World Health Organization

SIXTY-SEVENTH WORLD HEALTH ASSEMBLY

A67/A/PSR/7
4 July 2014

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE SEVENTH MEETING

Palais des Nations, Geneva
Thursday, 22 May 2014, scheduled at 14:30

Chairman: Dr Pamela RENDI-WAGNER (Austria)

CONTENTS

COMMITTEE A

SEVENTH MEETING

Thursday, 22 May 2014, at 14:40

Chairman: Dr P. RENDI-WAGNER (Austria)

1. PROMOTING HEALTH THROUGH THE LIFE COURSE: Item 14 of the Agenda (continued)

Monitoring the achievement of the health-related Millennium Development Goals: Item 14.1 of the Agenda (Document A67/19)

- **Health in the post-2015 development agenda:** Item 14.1 of the Agenda (Document A67/20) (continued from the third meeting, section 4)

The CHAIRMAN announced that the drafting group that had been established would consider a revision of the earlier proposed draft resolution, which read:

The Sixty-seventh World Health Assembly,

PP1 Having considered the report on Monitoring the achievement of the health-related Millennium Development Goals. Health in the post-2015 development agenda;[1]

PP2 Reaffirming the Constitution of the World Health Organization, which states that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social conditions;

PP3 Reaffirming also the principles of the United Nations Millennium Declaration adopted by the United Nations General Assembly in resolution 55/2, including human dignity, equality and equity, and stressing the need for their reflection in the post-2015 development agenda; ***(taken from WHA66.11)***

PP~~3~~4 Recognizing that health is ~~central to human development as both a contributor~~**a precondition for** and an outcome and **indicator of all dimensions of sustainable** ~~that universal health coverage is an important measure of~~ development; ***(taken from para 138 of A/RES/66/288)***

PP~~4~~5 Recalling resolution WHA66.11 on health in the post-2015 development agenda, which urged Member States to ensure that health is central to the post-2015 UN development agenda;

(PP~~5~~6) Reaffirming the need to sustain current achievements and accelerate efforts in those countries where more rapid progress is needed towards achievement of the health-related Millennium Development Goals;

PP~~6~~7 Cognizant also of the burden of **maternal, newborn and child morbidity and mortality**, communicable diseases, **including HIV/AIDS, tuberculosis, malaria** and neglected tropical diseases and the rising burden of non-communicable diseases and injuries;

PP~~7~~8 Acknowledging that universal health coverage implies that all people have access without discrimination to nationally determined sets of the needed promotive, preventive,

[1] Document A67/20.

curative, palliative and rehabilitative essential health services and essential, safe, affordable, effective and quality medicines, while ensuring that the use of these services does not expose the users to financial hardship **with a special emphasis on the poor, vulnerable and marginalized segments of the population; (para 10 of A/RES/67/81)**;

PP9 Recognising that the provision of universal health coverage requires full and effective implementation of the Beijing Platform for Action,9 the Programme of Action of the International Conference on Population and Development6 and the outcomes of their review conferences, including the commitments relating to sexual and reproductive health and the promotion and protection of all human rights in this context, and emphasizes the need for the provision of universal access to reproductive health, including family planning and sexual health, and the integration of reproductive health into national strategies and programmes; ***(taken from para 11 of A/RES/67/81)***

PP10 Recognising the importance of strengthening health systems and building capacities for broad public health measures, health protection and addressing determinants of health towards attaining equitable universal coverage; ***(wording partially based on paras 9 and 10 of A/RES/67/81)***

PP~~7~~11 Emphasizing that policies in sectors other than health have a significant impact on health outcomes, hence the need to identify synergies between policy objectives in the health and other sectors through a whole-of-government, whole-of-society and Health in All Policies approach the post-2015 development agenda;

PP~~8~~12 Appreciating the need for countries to uphold the principles of country ownership and the global community to respect them;

PP13 Recognising that the multi-sectoral nature of achieving health improvement means that progress monitoring must include measuring health systems performance as well as health outcomes that capture mortality, morbidity and disability.

PP1~~0~~4 Recalling resolution WHA63.16 on the WHO Global Code of Practice on the International Recruitment of Health Personnel, which recognized that addressing present and expected shortages in the health workforce is crucial to protecting global health and implementing the post 2015 development agenda**, as well as other previous related WHA resolutions, and welcoming efforts made to strengthen the health workforce including the commitments made by Member States in the Recife Declaration on Human Resources for Health: renewed commitments towards Universal Health Coverage**

OP1 URGES Member States[1]

(~~1~~2**1**) to engage actively in discussions on the post-2015 development agenda, respecting the process established by the United Nations General Assembly;

(~~1~~2) t**o call for the full realization of the right to the enjoyment of the highest attainable standard of physical and mental health and** to ensure that health ~~remains~~ is central to the post-2015 development agenda;

(~~2&5~~3) to ensure that the post 2015 development agenda **sustains and builds on accelerated progress towards the health-related MDGs on nutrition, child, maternal, sexual and reproductive health, HIV, tuberculosis and malaria (currently MDGs 1a, 4, 5, 5b and 6), while also addressing the burden of neglected tropical diseases (NTDs);**

~~(4) to recognize universal health coverage as a means to ensure comprehensive health services and financial risk protection as core principle of the health component in the post-2015 development agenda;~~

[1] **And, where applicable, regional economic integration organisations.**

(4) to recognize that additional attention needs to be paid to newborn health in addressing the unfinished agenda of child health;
(5) to incorporate action to reduce preventable and avoidable burden of mortality, morbidity and disability related to non-communicable diseases, cancers and injuries while also promoting mental health;
(~~4~~**6**) to recognize **the importance of** universal health coverage **(incorporating universal access to prevention, promotion, treatment, rehabilitation and palliation)** and financial risk protection as **a** core principle of the health component in the post-2015 development agenda;
(7) to call for a rights-based approach as a pre-condition for equitable and inclusive sustainable development;
(~~9~~**8**) to honour their commitments **towards national and international health financing in order to fully implement the post 2015 development agenda**;
(~~10~~**9**) **to strengthen international cooperation in support of national, regional and global health plans and** to ensure that external funds for specific health interventions are aligned with the national health priorities in the country by fully adhering the principles of aid effectiveness, and that they contribute in a predictable way to the sustainability of financing;
(10) to ensure that regular assessment of progress towards targets and accountability are integral elements of the post-2015 development agenda, including the strengthening of civil registration and vital statistics and health information systems, with disaggregated data to monitor equity;
(11) to sustain and accelerate progress on nutrition, child (particularly newborn health), maternal, sexual and reproductive health, HIV, tuberculosis and malaria, and neglected tropical diseases where appropriate;
(~~3~~**12**) to strengthen national strategies and plans for the ~~prevention and control for the prevention and~~ control of non-communicable diseases including **cancers**, injuries and **m~~M~~**ental **d~~D~~**isorders, **through the appropriate mix of health promotion, prevention, treatment, rehabilitation and palliation** ~~and Neglected Tropical Diseases~~;
(~~6&7~~**13**) to develop ~~effective and efficient health financing systems so as raise adequate funds for health, promote risk pooling among the population prepayment for health services and strategic purchasing in order to~~ **and maintain strong health systems capable of assuring coverage and access with needed services with financial risk protection, including access to quality, safe and affordable health products, medicines, vaccines and diagnostics and other medical devices, motivated and trained human resources, appropriate infrastructure, and sustainable financing systems which** avoid significant direct payments at the point of delivery and reduce catastrophic health expenditures;
(~~8~~**14**) to adopt a multi-sectoral approach to address the social, environmental and economic determinants of health within sectors including, as appropriate, through the Health in All Policies approach, with a view to reducing health inequities and enabling sustainable development;
(~~11~~15) to adopt a systematic and coordinated approach ~~to support and adequately fund research aimed at supporting the implementation of the post-2015 development agenda~~ **to strengthen monitoring of progress and accountability through well-functioning health information systems including birth and death registration and research;**
~~(13) to consider the inclusion of relevant health targets and indicators under relevant sustainable development goals for the post-2015 development agenda;~~

OP2 REQUESTS the Director-General:

(1) to continue active engagement with on-going discussions on the post-2015 development agenda, working with the United Nations Secretary-General, to ensure the centrality of health in all relevant processes;

(2) to continue to provide support to countries, upon request, in articulating their positions on health in the post-2015 development agenda;

(3) to report to the Assembly every two years on progress on the implementation of the post 2015 development agenda as it related to health.

(For continuation of the discussion and approval of the draft resolution, see the summary record of the twelfth meeting, section 7.)

2. NONCOMMUNICABLE DISEASES: Item 13 of the Agenda (continued)

Prevention and control of noncommunicable diseases: Item 13.1 of the Agenda (Documents A67/14, A67/14 Add.1, A67/14 Add.2 and A67/14 Add.3) (continued from the sixth meeting, section 3)

Dr NAWANAN THEERA-AMPORNPUNT (Thailand) welcomed the progress achieved in implementing the action plan for 2008–2013 and in developing the two sets of terms of reference. Thailand was in the process of adopting the nine action plan indicators and would begin integrating the action plan for 2013–2020 and the action plan for prevention and control of noncommunicable diseases in the South-East Asia Region into its existing prevention and control strategies. Multisectoral actions were the key to successful prevention and control, particularly in relation to the social determinants of noncommunicable diseases.

Management of conflicts of interest should go further than the establishment of a repository to compile incidents: periodic reviews and appropriate actions must also be undertaken. Protection against the undue influence and unethical practices of industry needed collective action. He decried the use of trade agreements to restrict governmental policies for protection of the public against unhealthy products and alcohol, calling for sustained political commitment to achieve a 10% reduction in the harmful use of alcohol. Information systems had to be improved in order to monitor progress in the implementation of the action plan for 2013–2020, for which the Secretariat should provide technical support to Member States.

Ms P. GONZÁLEZ (Uruguay) said that the social and environmental determinants of health were the main focus of her Government's efforts to implement the Political Declaration, with policies directed at promoting healthy diets, physical activity and cultural and behavioural change. Substantial progress had been made in the area of tobacco control, leading to a sharp decrease in tobacco consumption among adolescents between 2003 and 2012, accompanied by a fall in rates of myocardial infarction, as a result of a comprehensive package of measures, applied across sectors with civil society involvement. Highlighting the work done by the Secretariat to achieve objective 3 of the action plan for 2008–2013, she added that the Secretariat must be encouraged to curb interference by the tobacco industry. The United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, which had a broader mandate that its predecessor task force on tobacco control, must maintain the momentum already generated. The Secretariat should support the establishment of national task forces. In the terms of reference for the Working Groups to be established under the global coordination mechanism work plan (document A67/14 Add.3, Annex) the nomination of members (paragraphs 3 to 6) should be amended to provide for the involvement of

Member States through the regional offices. She supported the amendments proposed by the delegate of Brazil in that regard at the previous meeting.

Dr OKABAYASHI (Japan) commended the Secretariat's work to facilitate the development of the terms of reference for the global coordination mechanism and the Inter-Agency Task Force and the action plan indicators. A multisectoral approach to noncommunicable diseases was needed, and efforts must be continued to find ways to involve non-State actors while avoiding conflicts of interest under the Secretariat's leadership.

Ms YU Cheong-hee (Republic of Korea) welcomed the terms of reference for the Inter-Agency Task Force and the development of the action plan for 2013–2020, but argued for a better evaluation of implementation than occurred with the action plan for 2008–2013. Each country should develop specific goals tailored to local conditions. Her Government would consider adapting some of the action plan's proposals for its medium- to long-term strategy and would share its experience with health ministries in neighbouring countries.

Ms MASLENNIKOVA (Russian Federation) welcomed the agreement on the terms of reference of the Inter-Agency Task Force, whose strength lay in its ability to work across the organizations in the United Nations system, the World Bank and IMF. She also supported the terms of reference for the global coordination mechanism, whose management must rest with Member States, which could call on organizations in the United Nations system and intergovernmental structures, professional bodies and nongovernmental organizations. Attention should be paid to the principles of WHO's work with the private sector. Partner organizations should not have the same rights for decision-making as Member States. It would be appropriate for the prevention and control of noncommunicable diseases to be included in the post-2015 development agenda either as a single goal or as part of a goal on universal health care.

Dr CORTEZ (Philippines) called for synergistic collaboration between governments, intergovernmental organizations and non-State actors for prevention and control efforts at the global, regional and national levels. The Secretariat should continue to provide Member States with concrete guidance on ways to develop strategies for engagement with non-State actors and on the identification of areas of complementarity between such actors and governments. The Philippines was working with WHO to prepare guidelines for a voluntary healthy food certification programme, which set limits on the calorific, fat, sugar and salt content of processed foods and was studying the possibility of mandatory food labelling; Congress was considering legislation to impose a tax on soft drinks and carbonated drinks.

Dr MOHSIN (Brunei Darussalam) welcomed the work on implementing the action plan for 2008–2013. The successful launch of a national multisectoral action plan was enabling stakeholders, including the non-health sectors, to undertake sustainable action to promote healthy lifestyles and prevent noncommunicable diseases. In line with the action plan for 2013–2020, her Government had set national targets and indicators with the aim of attaining the nine voluntary global targets for noncommunicable diseases by 2025. She welcomed the expanded mandate of the United Nations Ad Hoc Inter-Agency Task Force on the Prevention and control of Non-communicable Diseases, including the work to support accelerated implementation of the WHO Framework Convention on Tobacco Control.

Mr GULDVOG (Norway) underlined the contribution of non-State actors to preventing and controlling noncommunicable diseases, as regulatory and fiscal measures alone would be insufficient to meet the ambitious targets set for 2025. Norway was achieving positive results from its structured collaboration with civil society. Although he would have preferred a more action-oriented role for

non-State actors in the global coordination mechanism, he supported its terms of reference and welcomed the proposed work plan. He noted with satisfaction that WHO had undertaken all the actions required of it in the Political Declaration. He supported the terms of reference for the Inter-Agency Task Force and the action plan indicators for 2013–2020. Norway was working with other interested Member States to ensure that noncommunicable diseases remained on the agenda of WHO's governing bodies in 2015.

Dr KIBACHIO (Kenya) welcomed the increased priority given to noncommunicable diseases in development work at the global and national levels. With regard to the terms of reference for the global coordination mechanism, the engagement of non-State actors must be subject to due diligence. He welcomed the inclusion of national achievement-based indicators in the action plan indicators for 2013–2020 and proposed that indicators should capture the proportion of health budgets allocated to noncommunicable diseases and the extent to which the prevention and control of noncommunicable diseases was integrated with other disease control interventions.

Dr ELOAKLEY (Libya) suggested either setting up a drafting group to work on the proposed work plan for the global coordination mechanism or convening an open-ended Member State consultation after the high-level meeting of the United Nations General Assembly to be held in New York in July 2014, in order to coordinate the work plan with the vision of that meeting. He proposed the following amendments to the terms of reference for the Working Groups to be established as part of the implementation of the global coordination mechanism work plan (document A67/14 Add.3, Annex): at the end of the first sentence of paragraph 3, the words "in consultation with Member States and the regional directors" should be added, and the last sentence of paragraph 14 should be replaced with "Working group reports will be made available to the public."

At the second regional meeting on noncommunicable diseases (Cairo, 24 and 25 April 2014), Member States from the Eastern Mediterranean Region and other stakeholders had made various recommendations, including scaling up the implementation of the commitments in the Political Declaration, strengthening national efforts to reduce the burden of noncommunicable diseases and their socioeconomic consequences, and establishing, by 2014, a high-level national, multisectoral commission, agency or task force for engagement, policy coherence and accountability of sectors beyond health, and for monitoring the implementation of a multisectoral national strategy and plan.[1]

Ms USIKU (Namibia) attributed the limited progress made in most developing countries largely to limited financial and technical capacity. Many countries in the African Region, including her own, required intensive technical guidance and support to draft appropriate legislation, regulations and policies as well as a multisectoral strategy and plan for the prevention and control of noncommunicable diseases.

The four indicators 3a–3d in the action plan for 2013–2020 should be replaced with one indicator for measuring progress in the development of an integrated policy, strategy or plan on noncommunicable diseases.

Mr JARAMILLO NAVARRETE (Mexico) supported the terms of reference for the global coordination mechanism. Given the importance of the social determinants of health, which were influenced by a variety of factors including income and education, health must be placed at the centre of all public policies and priority given to cross-cutting and multisectoral approaches, measurement of impact, and accountability. For that reason, his Government had recently launched a national strategy for the prevention and control of overweight, obesity and diabetes, which focused on the promotion of

[1] See http://www.who.int/nmh/events/2014/emro-ncd.pdf.

healthy lifestyles, patient-centred medical care, and regulatory and fiscal measures, including taxes on highly calorific products of low nutritional value. He commended WHO's integrated approach to smoking, alcohol consumption, sedentary lifestyles and other risk factors.

Professor FREEMAN (South Africa) congratulated the Secretariat on its success in raising the priority of noncommunicable diseases at global and country levels. Although his country faced a high prevalence of communicable diseases and maternal and child health problems, it realized that failure to act on noncommunicable diseases would have serious health, financial and development implications. South Africa had developed an ambitious five-year prevention and control strategy, and supported the inclusion of noncommunicable diseases in the post-2015 development agenda. Under South African chairmanship, the Inter-Agency Task Force was focusing on the need for a whole-of-society and whole-of-government approach to noncommunicable diseases. He supported the proposed work plan for the global coordination mechanism, as amended by the delegate of Brazil, and welcomed the nine action plan indicators for 2013–2020.

Dr AL BUSAIDI (Oman) said that its long-term plan, Health Vision 2050 Oman, was fully consistent with the Political Declaration and prioritized the control of noncommunicable diseases. He supported adoption of the nine action plan indicators for 2013–2020; Oman would report its progress to the Secretariat. Given the importance of multisectoral planning for that purpose, a national committee representing the governmental, nongovernmental and private sectors had been formed in order to elaborate a national policy for the control of noncommunicable diseases, based on the action plan for 2008–2013. In addition, Oman had increased its relevant financial and human resources and developed an epidemiological surveillance system to ensure accurate mapping.

Professor BAGGOLEY (Australia) said that Australia was committed to supporting the action plan for 2013–2020, which would build on the achievements of the previous action plan. He supported the terms of reference for the global coordination mechanism and encouraged the Secretariat to support Member States in ensuring that the mechanism's work was effectively focused and added clear value, particularly in the light of budgetary constraints. He welcomed the report of the formal meeting of Member States to complete the work on the terms of reference for the Inter-Agency Task Force and agreed that it should be forwarded to the United Nations Economic and Social Council for consideration at its meeting in June 2014. He also supported adoption of the nine action plan indicators for 2013–2020 and the United Nations General Assembly draft resolution on the scope and modalities of the comprehensive review and assessment of progress.

Dr SHAKEELA (Maldives) said that noncommunicable diseases were the leading cause of death in the South-East Asia Region, a populous region with heavy burdens of poverty and disease. Despite those constraints, the WHO regional budget allocation had been cut, which could only impede efforts to prevent and control noncommunicable diseases, with potentially disastrous implications globally. Behavioural risk factors could be controlled with the correct strategies and resources, and she called on the Inter-Agency Task Force to increase its provision of financial, technical and staffing support, in particular for implementation of the WHO Framework Convention on Tobacco Control. Notwithstanding considerable industry pressure, Maldives was aiming to implement tobacco control measures imminently. Access to diagnostic services and treatment for noncommunicable diseases would remain a challenge on account of geographical constraints. An all-embracing global solution was required. Regional and international collaboration, combined with a multisectoral approach, was essential to the achievement of the prevention and control targets.

Dr NIKEN WASTU PALUPI (Indonesia) said that, although common indicators were useful, each country should define its own targets to reflect its domestic circumstances. As a follow-up to the Political Declaration, her Government had set indicators for noncommunicable diseases in its national

action plan for 2015–2019. They had been adapted from the global monitoring framework and the nine voluntary global targets under WHO's action plan for 2013–2020, and included the integrated management of risk factors, screening and monitoring. As risk factor control was more efficient and affordable than later treatment, data on risk factors obtained from routine national health surveys would be collected through the national health surveillance system. Her Government was committed to comprehensive health system strengthening; it sought to maintain and improve collaboration with non-health sectors that nonetheless influenced public health and to mobilize resources in order to improve the accessibility, affordability, reliability and quality of medicines, including traditional medicines.

Mr ZHANG Yong (China) commended the progress reported by the Secretariat and endorsed the terms of reference for both the global coordination mechanism and the Inter-Agency Task Force; the amendments proposed by the delegate of Brazil to the latter were in principle acceptable. The action plan indicators for 2013–2020 were also acceptable.

The global public health challenge of noncommunicable diseases required WHO to continue to lead strong, effective and pragmatic action through the global coordination mechanism and the Inter-Agency Task Force in order to ensure full implementation of the Political Declaration; to develop technical tools for effective and timely monitoring, screening and intervention to reduce major risk factors; and to increase technical and financial support to developing countries. China would continue to contribute to that fight by stepping up its international and regional cooperation efforts.

Dr AL-TAAE (Iraq) urged consolidation of all activities in the global strategy for the prevention and control of noncommunicable diseases, which ought to reflect the strategic work plans of Member States, taking into consideration the social, environmental and economic determinants of health. Furthermore, all non-State actors should unify their strategic work plans at country level. In Iraq, various stakeholders, including the United Nations Development Assistance Framework, the Ministry of Health and civil society institutions, were collaborating within the primary health care context. Relevant programmes and process indicators had also been unified in the national strategic work plan under the aegis of a technical advisory group that included WHO and other partners.

Dr SEIXAS DOS SANTOS (Timor-Leste) said that his country was intensifying efforts to reduce risk factors, such as tobacco use, through legislative and fiscal policies. Notable progress had been made but serious challenges remained. Persistent interference from the tobacco, alcohol and food industries continued. Intersectoral partnerships needed to be more effective. Greater investment was required to strengthen the national health system as existing capacity and resources were insufficient to cope with the double burden of communicable and noncommunicable diseases. He called on WHO and other partners to provide coordinated technical support for the implementation of national multisectoral policies and action plans; to mobilize resources to support countries in expanding the introduction of cost-effective interventions; and to give due priority to noncommunicable diseases in the post-2015 development agenda.

He endorsed the nine voluntary global targets of the action plan for 2013–2020 and supported the terms of reference of both the Inter-Agency Task Force and the global coordination mechanism, as well as the work plan for the mechanism. The high-level meeting of the United Nations General Assembly in July 2014 would provide an opportunity to review progress, identify gaps and prioritize follow-up actions against noncommunicable diseases.

Dr TAAL (Gambia), noting with concern the rapidly increasing burden of noncommunicable diseases in the African Region, thanked WHO for spearheading the global efforts to control noncommunicable diseases and in particular the Regional Office for Africa in building capacity through the development of integrated policies and action plans and its multisectoral engagement initiative that had culminated in the first regional stakeholders' dialogue on risk factors (Johannesburg,

South Africa, 18–20 March 2013). He endorsed the nine action plan indicators for 2013–2020 and the terms of reference of both the Inter-Agency Task Force and the global coordination mechanism. Recent Gambian initiatives included the establishment of a directorate of health promotion and education, and in collaboration with the WHO country office the preparation of a multisectoral action plan for the prevention and control of noncommunicable diseases.

Dr BEN SALAH (Tunisia) said that Tunisia had adopted a holistic approach to noncommunicable diseases with the overall objective of ensuring the right to health for all through universal access, better management of the social determinants of health, good governance and civic responsibility. It had initiated a participatory and inclusive dialogue involving ordinary citizens, professionals, regulators, industry leaders, experts and trade unions, through regional health meetings. The outcomes of those meetings would be considered in June 2014 by a citizens' jury and a national conference. Such an approach facilitated the inclusion of health in all policies and the involvement of all stakeholders.

Dr SCHMIDT (Paraguay) supported the proposed action plan indicators for 2013–2020 and the priority actions recommended for Member States. Paraguay's national action plan on noncommunicable diseases for 2014–2024 had been prepared through a multisectoral and participatory approach, prioritizing four noncommunicable diseases and five risk factors. The health ministry had reinforced its management of noncommunicable diseases, involved civil society including academia and municipalities, and was increasing human resources; the role of non-State actors remained to be clarified. In response to the high prevalence of overweight and obesity found in the population, legislation had been enacted that focused on awareness-raising, prevention and treatment, in line with the national action plan and in both public and private sectors. A primary health care model had also been introduced for patients with chronic diseases. He supported the proposed terms of reference for the Inter-Agency Task Force, but emphasized the importance of transparency and representativeness of its members.

Ms VACA (Colombia) welcomed the adoption of the action plan for 2013–2020. Noncommunicable diseases, the leading cause of morbidity and mortality in Colombia, were given priority in the national public health plan 2010–2021. She supported the amendments proposed by the delegate of Brazil to the global coordination mechanism, emphasizing that experts and Working Group members should be selected from a roster prepared by Member States and that it was important to clarify the role of non-State actors. The global coordination mechanism and the Inter-Agency Task Force were expected to prevent duplication and facilitate the efficient use of resources at all levels; their success could not only improve health globally but provide a model for synergistic collaboration on other diseases.

Dr SEAKGOSING (Botswana) said that a second national survey of noncommunicable diseases using the WHO STEPS instrument would be conducted in Botswana later in 2014. He noted progress in implementing the Political Declaration, and welcomed the work plan and terms of reference for the global coordination mechanism, as well as the establishment of monitoring mechanisms, which were necessary if targets were to be attained. Success in implementing the action plan for 2013–2020 would depend on strengthened national capacity and a multisectoral approach, and the role of all partners, including non-State actors, should be clear and monitored. He called on the Secretariat to provide technical support for health system strengthening where requested.

Mr CHUAH (New Zealand) welcomed the terms of reference of the global coordination mechanism and the Inter-Agency Task Force, both of which sought to strike a balance between the productive involvement of non-State actors and the protection of WHO from inappropriate influences that could compromise its reputation and work. He welcomed the proposed work plan for the global

coordination mechanism, and the amendments proposed by the delegate of Brazil to the terms of reference for the Working Groups. Significant progress had been made in New Zealand on noncommunicable diseases, but much remained to be done, including making the country smoke-free by 2025.

Mr AL MARZOUQI (United Arab Emirates) said that his country had successfully controlled many noncommunicable diseases and eradicated others through an effective national strategy, partnerships with the international community, and implementation of the global strategy for the prevention and control of noncommunicable diseases 2008–2013 in line with the Political Declaration.

Recent measures included the introduction of an early detection programme for cardiovascular disease, cancer and diabetes, for which a national control strategy for 2009–2018 was in place and access for target groups to services at all health care facilities was guaranteed through a well-resourced national diabetes programme. The national noncommunicable diseases strategy was rooted in WHO's evidence-based guidelines and a control strategy adopted by the Arab Gulf States, and was accompanied by an operational plan that included prevention, monitoring and assessment, and community involvement. Commending the progress made in implementing the action plan for 2008–2013 and the work of the International Advisory Council of the Global Noncommunicable Disease Network, he reaffirmed support for all the proposals mentioned in the reports. He expressed appreciation of the global monitoring framework and the set of indicators.

Mr ESPINOSA SALAS (Ecuador) welcomed the report on progress and the proposed work plan for the global coordination mechanism. In Ecuador, noncommunicable diseases were a health priority; the Government had made significant investments in the social and medical sectors, especially in the areas of diet and prevention. He supported the amendments proposed by the delegate of Brazil to the terms of reference for the global coordination mechanism, emphasizing the role of Member States in selecting Working Group members.

Dr CARBONE DE FINK (Argentina), also welcoming the report on progress, emphasized WHO's functions relating to the United Nations' comprehensive review and assessment that would take place later in 2014. The global coordination mechanism would be a useful tool for the Secretariat and Member States in attaining and monitoring targets. She supported the amendments proposed by the delegate of Brazil.

Ms DOAN PHUONG THAO (Viet Nam), noting the report of the formal meeting of Member States to complete the work on the terms of reference for the Inter-Agency Task Force, agreed that it should be submitted to the coordination and management meeting of the United Nations Economic and Social Council in June 2014. She supported the proposed action plan indicators for 2013–2020, which would help to ensure that her country's first comprehensive strategy on noncommunicable diseases, including a monitoring and evaluation framework, was aligned with WHO's global action plan for 2013–2020. WHO should continue its leading role in the follow-up to the comprehensive review and assessment later in 2014.

Dr OBEMBE (Nigeria), noting the progress made in implementing the action plan for 2008–2013, said that Nigeria's first national policy and strategic plan of action for the prevention and control of noncommunicable diseases 2014–2018 was aligned with the WHO global action plan for 2013–2020. Actions in 2013 under the national policy included the "Stop Diabetes Initiative", the endorsement of national nutrition guidelines and approval of the national stroke prevention programme. Physical activity was being encouraged, with for instance the establishment of gymnasiums in workplaces. Parliament was considering legislation on tobacco control. He supported the proposed terms of reference of the global coordination mechanism.

Ms Yu-Hsuan LIN (Chinese Taipei) endorsed the terms of reference of the Inter-Agency Task Force, the amendments proposed by the delegate of Brazil to the terms of reference of the global coordination mechanism, and the action plan indicators for 2013–2020. Chinese Taipei offered further cooperation in combating noncommunicable diseases and had already achieved positive results, including a decline in adult obesity and a significant increase in physical activity, improved policies and the purchase and provision of healthy foods, enactment of legislation to restrict advertising of unhealthy food and drinks for children, an extension of the ban on smoking, and a lowering in the legal blood alcohol limit to 0.03% that had reduced deaths from drink-driving.

Ms KUSANO (International Council of Nurses), speaking at the invitation of the CHAIRMAN, commended the progress made in fulfilling commitments under the Political Declaration and expressed support for coordinated multisectoral actions through the global coordination mechanism. Investment in nursing paid dividends, especially in primary health care settings. Countries should develop national indicators to monitor the implementation of the action plan for 2013–2020, paying particular attention to the inclusion of noncommunicable diseases in nurses' education, implementation of proven nurse-led interventions, and removal of regulatory barriers to allow nurses to assess and detect noncommunicable diseases and initiate interventions early. Nurses should be involved in policy-making and implementation of innovative solutions.

Ms SEAL-JONES (International Alliance of Patients' Organizations), speaking at the invitation of the CHAIRMAN, called for the empowerment of individuals and communities to engage in prevention and control activities, while patients were set at the centre of all strategies. The global coordination mechanism should strengthen global and regional coordination, and its objectives should be closely aligned to the action plan for 2013–2020. Its progress should be measured and reported in line with the global monitoring framework for noncommunicable diseases so as to ensure Organization-wide coherence. She supported the inclusion of non-State actors in the proposed global coordination mechanism's Working Groups, and suggested they be involved in the guidance and oversight of that mechanism. All partners should have an equal voice, including patient groups.

Dr KEENAN (International Pediatric Association), speaking at the invitation of the CHAIRMAN, noted that factors in childhood and adolescence, which were critical periods for developing lifestyles and behaviours responsible for noncommunicable diseases in adult life, required attention from governments, civil society and the private sector. He urged Member States to implement proven life-course interventions in the context of national child and adolescent health and noncommunicable disease plans; ensure paediatric access to affordable medicines; and engage children, young persons and their families in noncommunicable disease systems planning. Multisectoral responses should be expanded, especially as effective measures often required non-health-sector legislation. The needs of children and adolescents should be included in national policy planning. Social protection measures and universal health coverage would mitigate the social and financial impact of noncommunicable diseases.

Mr ADAMS (Union for International Cancer Control), speaking at the invitation of the CHAIRMAN, expressed disappointment with the proposed terms of reference of the global coordination mechanism after having provided input to the consultative process over the previous two years. The structure was not good enough and did not take into account lessons learnt from a note by the United Nations' Secretary-General in 2012.[1] The global coordination mechanism did not make

[1] Note by the Secretary-General transmitting the report of the Director-General of the World Health Organization on options for strengthening and facilitating multisectoral action for the prevention and control of non-communicable diseases through effective partnership. United Nations General Assembly, Sixty-seventh session, document A/67/373.

adequate provision for the participation of non-State actors and lacked an advisory group to provide support and guidance. The mechanism fell short of the vision and commitments of the Political Declaration; it should be strengthened after the comprehensive review and assessment to be conducted by the United Nations General Assembly.

Mr OTTIGLIO (International Federation of Pharmaceutical Manufacturers and Associations), speaking at the invitation of the CHAIRMAN, said that the current terms of reference of the global coordination mechanism were inadequate to guarantee its success. The mechanism should have had clear objectives and deliverables that were time-bound, sufficiently resourced and outcome-focused, facilitating short-term solutions to encourage further long-term involvement. Moreover, the terms of reference did not provide for the effective and valuable participation of non-State actors. Recent partnerships between international organizations and non-State actors had demonstrated the value of multistakeholder, multisectoral action. It was to be hoped that the terms of reference would be further elaborated through an inclusive consultation process.

Dr MOREIRA (The World Medical Association, Inc.), speaking at the invitation of the CHAIRMAN, welcomed the implementation of the action plan for 2008–2013, but expressed concern about the terms of reference of the global coordination mechanism. The rules and conditions for participation of non-State actors were unclear, as was the meaning of the term "participants", which should be replaced by "partners" and clearly defined. The implementation of the action plan for 2013–2020 would depend on the work and commitment of health care workers at the national level. Professional associations in particular had a key role to play in the achievement of universal health coverage and the incorporation of noncommunicable diseases in the post-2015 development agenda; they too should be more clearly defined within the mechanism and differentiated from other non-State actors. The eligibility criteria, functions and expected outputs of the Working Groups should be better defined and resources should be made available to support their activities.

Ms DAIN (International Diabetes Federation), speaking at the invitation of the CHAIRMAN, said that the comprehensive review and assessment to be undertaken at the high-level meeting of the United Nations General Assembly would provide a good opportunity to take stock of progress, identify gaps, make new commitments and reinforce the priority to be accorded to noncommunicable diseases in the post-2015 development agenda. She thus called on Member States to ensure participation at the highest political level; render the comprehensive review and assessment genuinely multisectoral in terms of participation (including civil society) and outcomes; support a strong, action-oriented outcome document with specific time-bound commitments on national action; and agree to convene periodic high-level reviews on noncommunicable diseases.

Mrs MULDERS (Medicus Mundi International – International Organisation for Cooperation in Health Care), speaking at the invitation of the CHAIRMAN, stressed action on the structural and social determinants of noncommunicable diseases through national and global policies to constrain advertising that was harmful to health. Industries still influenced governments' and WHO's decisions, and the opportunities for policies and effective regulatory strategies were shrinking rapidly, partly because bilateral and multilateral trade and investment treaties were becoming powerful tools to challenge measures designed to protect public health. She urged WHO to ensure that the proposed Inter-Agency Task Force be mandated to deal with such trade and investment issues. The Secretariat and Member States should protect themselves against the risk of improper influence being exercised by pharmaceutical companies, business groups and industry coalitions through their involvement in standard-setting and other activities that had a bearing on noncommunicable disease policy.

Mr SCHÜRMANN (International Federation of Medical Students' Associations), speaking at the invitation of the CHAIRMAN, commended progress being made through the action plan for

2013–2020. Action needed to shift towards the national level, but some national action plans were not operational. The forthcoming comprehensive review and assessment should encourage Member States to set national targets, prepare action plans and allocate sufficient resources for their implementation. Young people were an underused resource, particularly as the four main risk factors had their roots in adolescence. As the Political Declaration had recognized the need for multisectoral action, a whole-of-government approach, and collaborative partnership, the terms of reference of the global coordination mechanism should provide for civil society participation in coordinating or advisory bodies as well as the Working Groups.

Mr DIETHELM (Framework Convention Alliance on Tobacco Control), speaking at the invitation of the CHAIRMAN, underlined the importance of multisectoral and whole-of-government action for meeting global targets for noncommunicable diseases. A basis for multisectoral action on tobacco control already existed: the WHO Framework Convention on Tobacco Control. Its Conference of the Parties should take the lead in ensuring that tobacco control continued to spearhead multisectoral action on noncommunicable diseases.

Dr CHESTNOV (Assistant Director-General) thanked delegates for their comments which would be taken into account in the Secretariat's further work. He encouraged Member States' ministers to attend the high-level meeting convened by the United Nations General Assembly, which would take place in New York on 10 and 11 July 2014.

At the request of the CHAIRMAN, Dr DOLEA (Assistant Secretary) read out the proposed amendments to the terms of reference for the Working Groups to be established in 2014 and 2015 as part of the implementation of the global coordination mechanism work plan (contained in document A67/14 Add.3, Annex). At the end of the first sentence of paragraph 3, the delegate of Brazil proposed adding the words "from a roster of experts prepared by Member States" and the delegate of Libya proposed the further addition of the words "in consultation with Member States and the regional directors". In paragraph 4, the delegate of Brazil proposed to delete the words "including the Chair" and to add a sentence at the end of the paragraph reading: "In addition, each Working Group shall be co-chaired by representatives of two Member States, one from a developed country and one from a developing country, to be appointed in consultation with Member States." The delegate of Brazil proposed adding a sentence at the end of paragraph 11, to read: "A briefing to Member States will be held after each meeting of the Working Groups." In paragraph 13, the delegates of Greece and Brazil proposed that the words "as observers" be deleted. The delegate of Greece proposed that the deleted words be replaced by "for consultation", while the delegate of Brazil proposed that the words "for consultation" either replace the deleted words or be inserted between the words "may be invited" and "by the WHO Secretariat". The delegate of Greece further proposed the insertion of the standard footnote on non-State actors, as reproduced in footnote 2 to paragraph 5, Appendix 1 of the Annex to document A67/14 Add.1, which read: "Without prejudice to ongoing discussions on WHO's engagement with non-State actors, the engagement with non-State actors will follow the relevant rules currently being negotiated as part of WHO reform and to be considered, through the Executive Board, by the Sixty-seventh World Health Assembly. This footnote applies throughout the text where non-State actors are mentioned." The delegate of Libya proposed that the last sentence of paragraph 14 should be deleted and replaced with a sentence reading: "Working Group reports will be made available to the public."

Dr ELOAKLEY (Libya) said that he would withdraw his proposed amendment to paragraph 3 if the amendment to that paragraph proposed by the delegate of Brazil was accepted. He also wished to revise the wording of his proposed amendment to paragraph 14, to read: "Working Group reports will be made available to Member States."

The CHAIRMAN took it that the Committee wished to accept the proposed amendments.

It was so agreed.

The CHAIRMAN took it that the Committee wished to approve the nine indicators for the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020, as contained in Annex 4 and its Appendix to document A67/14.

It was so agreed.

The CHAIRMAN took it that the Committee wished to recommend the submission of the terms of reference of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-Communicable Diseases to the coordination and management meeting of the United Nations Economic and Social Council, as proposed in paragraph 17 of document A67/14.

It was so agreed.

The CHAIRMAN took it that the Committee wished to endorse the terms of reference of the global coordination mechanism on the prevention and control of noncommunicable diseases, as recommended in paragraph 8 of the Annex to document A67/14 Add.1.

It was so agreed.

The CHAIRMAN took it that the Committee wished to note the proposed work plan for the global coordination mechanism on the prevention and control of noncommunicable diseases covering the period 2014–2015, including the terms of reference of the Working Groups of the global coordination mechanism, as recommended in paragraph 5 of document A67/14 Add.3, with the proposed amendments.

It was so agreed.

The CHAIRMAN informed the Committee that, as requested, the Director-General would report back to the Sixty-eighth World Health Assembly on the role of WHO in the follow-up to the high-level meeting of the United Nations General Assembly, which would take place in July 2014.

The meeting rose at 16:50.

= = =