on priorities, frequency and above all age, that did not coincide with international data.

The representative of MONACO¹ said that cancer control was a priority for her Government, which had introduced various preventive measures, notably to reduce risk factors, in the broader context of noncommunicable disease prevention. Screening campaigns were regularly organized to promote early diagnosis and rapid treatment. Psychosocial concerns were also taken into account, notably by means of a mobile support unit and government-subsidized associations. In view of the challenges encountered by developing countries, her Government provided support for the IAEA Programme of Action for Cancer Therapy, which enabled those countries to incorporate radiotherapy into their treatment programmes. The Secretariat should continue to support Member State cancer control efforts. She expressed support for the draft resolution as presented in document EB140/31, but was willing to engage in consultations on it.

The representative of BANGLADESH¹ said that the lack of up-to-date data on cancer showed that a major public health problem with widespread economic and social consequences had not received sufficient global attention. The fact that only 5% of global resources for cancer prevention and control were being spent in the countries bearing the brunt of the cancer burden, namely low- and middle-income countries, could not be justified by the argument that national cancer prevention and control programmes should be financed by domestic resources. More international support was urgently needed for those countries, in line with the principles of inclusion, equity and universal health coverage. Despite comprehensive measures to address the most commonly occurring cancers in men (oral and lung cancer) and women (cervical and breast cancer) in Bangladesh, coverage was very costly, and technical support was required. Expressing support for the draft resolution, he proposed that the words “and newer vaccine(s) if they become available” should be inserted after “hepatitis B virus” in paragraph 1(6), and that “national priorities” should be replaced by “national context and priorities” in the same paragraph.

The representative of PERU¹ reported on the cancer prevention and control activities carried out by his Government. Peru offered its citizens universal health coverage, prioritizing poor sectors of the population, and aimed to guarantee comprehensive cancer treatment at all stages, from awareness raising, prevention, early and definite diagnosis and staging, to treatment and palliative care. The ultimate goal was to help reduce cancer morbidity and mortality by improving access to oncological services countrywide. He supported the draft resolution.

The representative of INDIA¹ noted that the Secretariat report gave no reasons for the imbalanced and inequitable distribution of global resources for cancer prevention and control, and did not pay sufficient attention to the divide between developing and developed countries in terms of cancer diagnosis and treatment. It was also conspicuously silent on the availability and affordability of

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medicines and diagnostics among WHO Member States, especially low- and middle-income countries. He expressed general support for the draft resolution and endorsed the amendments proposed by the representatives of Canada, Colombia and Thailand. His delegation had also submitted comments to the Secretariat. The human papillomavirus vaccine had not yet been introduced into India's immunization programme, and he therefore proposed that "human papillomavirus" should be deleted from paragraph 1(6).

The representative of INDONESIA¹ expressed his support for the cancer prevention and control actions recommended in document EB140/31, all of which were under way in Indonesia. Cancer had a negative economic impact on patients, their families and the country as a whole, owing to the frequent need for long-term or lifelong care. National cancer control plans should be evidence-based and supported by adequate resources, effective health systems, universal health coverage and strong primary health care. Cancer risk reduction interventions should take local cultures and traditional medicine into consideration. Implementation should be supported by all government sectors and the community, including popular public figures. Health insurance should cover not just treatment and rehabilitation, but also awareness raising and prevention.

The representative of BRAZIL¹ said that, given the specific characteristics and growing global importance of cancer, its profile should be raised in the noncommunicable disease cluster in United Nations health mandates. Considering the very high cost of medicines and treatment, cancer should be fully integrated into discussions on access and affordability, universal health coverage, and innovation models. The WHO Framework Convention for Tobacco Control was a central pillar of prevention and risk reduction, and greater support should therefore be provided for the Convention Secretariat within the WHO structure, governance and budget. Coordination between IARC and WHO should be enhanced. Given the complexity of cancer as a public health issue and the need to deepen WHO mandates in that regard, he endorsed the proposal of the representative of Colombia to convene a drafting group to revise the draft resolution.

The meeting rose at 12.35.

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