

PROVISIONAL SUMMARY RECORD OF THE EIGHTH MEETING

**WHO headquarters, Geneva
Thursday, 25 January 2018, scheduled at 14:30**

Chairman: Dr A. HAFEEZ (Pakistan)

CONTENTS

	Page
Strategic priority matters (continued)	
Draft thirteenth general programme of work 2019–2023 (continued)	2
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.....	5

EIGHTH MEETING

Thursday, 25 January 2018, at 14:40

Chairman: Dr A. HAFEEZ (Pakistan)

STRATEGIC PRIORITY MATTERS: Item 3 of the agenda (continued)

Draft thirteenth general programme of work 2019–2023: Item 3.1 of the agenda (documents EB142/3 Rev.1, EB142/3 Add.1 and EB142/14 Add.2) (continued)

The CHAIRMAN recalled that the discussion at the seventh meeting of the draft resolution on the draft thirteenth general programme of work 2019–2023 had been suspended to allow for informal consultations on the proposed amendments.

The representative of NEW ZEALAND said that the informal consultations had resulted in several proposed amendments to the text of the draft resolution, which would read:

The Executive Board,
Having considered the draft thirteenth general programme of work, 2019–2023,¹

REQUESTS the Secretariat to finalize the outstanding work on the Impact Framework, financial estimates and investment case for consideration of Member States prior to the Seventy-first World Health Assembly.

RECOMMENDS to the Seventy-first World Health Assembly the adoption of the following draft resolution:

The Seventy-first World Health Assembly,
(PP1) Having considered the draft Thirteenth General Programme of Work, 2019–2023, and welcoming its ambitious vision [as expressed by the aspirational “triple billion” goals];

(PP2) Noting that approval of the Thirteenth General Programme of Work, 2019–2023 does not imply approval of the financial estimate contained in [document EB142/3 Add.2].

(OP)1. APPROVES the Thirteenth General Programme of Work, 2019–2023;

(OP)2. REQUESTS the Director-General:

(1) to use the Thirteenth General Programme of Work as the basis for the strategic direction of planning, monitoring and evaluation of WHO’s work during the period 2019–2023 and to develop realistic Programme Budgets in consultation with Member States;

¹ Document EB142/3 Rev.1.

- (2) to take into consideration the changing state of global health in implementing the Thirteenth General Programme of Work, and keep Member States informed on progress with implementation through regular updates to governing bodies;
- (3) to provide guidance and support to regional and Country offices on the implementation of the Thirteenth General Programme of Work, taking into account different contexts;
- (4) to provide a report to the Seventy-fifth World Health Assembly to inform potential extension to 2025 of the Thirteenth General Programme of Work to align with the wider United Nations planning cycle.

The representative of IRAQ said that the issue of the use of the term “realistic”, in reference to programme budgets, remained unresolved.

The representative of the NETHERLANDS proposed that the original paragraph 2 of the draft resolution should be amended to read: “URGES Member States to support work towards achievement of the vision of the Thirteenth General Programme of Work.”

The representative of LIBYA proposed that the original reference to the “triple billion” goals in paragraph 1 of the draft resolution should be retained and should not be moved to the first preambular paragraph, so as to emphasize that the goals could only be achieved through the joint efforts of Member States and the Secretariat.

The representative of SWAZILAND said that, in future, it would be prudent to consult Member States in a timely manner regarding proposed amendments. Nevertheless, he expressed support for the proposed amendments to the draft resolution, and in particular the amendment proposed by the representative of the Netherlands regarding paragraph 2.

The representative of PANAMA¹ requested clarification from the Legal Counsel as to whether the term “realistic” had any legal implications.

The LEGAL COUNSEL explained that no specific legal definition of the term “realistic” existed. Its meaning could vary, depending on the context and what the Executive Board agreed.

The representative of JAPAN said that the use of the term “realistic” in the context of budgeting dated back to when the programme budget had been aspirational, namely prior to the introduction of the financing reform agenda. He would not object to the amendment proposed by the representative of the Netherlands regarding paragraph 2 of the draft resolution, but pointed out that it would subtly alter the meaning of the text by limiting the work on achieving the vision of the draft programme of work and the “triple billion” goals to Member States only, whereas donors should also be part of such efforts.

The representative of IRAQ said that the draft programme of work was an important document and the draft resolution should be worded unambiguously.

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

The representative of FIJI welcomed the reference in the draft resolution to country offices and expressed support for the proposal to move the reference to the “triple billion” goals to the first preambular paragraph. To avoid potential ambiguity, the term “realistic” should be deleted. Furthermore, it would be preferable to delete the original paragraph 2, given that the wording “urging Member States” implied a focus on delivery of the draft programme of work, rather than on its creation and endorsement.

The representative of CANADA expressed support for the proposed new wording in the first preambular paragraph of the draft resolution. However, she questioned the wording “URGES Member States” in the original paragraph 2, which had not been used in the resolutions for previous general programmes of work, and suggested that the verb in that paragraph should be in keeping with the wording used previously.

The representative of THAILAND said that he did not agree with, but could nevertheless accept, the proposal to move the reference to the “triple billion” goals from paragraph 1 to the first preambular paragraph of the draft resolution, but strongly suggested retaining the original paragraph 2, possibly in the amended form proposed by the representative of the Netherlands.

The representative of FRANCE said that she agreed with the comments made by the representative of Canada, and therefore favoured deleting the original paragraph 2.

The SECRETARY said that the wording “URGES Member States” had been used in previous draft resolutions related to the general programme of work, for example in the resolution contained in document A59/25 regarding the Eleventh General Programme of Work, 2006–2015.

The representative of GERMANY¹ said that the term “realistic programme budgets” had been introduced following cuts to the programme budget, and had appeared in relevant financial documents approved by the governing bodies since 2012. However, given the concerns expressed regarding the use of that term, he proposed that the wording of paragraph 2(1) should be amended to read: “to use the Thirteenth General Programme of Work as the basis for the strategic direction of planning, monitoring and evaluation of WHO’s work during the period 2019–2023 and to develop programme budgets in consultation with Member States, based on a realistic assessment of income and WHO’s implementation capacity”.

The representative of the NETHERLANDS seconded the proposal made by the representative of Germany.

The SECRETARY read out the proposed amendments to the draft resolution. Preambular paragraph 1 would read: “Having considered the draft Thirteenth General Programme of Work, 2019–2023, and welcoming its ambitious vision as expressed by the aspirational “triple billion” goals”. Paragraph 1 would read: “APPROVES the Thirteenth General Programme of Work, 2019–2023”. A new paragraph had been proposed for insertion after paragraph 1, to read: “URGES Member States to support work towards achievement of the vision of the Thirteenth General Programme of Work, 2019–2023”. The original paragraph 2 would be renumbered, and subparagraph (1) thereunder would read: “to use the Thirteenth General Programme of Work as the basis for the strategic direction of planning, monitoring and evaluation of WHO’s work during the

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

period 2019-2023 and to develop Programme Budgets in consultation with Member States, based on a realistic assessment of income and WHO's capacity".

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

The resolution, as amended, was adopted.¹

The DIRECTOR-GENERAL expressed his sincere thanks for the inclusive and collaborative efforts made by Member States over the past six months to develop the draft thirteenth general programme of work. He was pleased that the Board had adopted the resolution and looked forward to its endorsement at the Seventy-first World Health Assembly. The draft programme of work was on course to be finalized one year ahead of schedule, which would prove advantageous for programme budget development and resource mobilization efforts.

(For continuation of the discussion, see the summary record of the tenth meeting, section 2.)

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 3.8 of the agenda (documents EB142/15 and EB142/15 Add.1)

The representative of the CONGO, speaking on behalf of the Member States of the African Region, said that the double burden of communicable and noncommunicable diseases was a pressing issue for the Region, and stressed the importance of multisectoral action and collaboration with non-State actors in tackling the related risk factors. Industry interference in policies on the production of toxic substances must be addressed. A regional framework for integrating essential noncommunicable disease services in primary health care had been developed, but inadequate human and financial resources, insufficient technical infrastructure, shortage of medicines and high costs of health products, as well as a lack of appropriate legal frameworks, hindered the implementation of plans at the country level. The Secretariat should focus on providing clear guidance on health promotion and disease prevention, and on evaluating the effectiveness of national programmes, in order to facilitate and accelerate their implementation over the coming three years. Technical support and effective and sustainable mobilization of additional resources were vital to enable the countries in the Region to strengthen essential, disease prevention and primary health care services.

The representative of ZAMBIA said that, like other lower-middle-income countries, his country faced a double burden of communicable and noncommunicable diseases. Expressing concern at the insufficient rate of decline in premature deaths due to noncommunicable diseases, he called for full implementation of the political commitments made at the United Nations General Assembly in 2011 and 2014 in order to achieve the related targets by 2030. Member States had been slow in implementing operational multisectoral strategies due to a lack of capacity. Significant funding was urgently needed to ensure achievement of target 3.4 of the Sustainable Development Goals, which focused on reducing premature mortality from noncommunicable diseases and promoting mental health and well-being. He therefore supported further investment in prevention and better management of the four main noncommunicable diseases.

¹ Resolution EB142.R2.

The representative of TURKEY said that 2018 would be a pivotal year in efforts to prevent and control noncommunicable diseases. Supported by the Regional Office for Europe, his Government had prepared a national multisectoral action plan on noncommunicable diseases and had already implemented the set of noncommunicable disease indicators. Although much remained to be done in the fight against noncommunicable diseases, he praised the efforts of partners and organizations of the United Nations system in that regard.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine and the Republic of Moldova, aligned themselves with her statement. Despite significant progress and the results achieved, particularly in the European Region, the outlook was not encouraging. She welcomed the Montevideo Roadmap 2018–2030 on Noncommunicable Diseases as a Sustainable Development Priority and requested the Executive Board to use it as an input to the preparatory process for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. Expressing concern that current efforts would be insufficient to achieve target 3.4 of the Sustainable Development Goals, she called on the Organization to support countries towards the attainment of the nine voluntary global targets for noncommunicable diseases by 2025. The engagement of non-State actors was crucial, in particular to achieving target 3.4 of the Goals. A comprehensive multisectoral response and the implementation of measures to ensure the adaptability of primary health services to demographic change and the growing prevalence of noncommunicable diseases were vital aspects of such efforts. The European Council's conclusions on cross-border aspects of alcohol policy could serve as a useful model for future discussions on action to tackle noncommunicable diseases. Strengthening tobacco control, including through the implementation of the WHO Framework Convention on Tobacco Control, was also an essential part of efforts. A greater focus on improving mental health and well-being was required, including consideration of the related social determinants. Stricter measures on the tobacco industry were also needed, including extending the model policy for agencies of the United Nations system on preventing tobacco industry interference to other members of the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases. She requested clarification of the tasks and role of the WHO Independent High-level Commission on Noncommunicable Diseases and the objectives and expected outcomes of the third High-level Meeting.

The representative of CANADA, speaking on behalf of the Member States of the Caribbean and South and Central America, as well as Canada and Mexico, said that the Region of the Americas remained strongly committed to taking action to prevent and control noncommunicable diseases. Additional efforts were needed to implement the high-level commitments on tackling noncommunicable diseases and mental health. Countries faced similar challenges in controlling noncommunicable diseases and should therefore exchange information and learn from each other. The WHO Global Conference on Noncommunicable Diseases held in Uruguay in October 2017 and the Montevideo Roadmap 2018–2030 were important inputs for the third High-level Meeting. To address noncommunicable diseases effectively and manage their shared risk factors, a whole-of-government, whole-of-society approach was needed. Strong political will, investment and cooperation were necessary to tackle the social, economic, political and capacity-related challenges that underpinned noncommunicable diseases. The Secretariat played a crucial role in helping Member States to develop and implement their multisectoral national responses and build adequate capacity. It was thus encouraging to note the references to accelerated action on noncommunicable diseases in the draft thirteenth general programme of work 2019–2023. WHO should continue to provide guidance, including on facilitating coordination of activities and monitoring implementation of the goals of the United Nations Decade of Action on Nutrition. To that end, the availability of adequate human and financial resources must be ensured.

Speaking in her capacity as the representative of Canada, she expressed concern that the terminology used in the report (“keeping the levels stable for overweight (including obesity) in children and adolescents”) differed from that used in the global monitoring framework (“halt the rise in diabetes and obesity”) and could lead to a weakened approach to diabetes and obesity. Similarly, she sought clarification as to why the report called for reducing mean population intake of salt by 40% by 2023, while the global monitoring framework called for a 30% reduction by 2025. She also requested further information on the work modalities, membership, budget and accountability of the WHO Independent High-level Commission on Noncommunicable Diseases. To propel action and attract new partners to the cause, it would be useful to compile examples of leadership and innovation with regard to the control of noncommunicable diseases in countries across all WHO regions for inclusion in the report to be submitted to the United Nations General Assembly.

The representative of BRAZIL said that the Montevideo Roadmap 2018–2030 was an essential input in the preparatory process for the third High-level Meeting. His Government was committed to tackling the burden of noncommunicable diseases and stood ready to support the preparatory work of the global coordination mechanism on the prevention and control of noncommunicable diseases. In that connection, he asked how the Secretariat intended to implement the recommendation aimed at further improving the global coordination mechanism to guarantee results at the country level.

The representative of the DOMINICAN REPUBLIC said that the third High-level Meeting should afford an opportunity for countries to identify strategies that enabled decision- and policy-makers to regulate industry from a public health perspective, and should address the role of primary health care in the prevention of noncommunicable diseases. The high rate of premature deaths from noncommunicable diseases was a constant reminder that urgent action was needed to address their social determinants. Target 3.4 of the Sustainable Development Goals would not be achieved unless countries reached consensus on the related policies.

The representative of BAHRAIN said that the report provided an excellent overview of the measures taken to prevent and control noncommunicable diseases, the progress made and further action to be taken; the report should be submitted to the third High-level Meeting, both to enhance its visibility and as a reminder of the political commitments made at the second High-level Meeting.

The representative of SWEDEN, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, said that unless measures were scaled up significantly, target 3.4 of the Sustainable Development Goals would not be met. Emphasis must be placed on the risk factors for the four main noncommunicable diseases. It was important to build national capacity for the introduction of public health and cross-sectoral policies; align international finance and noncommunicable diseases; engage constructively with industry; and counter industry interference in public health policymaking. The outcome of the third High-level Meeting should emphasize the need for political will to take action on and ensure accountability for those commitments. Civil society was an important partner with regard to advocacy and the development of innovative solutions to tackle noncommunicable diseases. In that connection, the global coordination mechanism was a useful tool for engagement; the Secretariat should intensify efforts to realize the full potential of the mechanism.

The representative of the NETHERLANDS said that, although the global community was largely aware of the causes of, and solutions to, noncommunicable diseases, results were lagging behind the ambitious targets. The third High-level Meeting would be a good opportunity to take stock of progress and decide on the way forward. There was reason for optimism, as many countries had implemented evidence-based and innovative interventions. The Secretariat should continue to map and

analyse such developments and produce scientifically sound guidelines, while continuing to support countries in developing and implementing effective policies.

The representative of MEXICO said that the global response to noncommunicable diseases must be comprehensive and multisectoral. The Montevideo Roadmap 2018–2030, together with examples of best practices in relation to multisectoral interventions, should be used as a starting point for the evaluation to be conducted by the United Nations General Assembly at the third High-level Meeting. Her Government had implemented a national strategy to tackle overweight, obesity and diabetes in collaboration with multiple sectors. The outcome document for the third High-level Meeting should renew the mandate of the WHO Independent High-level Commission on Noncommunicable Diseases and other related mechanisms in order to raise their political profile and facilitate their work.

The representative of JAMAICA said that, although many member countries of the Caribbean Community had made progress towards achieving the global targets on noncommunicable diseases in areas such as physical activity, efforts to improve nutrition and to reduce tobacco use and the harmful use of alcohol had been less successful. The main impediments to effective implementation of global commitments were pushback from industry and the slow implementation of regulatory frameworks to address risk factors, as well as a lack of resources. She urged the Secretariat to develop a comprehensive road map to guide Member States in their efforts.

The representative of LIBYA, speaking on behalf of the Member States of the Eastern Mediterranean Region, thanked WHO for its continued support to facilitate the move from global commitments to effective implementation at the national and regional levels. Despite improvements in some areas, progress towards the achievement of target 3.4 of the Sustainable Development Goals at the national and subnational levels had been uneven and insufficient. WHO should facilitate open, inclusive and transparent formal and informal consultations in the run-up to the third High-level Meeting in order to reach consensus on the obstacles to progress and identify policy options to overcome them. The Member States of the Eastern Mediterranean Region stood ready to engage actively in that process.

The representative of IRAQ said that it was important to identify the risk factors for noncommunicable diseases, measures taken to address them and obstacles to success at the country level. Greater attention should be accorded to: national workplans; the extent to which prevention and control of noncommunicable diseases was reflected in primary health care and public health policies and integrated into national and sustainable development strategies; and measures to increase intersectoral collaboration and political commitment. Emphasis should be placed on cancer, in particular cancer prevention.

The representative of FRANCE expressed support for WHO's work leading up to the third High-level Meeting and said that her Government stood ready to participate in that work. She requested further information on how the specific targets to be attained by Member States by 2023 had been determined. WHO's work should be aligned with the nine global voluntary targets for noncommunicable diseases. Noting the importance of intersectoral collaboration, she welcomed the reference to the global coordination mechanism in the draft thirteenth general programme of work.

The representative of SRI LANKA expressed disappointment that, more than one year after the adoption of the Colombo declaration on strengthening health systems to accelerate delivery of noncommunicable diseases services at the primary health care level, only a few countries had developed and were implementing multisectoral action plans, primarily due to a lack of human resources. He therefore called for more staff to be trained at the primary care level. Expressing

concern at the lack of multistakeholder and intersectoral action to tackle noncommunicable diseases, he welcomed the work of the global coordination mechanism and the support his Government had received in finalizing its multisectoral action plan. Sufficient funding must be made available to help Member States adopt a whole-of-government approach. In addition, given the growing number of young people and children affected by noncommunicable diseases, a screening programme for young adults should be developed.

The representative of NEW ZEALAND said that a clearer understanding was needed of the roles of the Secretariat, Member States, non-State actors and other organizations of the United Nations system in efforts to reach consensus on the obstacles to progress and define the necessary action to be taken. Such clarification could be obtained at the third High-level Meeting and would facilitate WHO's work in implementing the draft thirteenth general programme of work and establishing programme budgets. Although it was important to engage with all relevant actors, including the private sector, the Secretariat should adopt more pragmatic language and approaches regarding the political elements that had an impact on the risk factors and outcomes for noncommunicable diseases, and provide further explanations of apparent trends.

The representative of JORDAN said that additional resources should be provided to help Member States achieve the set of indicators for noncommunicable diseases and reduce the number of premature deaths caused by such diseases.

The representative of PAKISTAN said that, as the leading cause of morbidity and premature mortality worldwide, noncommunicable diseases posed a threat to social and economic development. Efforts to tackle such diseases would require a paradigm shift in public health approaches and strategies. His Government was committed to preventing and controlling noncommunicable diseases and their main risk factors but faced several obstacles, including a lack of intersectoral coordination, industry interference, a lack of technical support from development partners and insufficient funding from the international donor community. He urged the Secretariat and Member States to establish a global fund for noncommunicable disease to tackle the shortfall in financial resources.

The representative of THAILAND said that, in order to achieve the global targets on noncommunicable diseases, priority should be given to the countries, risk factors and diseases that were lagging behind. A heightened focus on the commercial determinants of health and the political aspects of noncommunicable diseases was also needed. Furthermore, it was essential to ensure that noncommunicable diseases formed an integral part of universal health coverage. She called on the Secretariat to act as a role model in promoting healthy living, through initiatives such as providing fresh fruit during meeting breaks and stationary bicycles in meeting rooms. Noncommunicable diseases would be the theme of the 2019 Prince Mahidol Award Conference to be held in Thailand.

The representative of SWAZILAND requested clarification of the new proposals that the Secretariat would be submitting to the third High-level Meeting and the action that it would be requesting from heads of State; a different approach to tackling the issue was required, given the lack of consensus in recent years.

The representative of URUGUAY¹ said that her Government was firmly committed to preventing and controlling noncommunicable diseases, as evidenced by its hosting of the WHO Global Conference on Noncommunicable Diseases, which had led to the adoption of the Montevideo

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

Roadmap 2018–2030. Global action to tackle noncommunicable diseases needed to be stepped up, and political commitment at the highest level must be strengthened in order to promote multisectoral actions that guaranteed respect for the right to health. She urged the Secretariat to strengthen its normative role and provide resources, advice and capacity-building support to Member States. At the global level, WHO had a key coordinating role to play, in particular via the global coordination mechanism and the United Nations Inter-agency Task Force on the Prevention and Control of Noncommunicable Diseases, through which innovative solutions must be found. She requested the Secretariat to update its report prior to the Seventy-first World Health Assembly in order to include, as an annex, the outcome of the WHO Global Conference on Noncommunicable Diseases, particularly the Montevideo Roadmap and the conference report.

The representative of PERU¹ noted with concern that noncommunicable diseases were the largest underfunded programme area in WHO's Programme budget and that there had been a funding shortfall in 2017. He highlighted the need to reduce risk factors through a multisectoral approach, promote healthy lifestyles and ensure early detection and access to treatment. He welcomed the Montevideo Roadmap 2018–2030, which would be extremely useful as an input for the third High-level Meeting. He called on the WHO Independent High-level Commission on Noncommunicable Diseases to take account of the Montevideo Roadmap when drawing up its recommendations.

The representative of PANAMA¹ said that premature deaths from noncommunicable diseases represented an obstacle to development and led to health inequities, particularly for low-income countries. Priority must be accorded to ensuring that those countries had the necessary technical support, capacities and resources. At the same time, due attention must also be paid to palliative care and risk factors, particularly tobacco control, and the achievement of target 3.a of the Sustainable Development Goals on implementation of the WHO Framework Convention on Tobacco Control. The approach to tobacco control should be harmonized among Member States and across the organizations of the United Nations system, including WHO and ILO. She urged WHO to implement the global action plan for the prevention and control of noncommunicable diseases 2013–2020 and the Montevideo Roadmap 2018–2030 as a means of exchanging expertise and information. A multisectoral approach was required in order to effectively manage financial resources and foster collaboration, in particular with non-State actors. She reiterated the need for full and transparent implementation of the Framework of Engagement with Non-State Actors in order to prevent conflicts of interest between the private and public health sectors.

The representative of BANGLADESH¹ said that, although his Government was making progress towards achieving the global targets on noncommunicable diseases through a multisectoral approach and an integrated health response, it required more technical support from WHO. He hoped that the third High-level Meeting would be used as an opportunity to take stock of the progress made in tackling noncommunicable diseases and to identify gaps and future challenges.

The representative of INDONESIA,¹ acknowledging the obstacles and challenges identified in the report, said that prevention and control of noncommunicable diseases was a global challenge that required a strong, multisectoral response. Her Government was taking action at the national and regional levels to prevent and control noncommunicable diseases and would be organizing a meeting for ASEAN member States on the sidelines of the third High-level Meeting in order to discuss regional progress. She reiterated her Government's support for the Director-General's report on the preparations for the third High-level Meeting.

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

The representative of SWITZERLAND¹ said that an ageing population would further aggravate the issue of noncommunicable diseases, and the role played by economic factors meant that it was important to take a multisectoral approach to prevention and control. The third High-level Meeting represented an opportunity to hold in-depth discussions and find appropriate solutions to the issue of noncommunicable diseases; her Government stood ready to contribute to the preparatory process.

The representative of CHINA¹ welcomed the report but suggested that, before being submitted to the Seventy-first World Health Assembly, it should be updated by the Secretariat to include information resulting from the Ninth Global Conference on Health Promotion and its outcome document – the Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development – in order to fully reflect efforts made by the Secretariat and Member States to prevent and control noncommunicable diseases and promote health.

The representative of NIGERIA¹ said that her Government had made slow but steady progress in implementing the four national time-bound commitments, especially regarding tobacco risk reduction. Regrettably, a survey using the stepwise approach had not been carried out in Nigeria in over two decades, mainly owing to a lack of financial resources, which remained a major impediment to national tobacco control efforts. She therefore called on WHO and other bodies of the United Nations system to provide support to her Government to enable it to conduct a survey as soon as possible.

The representative of PAKISTAN agreed with the suggestion made by the representative of China to update the report by including the Shanghai Declaration.

The representative of the UNITED STATES OF AMERICA¹ expressed concern regarding the tone and focus of the report; it should address noncommunicable diseases from a broader perspective by citing peer-reviewed evidence, highlighting proven actions to improve prevention and treatment, and encouraging collaboration and private partnerships, including the actions that had been most successful in engaging the private sector. Furthermore, the report relied heavily on the outcomes of a meeting that had not involved the broad participation of Member States. Table 5 of the report, which listed the obstacles at the national and subnational levels to implementing the best buys and other recommended interventions for the prevention and control of noncommunicable diseases, was counterproductive and lacking in objectivity. It should be updated to reflect a more balanced perspective on both obstacles and opportunities. Her Government remained committed to engaging constructively with the Secretariat and Member States to address the critical issue of prevention and control of noncommunicable diseases.

The representative of ECUADOR¹ said that her Government was committed to achieving the global targets for noncommunicable diseases. She agreed with the comments made by the representatives of Canada, speaking on behalf of the Member States of the Caribbean and South and Central America, as well as Canada and Mexico, and the Dominican Republic, that industry interference was a problem in many countries. Firm actions, sufficient financial resources and increased political will were needed to implement the Montevideo Roadmap 2018–2030 and to ensure sustainable and effective efforts. She welcomed the proposal of a mid-point evaluation of progress on the implementation of the global action plan for the prevention and control of noncommunicable diseases 2013–2020 and asked how the representative group of stakeholders would be formed.

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

The representative of ESTONIA¹ highlighted the persistent problem of harmful use of alcohol and its significant contribution to the burden of noncommunicable diseases. A global response was needed to tackle alcohol advertising, including by reducing young people's exposure thereto. He encouraged Member States to continue efforts to reduce the harmful use of alcohol, with the support of the Secretariat, for example by monitoring the volume and content of alcohol advertising in the digital media.

The representative of the RUSSIAN FEDERATION¹ said that his Government would continue to support WHO's work to prevent and control noncommunicable diseases. He expressed support for the work of the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases, which helped to promote intersectoral coordination. The third High-level Meeting should address the economic determinants of noncommunicable diseases and lead to effective policy development. The Director-General's report should take into account the outcomes of the WHO Global Conference on Noncommunicable Diseases, held in 2017. He welcomed the evaluation of the global coordination mechanism and hoped that Member States would continue to support its development, which should involve greater participation of non-State actors, civil society organizations and the private sector.

The representative of CHILE¹ said that more coherent and innovative policies, political commitment, civil society participation and enhanced accountability were needed to tackle the social, economic and structural factors influencing people's exposure to the risk factors for noncommunicable diseases. Her Government had taken concrete actions to ensure that people living with noncommunicable diseases had access to diagnosis, treatment and financial protection, and had improved food labelling and advertising. She welcomed the preliminary evaluation of the global coordination mechanism, but sought clarification of how the related recommendations would be implemented, and how Member States would be kept informed of progress in that regard.

The representative of ARGENTINA,¹ agreeing with the comments made by the representative of Canada, expressed support for the recommendations set out in the report and noted the importance of the Montevideo Roadmap 2018–2030 as an input to the third High-level Meeting. She called for the development of a framework convention on healthy eating and obesity prevention, which would be instrumental in advancing global efforts to prevent noncommunicable diseases. In addition, further efforts must be made to implement the WHO Framework Convention on Tobacco Control, ensure more effective implementation of policies to reduce the harmful use of alcohol, to limit the intake of sodium and trans-fatty acids and to promote physical activity.

The representative of INDIA¹ said that his Government's efforts to tackle noncommunicable diseases were based on multisectoral coordination, health promotion, health system strengthening, surveillance, monitoring, evaluation and research. Food safety standards were being enhanced, effective tobacco control measures had been introduced and a population-based programme had been developed for the prevention, screening and management of common noncommunicable diseases. WHO should lead the coordination of efforts by organizations within the United Nations system to tackle noncommunicable diseases, in order to ensure the alignment of priorities, advocacy and funding.

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

The observer of PALESTINE said that noncommunicable diseases had had a devastating impact on the population of Palestine. Initiatives, including a strategic plan, had been put in place to raise awareness, enhance prevention and reduce the high number of deaths caused by such diseases. He welcomed WHO's close cooperation with Palestine's health authority and its reports and research on the matter. Cooperation was imperative for the future development of health systems.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that adequate investment and better management were necessary to address the four main noncommunicable diseases. Community health workers and volunteers played a crucial role in tackling noncommunicable diseases, especially among disadvantaged and vulnerable populations, including by raising awareness, bridging the gap between communities and health services, and promoting healthy behaviour through community engagement. She welcomed the emphasis on proactive, compassionate, community-based and sustainable long-term care within WHO's Package of Essential Noncommunicable Disease Interventions. An approach based on ensuring a continuum of care, including for vulnerable populations and those living in complex settings and emergencies, was essential.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that multisectoral action, including the development of coherent policies, was critical to creating environments that promoted health and tackling noncommunicable diseases. The third High-level Meeting would be a timely opportunity for Member States and private donors to increase their funding commitments, which in turn would curb the economic impact of such diseases in the future. Furthermore, Member States should ensure that vulnerable groups, in particular women, children and young people, were accounted for in all measures to prevent and control noncommunicable diseases. Her organization was committed to collaborating with WHO in the fight against noncommunicable diseases, including through the global coordination mechanism.

The representative of ALZHEIMER'S DISEASE INTERNATIONAL, speaking at the invitation of the CHAIRMAN, called on Member States to schedule the third High-level Meeting at least one day before the United Nations General Assembly, to allow sufficient time for preparation. The meeting should involve the participation of heads of State and government, civil society and people living with noncommunicable diseases. The outcome document of the meeting should include robust commitments by Member States, for example to increase investment and accelerate the implementation of best buys, free of commercial interests.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN and also on behalf of World Cancer Research Fund International, expressed support for the statement made by the representative of Alzheimer's Disease International. She urged the Secretariat and Member States to honour their commitment to reduce premature mortality from noncommunicable diseases by 25% by 2025. Member States must strengthen national action on cancer and noncommunicable diseases by: ensuring the participation of their heads of State at the third High-level Meeting; establishing a United Nations civil society task force; and developing robust commitments to support the implementation and scaling up of prevention, early detection, treatment and care services.

The representative of FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, urged Member States to consult with national dental associations when developing sugar reduction and nutrition interventions. Her federation was developing a measurement tool that it looked forward to sharing with WHO, with a view to establishing baselines and indicators for oral

health. She encouraged Member States to: address oral health in their national action plans for noncommunicable diseases; integrate oral health perspectives in the agenda and outcome document of the third High-level Meeting; and update the oral health action plan for health promotion and integrated disease prevention.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIRMAN, urged the United Nations General Assembly, the Secretariat and Member States to use the third High-level Meeting as a platform to renew their commitment to ending childhood obesity, building on the work of the WHO Commission on Ending Childhood Obesity. He welcomed the reference in the report to industry interference and the fact that it impeded progress in the implementation of policies on best buys, and called on Member States to combat such interference.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, called on WHO and the organizations of the United Nations system to support a comprehensive preparatory process for the third High-level Meeting. Urgent action was required to: improve access to treatments for noncommunicable diseases; increase financing for national plans to prevent and control noncommunicable diseases; and recognize the synergies between the four main noncommunicable diseases and other diseases, such as kidney disease, by adopting integrated screening and disease management programmes.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIRMAN, requested that the Secretariat and Member States ensure that palliative care was included in the preparations for the third High-level Meeting. Palliative care should be provided not only to those living with cancer, but also to people living with other noncommunicable diseases such as cardiovascular disease, lung conditions and organ failure. The voices of those receiving palliative care must be heard and efforts made to ensure access to palliative care for those in need.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that his association stood ready to take an active role in the preparatory process for the third High-level Meeting. He welcomed the holistic approach outlined in the report and the focus on universal health coverage and health system strengthening. His association's collaboration with WHO on the global coordination mechanism had been fruitful; he encouraged WHO to include the mechanism in its general programme of work and to continue its implementation beyond 2020.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that, in order to mobilize the expertise of nurses and make progress in tackling noncommunicable diseases, countries needed to remove barriers that prevented nurses from delivering effective interventions, including prescribing. His council was concerned that target 3.4 of the Sustainable Development Goals would not be achieved, and strongly encouraged Member States to affirm their political commitments and to make strides to implement best buys and other interventions to prevent and control noncommunicable diseases.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, called on Member States to ensure that their heads of State participated in the third High-level Meeting. WHO should update its definition of premature deaths from noncommunicable diseases to ensure alignment with the targets and indicators of the 2030 Agenda for Sustainable Development, which had no age restrictions. Support should be provided to countries to ensure that programmes were appropriate and accessible to women, and interventions should be integrated into existing programmes on reproductive, maternal, child, newborn and adolescent health. She called on

Member States to: hold the third High-level Meeting immediately prior to the United Nations General Assembly; facilitate meaningful participation from civil society and people living with noncommunicable diseases; and promote policy coherence and include robust commitments in the third High-level Meeting outcome document. Support for entities such as the global coordination mechanism should continue.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, strongly encouraged Member States to include pharmacists in the management of noncommunicable diseases and in efforts to improve access to health care. Member States should reform their pharmacy curricula to include competencies related to the management of noncommunicable diseases. Furthermore, in the run-up to the third High-level Meeting, Member States should consider the key role that pharmacists could play and the related opportunities to expand access to cost-effective management of noncommunicable diseases worldwide.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that it was contradictory to cite industry interference as an obstacle and yet suggest that private sector partnerships were the best way forward, especially as private sector consent to regulatory measures was unlikely. Governments needed clear, data-based assessments of their national situations – and ideally laws to protect breastfeeding – before they could consider whether and what role the private sector should play. To promote healthy diets more effectively, Member States should work with town planners, small farmers and public health experts.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIRMAN, said that health as a human right would only have meaning if patients had timely access to safe, effective and affordable care. Measures to halt the cancer epidemic should include investment in essential and cost-effective cancer services; implementation of resolution WHA70.12 (2017) on cancer prevention and control; access to treatment for non-preventable cancers; and an adequate and well-trained health workforce. The third High-Level Meeting should be scheduled the day before the United Nations General Assembly, to facilitate attendance by heads of State, and input from non-State actors should be encouraged through a civil society task force.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, welcomed WHO's focus on noncommunicable diseases but said that its approach failed to address key structural inequalities among countries and between States and private corporations. The Organization had an important role to play in limiting industry interference in policy-making and in advocating for the regulation of unhealthy industries. Technological innovations such as mHealth were insufficient to meet the needs of people affected by noncommunicable diseases, particularly marginalized and vulnerable groups; Member States must therefore increase their investment in public health systems and unearmarked contributions.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, pointed out that the words “price”, “patent” and “intellectual property” did not appear in the report, nor was there mention of new cell and gene therapies, access to which was expensive, limited and highly unequal. It was unclear whether exceptions to patent rights extended to such therapies and, if so, what incentives should replace the patent monopoly. At the third High-level Meeting, WHO should place greater emphasis on the high prices of medicines and services for the treatment of noncommunicable diseases and the related barriers to access. Universal access to medicines would only be achieved by delinking the incentives to invest in research and development from product prices.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health), thanking participants for their comments, said that Member States should see the third High-level Meeting as an opportunity to create synergies with the first high-level meeting of the General Assembly on ending tuberculosis, both of which would be held in 2018. Member States should encourage their heads of State to attend both meetings and push for mental health to be included at the former.

In February 2018, members of the new WHO Independent High-level Commission on Noncommunicable Diseases would be announced, and the first meeting of the WHO Civil Society Working Group on the third High-level Meeting would be held. Both groups had been convened by the Director-General to advise him on how best to help countries to accelerate progress towards achieving target 3.4 of the Sustainable Development Goals.

The global coordination mechanism would be scaling up strategic engagement with the private sector in ways that safeguarded against conflicts of interest. The United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases provided a platform for Member States to work on priority issues through joint global programmes.

She welcomed the significant progress made by Member States in reducing the number of premature deaths from noncommunicable diseases. The Secretariat stood ready to provide support at the national, regional and global levels, in particular for the implementation of national multisectoral plans on noncommunicable diseases.

The REGIONAL DIRECTOR FOR THE AMERICAS said that noncommunicable diseases represented an unprecedented catastrophe that required a multisectoral response, including from the private sector and civil society. Without significant investment by 2020, the increasing burden of noncommunicable diseases in low- and middle-income countries would make it impossible to meet target 3.4 of the Sustainable Development Goals. However, work to meet that target must not distract from the fact that people's lives were at stake; the highest priority must therefore be combating the epidemic. Commitments made at the first two High-level Meetings had not been adequately followed through; bolder commitments and strong, high-level, informed participation would be needed at the third High-level Meeting. Real progress would depend on the genuine commitment of national governments, civil society, communities and the private sector to prioritize health ahead of politics, profit and self-promotion.

The DIRECTOR-GENERAL said that 33 countries and the European Union had ratified the Protocol to Eliminate Illicit Trade in Tobacco Products, and urged those Executive Board members whose governments had not yet done so to demonstrate leadership by ratifying that document before July 2018, when ratification by 40 Parties would be required for the instrument to become international law.

Noncommunicable diseases were a priority for the world, not just for high-income countries. The risk factors and solutions were known; only focus and political will were lacking. Rather than new strategies or solutions, action and implementation measures were currently needed, for example in the form of taxation of tobacco products, alcohol and sugary drinks. Over the past few months, the Secretariat had reached out to heads of State, some of whom had taken bold action. National health authorities must join forces with the Secretariat to mobilize political commitment and build on existing momentum. As many participants had noted, countries must be at the centre of action, as outlined in the draft thirteenth general programme of work.

The representative of TURKEY, responding to the Director-General's comments on the Protocol to Eliminate Illicit Trade in Tobacco Products, said that the domestic ratification process had recently been completed in his country.

The Board noted the report.

The meeting rose at 17:40.

= = =