World Health Organization

SIXTY-NINTH WORLD HEALTH ASSEMBLY

A69/A/PSR/11
1 July 2016

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE ELEVENTH MEETING

Palais des Nations, Geneva
Friday, 27 May 2016, scheduled at 14:30

Chairman: Mr M. BOWLES (Australia)
later: Ms T. KOIVISTO (Finland)
later: Mr M. BOWLES (Australia)

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COMMITTEE A

ELEVENTH MEETING

Friday, 27 May 2016, at 14:35

Chairman: Mr M. BOWLES (Australia)
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NONCOMMUNICABLE DISEASES: Item 12 of the agenda (continued)

Report of the Commission on Ending Childhood Obesity: Item 12.2 of the agenda (document A69/8)

The CHAIRMAN drew attention to a draft decision proposed by the delegations of Australia, Canada, Colombia, Ecuador, Ghana, Malaysia, Mexico, Monaco, Thailand and Zambia, which read:

> The Sixty-ninth World Health Assembly, having considered the report of the Commission on Ending Childhood Obesity,[1] decided:
>
> (1) to welcome the report of the Commission on Ending Childhood Obesity;
> (2) to invite all relevant stakeholders, including international organizations, nongovernmental organizations, philanthropic foundations, academic institutions and the private sector, to work towards implementation of the actions recommended in the report of the Commission on Ending Childhood Obesity, as appropriate, according to context, with a view to strengthening their valuable contribution to ending childhood and adolescent obesity;
> (3) to recommend that Member States develop national responses to end childhood obesity and adolescent obesity, taking into account the recommendations included in the report of the Commission on Ending Childhood Obesity and adapting them to their national context;
> (4) to request the Director-General to develop, in consultation with Member States[2] and relevant stakeholders, an implementation plan guiding further action on the recommendations included in the Report of the Commission on Ending Childhood Obesity to be submitted, through the Executive Board at its 140th session, for consideration by the Seventieth World Health Assembly.

[1] Document A69/8.

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

The financial and administrative implications for the Secretariat of adoption of the draft decision were:

Decision: Report of the Commission on Ending Childhood Obesity

A. Link to the general programme of work and the programme budget

1. Please indicate to which impact and outcome in the Twelfth General Programme of Work, 2014–2019 and which output in the Programme budget 2016–2017 this draft decision will contribute if adopted.

General Programme of Work: Category 2 Noncommunicable diseases.
Programme budget 2016–2017: outcome 2.1 and outputs 2.1.1 and 2.1.2.

2. If there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017, please provide a justification for giving consideration to the draft decision.

Not applicable.

3. What is the proposed timeline for implementation of this decision?

An implementation plan will be developed through the Executive Board at its 140th session for consideration by the Seventieth World Health Assembly (2017).

If the timeline stretches to future programme budgets, please ensure that further information is provided in the costing section.

B. Budgetary implications of implementation of the decision

1. Current biennium: estimated budgetary requirements, in US$ million

Level	Staff	Activities	Total
Country offices	Not applicable	0.45	0.45
Regional offices	Not applicable	0.55	0.55
Headquarters	0.70	0.30	1.00
Total	**0.70**	**1.30**	**2.00**

1(a) Is the estimated budget requirement in respect of implementation of the decision fully included within the current programme budget? (Yes/No)

Yes.

1(b) Financing implications for the budget in the current biennium:

– **How much is financed in the current biennium?**
US$ 1 million.

– **What are the gaps?**
US$ 1 million.

– **What action is proposed to close these gaps?**
The gap will be addressed through coordinated resource mobilization effort.

2. Next biennium: estimated budgetary requirements, in US$ million.			
Level	**Staff**	**Activities**	**Total**
Country offices	Not applicable	Not applicable	Not applicable
Regional offices	Not applicable	Not applicable	Not applicable
Headquarters	Not applicable	Not applicable	Not applicable
Total	**0**	**0**	**0**

2(a) Financing implications for the budget in the next biennium:

– **How much is currently financed in the next biennium?**
Not applicable.

– **What are the financing gaps?**
Not applicable.

– **What action is proposed to close these gaps?**
Not applicable

The representative of TONGA, speaking on behalf of the Pacific island countries, said that tackling childhood obesity also provided an opportunity to reduce rates of heart disease, diabetes and other noncommunicable diseases, which were leading causes of deaths in Pacific island countries. As no single intervention alone would stop the growing obesity epidemic, it was important to apply a multisectoral approach in countries, with the necessary technical support from WHO. The Report of the Commission on Ending Childhood Obesity would help to guide national efforts to prevent and control childhood obesity.

The representative of PANAMA said that her delegation supported the Commission's recommendations, which were in line with action being taken in her country to reduce childhood obesity. Attaining that objective would require a multisectoral approach, with collaboration, in particular, between the health and education sectors. Political will at the highest level would be required to tackle the challenges posed by the interests of the business sector, especially with regard to ensuring the availability of healthy foods.

The representative of the UNITED STATES OF AMERICA, welcoming the recommendations, said that new tools, interventions and partnerships were need to address the challenge of overweight and obesity among children. Her delegation supported the draft decision, which encouraged a multisectoral approach. It acknowledged that childhood obesity was greatly influenced by food and nutrition, levels of physical activity, eating behaviour, cultural values and social environments, and that the private sector could play an important role in enhancing access to healthier food and promoting physical activity.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, welcoming the report, said that it was encouraging to see a wide-ranging debate taking place on childhood obesity. New tools and interventions were indeed needed to tackle the problem. Her Government would soon launch a national strategy that would take account of all the factors that contributed to childhood obesity.

The representative of GERMANY said that her country had initiated a number of measures to improve the lifestyle of children and their families and adopted new legislation aimed at addressing childhood obesity and strengthening health promotion in community and school settings.

The representative of BAHRAIN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the Region was fully committed to addressing childhood overweight and obesity. The Director-General should continue to emphasize the need to address social determinants of the problem and to support the development of coherent policies across the trade, industry and health sectors to ensure a healthy food supply. Partnership with the private sector in combatting childhood obesity should be encouraged, although conflicts of interest must be avoided. Efforts should be made to reduce children's exposure to marketing of unhealthy foods and to ban their sale and marketing in schools. More guidance was needed on how to mobilize policy-makers in other sectors to implement policy recommendations aimed at improving diets and promoting physical activity.

The representative of SOUTH AFRICA said that it was worrying that childhood obesity was increasing even in contexts of poverty. Her delegation welcomed the Commission's recommendations and wished to emphasize the importance of promoting exclusive breastfeeding and addressing environmental and social factors that contributed to obesity. WHO should play a more prominent role in dealing with the food industry and discouraging marketing strategies that promoted unhealthy food.

The representative of GHANA, speaking on behalf of the Member States of the African Region, said that the Region welcomed the whole-of-government approach embodied in the Commission's policy recommendations. Governments needed to ensure that policies across all sectors systematically took health into account to avoid harmful health impacts and improve population health. The fast food industry was growing in Africa, and regulation of the advertising and sale of unhealthy foods and sugar-sweetened beverages was needed. Taxes should also be imposed on such products. Early childhood development was a key determinant of obesity and related health problems later in life, and Member States should therefore adopt multisectoral and life-course approaches to ensure the creation of environments conducive to healthy child development. He called on the Director-General to facilitate technical support in developing evidence-based national policies and building capacity for their implementation. The draft decision should be adopted.

The representative of JAPAN said that as previous WHO efforts had focused mainly on child malnutrition, attention to childhood obesity was welcome. The problem should be addressed as a preventable cause of noncommunicable diseases in adulthood. Action taken on the recommendations on ending childhood obesity should be consistent with the guidelines set out in relevant plans and strategies, such as those relating to noncommunicable diseases and maternal, infant and young child nutrition. If an implementation plan was to be adopted, appropriate indicators would have to be developed in order to ensure monitoring and accountability. It should be borne in mind that the issue of labelling, addressed in the Commission's recommendations 1.6 and 1.7, was a sensitive one.

The representative of MALAYSIA said that soft policies introduced to date to address childhood obesity had not worked effectively, and her Government was therefore pleased that the Commission's report reflected the need for hard policies. Strong political will would be needed to ensure that such policies were implemented. In 2015 Malaysia had hosted a bioregional workshop on restricting the marketing of foods and beverages to children in the Western Pacific and South-East Asia. The participating countries were committed to implementing the actions identified during the workshop.

The representative of ICELAND said that the report of the Committee on Ending Childhood Obesity provided valuable guidance to Member States that would support the implementation of programmes to promote healthy foods and habits. No single intervention could halt the rising level of obesity, which was a major global challenge and a known risk factor for numerous other conditions.

The representative of CHILE said that her country was implementing a policy on food and nutrition that was in line with the Commission's recommendations. It had adopted a law on food labelling, requiring information on calories, sugar, sodium and saturated fats. The marketing, sale and giving away of such foods to children was also to be prohibited in schools and other settings frequented by children. Support from the Secretariat in evaluating the cost-effectiveness of various measures would be welcome, as evidence of effectiveness would make it easier to gain support for needed legislative, regulatory and fiscal measures.

The representative of SRI LANKA, speaking on behalf of the Member States of the South-East Asia Region, said that the countries in the Region faced the double burden of persistent undernutrition and increasing childhood obesity, which needed to be addressed simultaneously. Priority needed to be given to improving diets, promoting physical activity and combating the aggressive promotion of unhealthy food to children. A multisectoral, action-oriented approach was also needed. The countries of the Region supported the draft decision and were committed to implementing the Commission's recommendations.

The representative of SUDAN, noting that many developing countries, including his own, faced the double burden of malnutrition and obesity, said that the Commission's recommendations provided a basis for realistic interventions for tackling childhood obesity in a comprehensive manner that dealt with contributing factors such as policy and environment.

The representative of FINLAND expressed strong support for efforts to scale up action to tackle childhood obesity, without which obesity-related problems would continue to threaten the future health and well-being of individuals and societies. Prevention of obesity was simple in theory, but difficult to follow in practice, since children lived in obesogenic environments. Adults were responsible for allowing that environment to exist and must take action to change it. Marketing of unhealthy foods to children was an important issue to address, but it was also crucial to improve the quality of foods given to children, which was often of lower nutritional quality than food consumed by adults, with high levels of sugar, fat and salt. His delegation supported the draft decision.

The representative of BARBADOS said that his country had incorporated several of the Commission's recommendations into its national action plan for preventing obesity in childhood and adolescence, including promotion of exclusive breastfeeding and increased physical activity and reduction of the marketing of unhealthy foods to children. An intersectoral approach was essential in addressing the social determinants of childhood obesity. He called upon the Secretariat to provide technical support for monitoring and evaluation of the plan and to allocate resources specifically to support developing countries in combating childhood obesity.

The representative of CHINA said that the report of the Commission on Ending Childhood Obesity could have been further enhanced through the inclusion of information on regional differences in indicators and standards. His Government supported the Commission's recommendation 6.1 on the provision of weight management services, but considered that the question of whether such services would be covered under national medical insurance should be decided in the light of national circumstances.

The representative of CANADA said that a critical aspect of successful implementation of the recommendations would be sharing of best practices and lessons learned in developing and implementing domestic policies to improve health and reduce childhood obesity. The Secretariat should consider how best to facilitate such information-sharing in order to build the global evidence base. Her Government supported the draft decision and looked forward to supporting the Secretariat and other partners in developing the implementation plan.

The representative of the REPUBLIC OF KOREA said that action to tackle childhood obesity needed to address not only its effects on physical, psychological and social well-being, but also factors that led to obesity, such as food intake, nutritional imbalances and inactivity. Cognizant of the link between sugar consumption and obesity, her Government had introduced educational and other measures to reduce children's sugar intake and to restrict the marketing of high-calorie, low-nutrition foods. Food industry and consumer advocacy groups were cooperating with the Government in those efforts.

The representative of SURINAME, referring to recommendation 4.4, on support for breastfeeding in the workplace, said that Secretariat support in encouraging employers to facilitate the practice would be appreciated. Increased attention to the promotion of healthy diets was needed, especially since the food industry often sought to focus attention on lack of physical activity in order to divert attention away from high-calorie foods as a key determinant of obesity. The Secretariat should provide guidelines on how the health and education sectors might forge partnerships with food producers.

The representative of BRAZIL, welcoming the Organization's efforts to increase the visibility of the issue of childhood obesity, said that the Commission's recommendations were science- and evidence-based and would guide Member States as they developed and implemented measures to end childhood obesity. Her delegation supported the draft decision.

The representative of JAMAICA said that his Government had recently drafted a national plan for preventing and controlling obesity among children and adolescents that was in line with the Commission's recommendations. Relevant sectors, including the education sector and the food industry, had been engaged in promoting healthy lifestyles. However, protracted legislative and policy development processes and unsustainable or inconsistent implementation of programmes posed challenges. He urged WHO and other international organizations to advocate for the necessary technical and financial support to enable countries, especially small island developing States, to implement the recommendations.

The representative of THAILAND, voicing strong support for the recommendations, said that a life course approach was needed to prevent obesity. At present, WHO recommendations on physical activity did not cover pregnant women or children under 5 years of age. Guidance should be expanded to cover those two groups in order to further promote physical activity and reduce sedentary lifestyles. His delegation looked to the Secretariat to provide technical support to Member States for the development of plans to end childhood obesity.

The representative of NEW ZEALAND said that her Government had launched a childhood obesity plan in 2015 as part of its life course approach to noncommunicable diseases. Prenatal malnutrition and low birth weight could create a predisposition to obesity, heart disease and diabetes later in life. Improving care before and during pregnancy was therefore crucial for risk reduction. Prevention and control of childhood obesity required a whole-of-government approach, with innovative strategies across the health, education, agriculture, environment and economic development sectors.

The representative of MEXICO said that comprehensive, long-term action was needed to halt the rise in childhood obesity. Education had the power to inculcate attitudes for a lifetime, and children should therefore be educated on healthy life choices. Full use should be made of information technologies to inform the public and also to monitor and evaluate the effectiveness of actions undertaken. Legal provisions should be put in place to reduce consumption of foods of limited

nutritional value and regulate advertising of food products to children. A sustainable solution to childhood obesity would only be found with the involvement of all stakeholders.

The representative of the RUSSIAN FEDERATION said that reducing childhood obesity would have a positive impact on the elimination of noncommunicable diseases in adults and thus reduce premature mortality rates. Proper maternal and child nutrition was crucial and required concerted public awareness-raising efforts. Particular attention should be paid to adolescents, using an interdisciplinary approach and peer education activities. Her Government was developing a healthy schools programme, bringing together teachers, doctors, psychologists and experts in child health to promote healthy lifestyles, including healthy eating and physical activity.

The representative of INDONESIA said that measures had been taken in Indonesia to promote a comprehensive approach to improving nutrition, with a focus on the first 1000 days of life. Food labelling regulations required information on salt, sugar and fat content. Guidance had been developed on communication, information and education services for prevention and early detection of childhood obesity at the primary care level. Healthy eating campaigns had been conducted and nutritional surveillance had been improved.

The representative of COSTA RICA said that efforts were being made to address childhood obesity in Costa Rica. While the Commission's recommendations were sound, some Member States would require technical and financial assistance from relevant international organizations to ensure their implementation.

The observer of CHINESE TAIPEI said that to end childhood obesity clear targets must be set to hold politicians accountable; blame should not be placed on individuals, but rather on the food system, which should be changed. Legislation should be adopted to protect children against the marketing and sale of junk foods. Chinese Taipei required food labelling to show the sugar and calorie content of foods and drinks. Steps were being taken to eliminate the use of trans-fats by 2018. The creation of supportive environments for healthy eating and physical activity was an urgent priority. Healthy choices must be easy choices and therefore must be accessible, affordable and attractive.

The representative of UNDP said that rising levels of overweight and obesity constituted a major challenge to sustainable development and must be addressed through a multisectoral approach. With regard to fiscal policies to reduce the consumption of unhealthy foods, any revenue from food taxes should be used to finance multisectoral health responses. As lack of policy coherence regarding the operations of multinational corporations was a major threat to progress towards ending childhood obesity, ensuring the primacy of the right to health should be a main concern in policy and trade considerations. While WHO's leadership role should be recognized and supported, interagency collaboration for the prevention and control of noncommunicable diseases was essential, and the Commission's recommendations should be considered in the light of the work of the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIRMAN, said that policies to promote breastfeeding, increase access to healthy foods and engage the media and other sectors in promoting healthy lifestyles should be encouraged. Partnerships should be established between government agencies, the private sector and civil society to prevent malnutrition in all its forms through a multisectoral approach. The adoption of a standardized global nutrient labelling system would facilitate comparisons between countries and mitigate the influence of industry forces on national dietary guidelines.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that his organization welcomed the proposed recommendations in support of tax on beverages with high sugar content. Like taxes on tobacco, such taxes could have a powerful impact. Tax policies should be supported by investment to increase access to healthy foods and opportunities for physical activity. Such investment could be subsidized from sugar tax revenue. It was regrettable that the report did not explicitly hold the food industry accountable for its role in the childhood obesity crisis. Greater regulation of the food industry was essential. He urged the Secretariat to acknowledge the role of private actors in accelerating the obesity crisis and to provide guidance for Member States on policy options to mitigate their impact.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIRMAN, called on Member States to implement the Commission's recommendations as a matter of urgency and on the Secretariat to provide technical assistance where necessary. The Federation strongly supported the development of an implementation plan with a robust monitoring and accountability framework. It encouraged Member States to promote healthy food options and prevent any undue influence of commercial interests on their policy decisions.

The PROGRAMME MANAGER (Surveillance and Population-based Prevention) thanked the Commission for its report and its six recommendations, and noted the Health Assembly's expressions of support for the recommendations. The report had been the outcome of extensive regional consultations, and the recommendations thus reflected the views of a broad range of Member States as to how best to prevent childhood obesity. Consideration was being given to how the Secretariat could support Member States, in particular by building on existing initiatives with regard to maternal, infant and child nutrition and noncommunicable diseases, including the WHO Global Strategy on Diet, Physical Activity and Health. The recommendations contained in the Commission's report were flexible and could be tailored to national situations; the Secretariat would provide an implementation framework and technical support where requested. It would also encourage sharing of information and best practices. He had taken note of the observation that WHO did not provide recommendations on physical activity for young children or pregnant women; the Secretariat would address that omission as part of the revision of the WHO recommendations on physical activity in 2017.

The CHAIRMAN took it that the Committee wished to approve the draft decision.

The draft decision was approved.[1]

Draft global plan of action on violence: Item 12.3 of the agenda (documents A69/9 and EB138/2016/REC/1, resolution EB138.R3)

The representative of PAKISTAN, speaking in his capacity as the representative of the Executive Board, said that, at its 138th session, the Executive Board had considered the report by the Secretariat on the draft global plan of action on violence (document EB138/9). Some 25 participants had taken the floor, noting the crucial importance of the health sector's role in preventing and responding to violence and expressing their appreciation of the comprehensive, consultative manner in which the plan had been developed. The Board had endorsed the plan and adopted resolution

[1] Transmitted to the Health Assembly in the Committee's fourth report and adopted as decision WHA69(12).

EB138.R3, which contained a draft resolution recommending that the Health Assembly also endorse the plan of action.

The representative of the UNITED STATES OF AMERICA, speaking on behalf of the Member States of the Region of the Americas, commended the comprehensive consultation process, which had ensured that the draft plan of action was pertinent to all. The focus on violence against women, girls and children was particularly welcome and would make the plan of action a valuable tool for helping Member States to protect the most vulnerable members of society. While applauding the plan's emphasis on the role of the health sector in addressing negative health outcomes of violence, he pointed out that health systems should also play a role in prevention and in advocating a multisectoral approach. Violence against women was a serious consequence of gender inequality. Implementation of the global plan would contribute to a world without violence and to the attainment of the Sustainable Development Goals. The Member States of the Region looked forward to working with other Member States to implement the plan.

The representative of SOMALIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the health sector provided a key entry point for the prevention of violence. The draft global plan of action focused on strengthening the role of the health sector, which was indeed important, but the need for a multisectoral approach could not be overemphasized. She called on the Director-General to support Member States in adapting and implementing the plan in accordance with national legislation, capacities, priorities and circumstances.

The representative of SWEDEN, speaking also on behalf of Canada, New Zealand, Thailand, Uruguay and Zambia, said that health systems had a key role to play in preventing violence, since health professionals were often the first point of contact for victims and provided not only medical care but vital guidance on where to turn for help. As research had shown that violence against women and girls was often linked to sociocultural norms, every effort must be made to challenge harmful gender stereotypes and end harmful traditional practices such as child marriages. WHO should facilitate the sharing of information and best practices in order to build the evidence base for successful violence prevention programmes. Member States should protect women's and girls' sexual and reproductive health and rights, particularly given the high numbers of deaths during pregnancy, childbirth, or as a result of unsafe abortions, all of which disproportionately affected poor women. Investment in empowerment, social justice and human rights was essential.

The representative of SRI LANKA said that his Government was already implementing measures described in the draft plan of action to protect women from violence. It had developed a training module to strengthen health service capacity to respond to survivors of gender-based violence and established care centres for survivors. A new programme for awareness-raising among newly married couples had been designed to educate them on the benefits of a family environment without violence, responsible sexual practices and men's participation in parenthood.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, welcoming the draft plan of action and draft resolution, said that tackling violence against women, girls and children was a priority for the British Government, which was working nationally and internationally to address early and forced marriage, female genital mutilation, prevention of sexual violence during conflict, violence against older people, child sexual exploitation and other issues raised in the draft plan. His Government attached particular importance to protecting sexual and reproductive health and rights for all and encouraged WHO to be active and vocal in that regard.

The representative of URUGUAY said that violence against women and children prevented them from enjoying their rights fully and was the result of asymmetrical relationships in patriarchal

societies. Governments should work to uphold the rights of women and children to a life without violence, by mainstreaming a gender perspective in all policies. Efforts to prevent violence and promote women's rights must also be directed at men. Ending violence against women and children was crucial to the attainment of the Sustainable Development Goals. In Uruguay, a new national plan of action to address gender-based violence had been adopted and a multisectoral bill on the issue was currently before parliament. Her delegation supported the draft resolution.

The representative of JAMAICA, commending the plan of action, said that interpersonal violence constituted a major public health problem in Jamaica. Violence against health care workers was also a concern. Mechanisms and guidelines were needed to train members of the public health workforce to identify and treat victims of violence. WHO technical guidance on best practices for preventing violence against health care workers and strengthening health systems' capacity to identify and treat victims of violence would be appreciated. Her delegation supported the draft resolution.

The representative of AUSTRALIA welcomed the commitment of Member States to address violence, in particular against women, girls and children. His Government had zero tolerance for violence, which had a devastating impact on individuals, families, communities and society as a whole, and was pleased that the draft plan of action reflected the need for a whole-of-society and whole-of government approach, with responses tailored to the needs of vulnerable groups. His delegation was proud to be a sponsor of the draft resolution.

The representative of ICELAND said that his Government was taking a new approach to domestic violence prevention that involved removing the perpetrator from the home and issuing restraining orders, to provide better protection for victims. First response was being improved through cooperation between the police and social services. The purchasing of sexual services and profiting from prostitution had been made illegal, but sex workers were not penalized. Iceland had signed, and intended to ratify, the Council of Europe Convention on preventing and combating violence against women and domestic violence. The plan of action would support efforts to end violence in all its forms, and his delegation therefore supported the draft resolution.

The representative of CHILE said that her Government shared the vision of the plan of action and particularly appreciated the focus on a life-course approach and human rights, gender equality, evidence-based policy-making, universal health coverage and public participation. Despite the seriousness of the problem, interpersonal violence did not receive sufficient attention at the national level. Support from WHO and other international organizations was therefore needed. Chile had established an interministerial commission on health and gender-based violence to review the national policy on the matter, expanding its scope and incorporating available scientific evidence. Her delegation supported the draft resolution.

The representative of the UNITED REPUBLIC OF TANZANIA, endorsing the draft global plan of action and the draft resolution, said that his Government was taking measures to integrate primary and secondary violence prevention into health programmes and ensure a comprehensive, evidence-based approach.

The representative of EQUATORIAL GUINEA, speaking on behalf of the Member States of the African Region, called on Member States to commit to strengthening the capacity of their health systems to tackle the problem of interpersonal violence, in particular against women and girls and against children, and on WHO and other partners to provide technical and financial support for that purpose. The countries of the Region supported the draft resolution.

The representative of GERMANY said that the adoption of the global plan of action on violence would be an important milestone. The consultation process through which the plan had been drafted had been exemplary and the vision and goals well chosen. The plan provided useful guidance for Member States, particularly for training health professionals and coordinating support systems. She encouraged all Member States to implement the action plan, which would be crucial for the attainment of the Sustainable Development Goals.

The representative of THAILAND said that the challenges posed by interpersonal violence required a coordinated multisectoral response, in line with the principles of health in all policies. Effective information systems would be required to track progress with regard to implementation of the global action plan, and developing countries would need technical support in that regard. Implementation of the global plan, with high-level political cooperation and social participation, would be crucial for the attainment of the Sustainable Development Goals.

The representative of CHINA said that the role of the health system in curbing violence, in particular against women and children, was key. Her delegation welcomed the acknowledgement in the draft plan of action of the importance of adapting anti-violence measures to local contexts. China had recently adopted a law on the prevention of domestic violence. Measures to prevent interpersonal violence must be taken using a multisectoral approach, with enhanced cooperation. The adoption of the plan of action would consolidate the health sector response to violence, support the collection of data and evidence and improve intersectoral coordination.

The representative of CANADA, expressing support for the draft resolution, said that her Government applauded WHO's leadership in the drafting of the global action plan, which clearly recognized violence as a public health issue. She commended the significant efforts made to ensure that the global plan was grounded in evidence and provided clear and practical guidance for Member States to respond effectively to violence against women and children. As guidance and training on implementation of the plan would be useful, Canada had provided funds to WHO to develop guidelines and a curriculum on the health sector response to child maltreatment.

The representative of MONACO said that her country's national policies were fully in line with the draft global plan of action. Medical services for victims of violence worked with social and law enforcement services and civil society. Particular attention was paid to prevention through awareness-raising activities for society as a whole and through school programmes for children. Her delegation wished to sponsor the draft resolution.

The representative of VIET NAM said that her delegation welcomed the draft resolution's acknowledgement of the key role of the health system in addressing interpersonal violence. Medical interventions, however, should not be a substitute for more holistic approaches aimed at protecting the individual's dignity and mental and social well-being. She urged the Secretariat to develop guidelines to support health systems in providing such approaches at the first point of contact.

The representative of COSTA RICA said the draft resolution would provide a road map for countries to set priorities for the prevention of violence against women and children. Costa Rica had been a pioneer in tackling violence against women and children, both through the health sector and through cooperation with relevant institutions. The problem should be treated as a priority for health, public safety and social development.

The representative of SWITZERLAND, welcoming the extensive consultations carried out to finalize the global plan of action, said that her Government attached great importance to curbing violence, especially against women and children, and wished to sponsor the draft resolution.

The representative of MEXICO said that the strategic orientations and activities envisaged under the plan of action would boost the capacity of health systems to address the problem of violence against women and children. Midterm goals to be met before 2030 should be established with a view to tracking progress and identifying any potential barriers that would hinder full achievement of the plan's objectives.

The representative of the RUSSIAN FEDERATION said that her delegation was grateful to the Secretariat for its efforts to improve the draft plan of action and take into account the positions of Member States. Her Government was working to stop violence against women and children, which required action on the part of various sectors, with the health system playing a key role. Medical personnel were required to screen for signs of violence and report suspected cases to law enforcement officials. Schools and antenatal clinics also played an important role in identifying cases of violence.

The representative of INDONESIA said her Government was continuing to strengthen its legislation and policies to respond to the problem of violence against women and children. The identification of cases of violence at the primary care level should be improved, supported by better reporting systems. Her delegation fully supported the draft plan of action.

The representative of PANAMA said that violence was both a health and a social problem. The cooperation of many governmental departments and nongovernmental and community organizations was needed to tackle the problem. It was of utmost importance to develop strategies to prevent violence and provide treatment and rehabilitation for victims. Particular attention should be given to vulnerable groups, including older and disabled persons. Her delegation supported the plan.

The representative of TURKEY said that his Government had actively contributed to the drafting of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, the most far-reaching international treaty on the subject. Although it was an instrument of the Council of Europe, any Member States of the United Nations could be a party to the Convention, which established a legally binding definition of violence against women. One chapter was devoted to women migrants and asylum seekers who faced gender-based violence. His delegation welcomed the global plan of action and supported the draft resolution.

The representative of SURINAME said that strengthening the capacity of health systems to address violence would be a long process requiring change in societies. The plan's four strategic directions should be incorporated in the development of national policies. Protocols and operating procedures to strengthen the response of health systems should also be developed. Her delegation supported the adoption of the draft resolution, but wished to highlight the need not to overlook the problem of violence among men, especially young men.

The representative of PARAGUAY said that her Government welcomed the plan of action but would require support from the Secretariat in order to make the necessary adjustments in its plans and programmes. The plan would succeed only with high-level political commitment and the participation of civil society and various governmental institutions. Adequate financial and human resources would also be needed to meet the commitments set out in the plan.

The representative of the MALDIVES said that her Government had developed a framework for the health system's response to domestic and interpersonal violence. Legislation had been enacted in 2013 and was being implemented. Efforts to raise community awareness of violence had been carried out, and the reporting of violence had increased. His delegation supported the adoption of the draft resolution.

The observer of CHINESE TAIPEI said that Chinese Taipei had implemented laws and allocated funds for violence prevention. Multisectoral coordination mechanisms involving the health sector, the police, social services, and the education and labour sectors were in place. Chinese Taipei stood ready to play a key role in violence prevention and control at the global level.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIRMAN, said that the Council strongly supported strengthening the role of health systems in a multisectoral response to interpersonal violence. To prevent violence and respond to the needs of child survivors, health care systems should be equipped to provide essential medical care, including treatment of post-traumatic stress disorder. In addition, health care workers should be trained to identify and respond to signs of abuse and violence, and emergency response systems should be equipped to meet the specific needs of children.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that nurses played a valuable role in addressing violence, as they were often the first point of contact for victims. Education was key, as educated girls and women were more likely to resist abuse. A multisectoral response was required to develop and implement zero-tolerance policies and programmes. The Council was committed to working with governments to implement the plan of action.

The representative of the INTERNATIONAL PEDIATRIC ASSOCIATION, speaking at the invitation of the CHAIRMAN, and also on behalf of the International Society for Prevention of Child Abuse and Neglect, said that the two organizations would work to ensure that child protection was included in training for all children's health workers. UNICEF and WHO should continue to emphasize obligations under the United Nations Convention on the Rights of the Child and related agreements. Countries should enact and enforce laws that protected the well-being of children. Prevention of violence against children in wars, in communities and in the home should be recognized as a priority in nation-building strategies.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that pharmacies provided easy access to advice on health issues and could support victims in reporting violence and seeking help. The majority of pharmacists were women, making it easier for them to converse with women victims of violence. Pharmacists in several countries were collaborating in programmes for the detection and reporting of interpersonal violence.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIRMAN, said that pregnant women could be especially vulnerable to violence. There was a shortage of health workers able to address sexual and physical violence against women, and many women were left without support and services. Moreover, they might be further stigmatized by health care workers. The global plan set out a clear path for ending violence against women and girls in accordance with the 2030 Agenda for Sustainable Development. However, political support and financial commitment would be needed to turn the plan into action.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that addressing violence required specific strategies tailored to the populations exposed. Violence against women was a manifestation of structural inequalities between genders and required targeted policies. She urged Member States, WHO and other United Nations agencies to intensify their response in that regard. Research was needed to identify effective health care strategies within a multisectoral response plan. The health sector should expand its role in preventing violence, ensure the quality and reach of prevention programmes and increase access to services for victims, and the medical profession should ensure the integration of violence prevention into medical school curricula.

The representative of the WORLD FEDERATION FOR MENTAL HEALTH, speaking at the invitation of the CHAIRMAN, said that the Federation was pleased to see that the plan of action integrated mental health care into the plan's overall health response to violence, which could have lifelong effects on mental health. The plan also acknowledged the need for research and recommended the adoption of evidence-based programmes to prevent violence. The Federation welcomed WHO's support for such research through the Violence Prevention Alliance.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, and also on behalf of the Save the Children Fund, urged Member States to adopt the draft resolution. Preventing and addressing violence in childhood could yield major benefits for both the individual and society. The draft global plan sought to ensure child-sensitive approaches and recognized that successful prevention must address the structural causes of violence, including cultural norms and attitudes. The plan's alignment with the Sustainable Development Goals offered a unique opportunity to galvanize political will and mobilize wide-ranging social support to end violence against girls and boys.

The representative of HANDICAP INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that his organization welcomed the draft plan's recognition of the disproportionate vulnerability of certain populations to violence because of social exclusion, marginalization, stigma and discrimination. It was particularly pleased to note the frequent reference to the need to address violence against persons with disabilities. Handicap International urged the Secretariat and Member States to continue to put emphasis on persons with disabilities in the implementation of the plan.

The ASSISTANT DIRECTOR-GENERAL (Family, Women's and Children's Health) said that the statistics on violence against women and children were shocking. One in three women experienced violence in their lifetime, and 25% of children were exposed to violence or abuse. Violence had devastating consequences on the health and well-being of women and children, and was also a profound violation of their rights. The discussions that had culminated in the development of the global plan of action on violence had involved extensive consultations over a two-year period, and had already achieved the objective of raising awareness of the magnitude of the problem. Now it was time to translate anger about and zero tolerance of violence into concrete action by adopting and implementing the plan. The global plan of action was a road map to be used within national development plans in addressing the Sustainable Development Goals. Its multisectoral approach took into consideration the role of sectors other than health in addressing the problem.

For the Secretariat, the development of the plan had been an incredible journey, involving staff across departments, clusters and regions. The Secretariat was committed to continuing to measure the prevalence of violence and publishing data, developing and testing effective interventions and ensuring the availability of training and tools for health workers. It would work with Member States to achieve the vision of a world in which all women and children had the right to live, thrive and achieve their potential.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health), underscoring the important role of men in countering violence against women, said that Member States deserved much of the credit for the development of the global plan of action. As Member States moved into the implementation phase, the Secretariat would strive to ensure that they had the tools needed to work as effectively as possible. Member States also deserved credit for ensuring that the issue of violence against women and children was addressed in the Sustainable Development Goals. That historic accomplishment was the result of much collective effort.

The CHAIRMAN took it that the Committee wished to approve the draft resolution contained in resolution EB138.R3.

The draft resolution was approved.[1]

Prevention and control of noncommunicable diseases: responses to specific assignments in preparation for the third High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable diseases in 2018: Item 12.4 of the agenda (documents A69/10 and EB138/2016/REC/1, resolution EB138.R4)

The representative of MALTA, speaking in his capacity as the representative of the Executive Board, said that the Executive Board, at its 138th session, had considered the report by the Secretariat on its response to specific assignments given by the United Nations General Assembly and the World Health Assembly to the Secretariat in preparation for the third High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases in 2018 (document EB138/10). A total of 21 Member States had taken the floor to express their continued commitment to implement the road map of national commitments included in the 2011 Political Declaration on the Prevention and Control of Non-communicable Diseases and the 2014 outcome document adopted by the United Nations General Assembly in New York (General Assembly resolution 68/300). They had underscored the importance of technical assistance from WHO and other United Nations organizations in preparing for the third High-level Meeting. Member States had welcomed the process proposed by the Secretariat to update the menu of policy options for the prevention and control of noncommunicable diseases and the process proposed to develop an approach for registering and publishing contributions of non-State actors to the achievement of the noncommunicable disease targets. The Board had recommended the adoption of the draft resolution contained in resolution EB138.R4.

The representative of MONACO said that her delegation wished to propose amendments to the draft resolution with the aim of reflecting recent developments, in particular with regard to the global coordination mechanism on the prevention and control of noncommunicable diseases. The amendments, which would have no financial implications for the Secretariat, would read:

> OP3bis. "NOTES that the Director-General has received two reports of the Working Groups of the WHO Global Coordination Mechanism on the Prevention and Control of NCDs to recommend ways and means of encouraging Member States to realize the commitment included in paragraphs 44 and 45(d) of the 2011 Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs, as per footnote 4 under action 3.1 and footnote 5 under action 5.1 in Annex 5 of document A69/10."

[1] Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA69.5.

OP4.3 "[requests the Director-General] to continue to provide, upon request, technical support to Member States to strengthen their efforts to implement national NCD responses, including in the areas covered by the two reports of the Working Groups of the WHO Global Coordination Mechanism on the Prevention and Control of NCDs, within the parameters set out in the programme budget."

The representative of the UNITED STATES OF AMERICA, commending the Secretariat's work to fulfil the assignments given to it by the Health Assembly and the United Nations General Assembly, said that the global coordination mechanism was proving a valuable means of advancing multistakeholder action on noncommunicable diseases. He particularly appreciated the stepwise approach taken by the Secretariat, addressing financing and private-sector engagement in the first year and exploring ways of integrating noncommunicable diseases in other health programmes and enhancing international cooperation in the second year. His delegation supported the draft resolution, with the amendments proposed by the representative of Monaco.

The representative of TONGA, speaking on behalf of the Pacific island countries, said that noncommunicable diseases were the greatest challenge to the achievement of development goals for Pacific island countries and were therefore a priority for their leaders, who had taken a number of actions, including the implementation of multisectoral, country-specific road maps on tobacco and alcohol control, interventions to reduce consumption of unhealthy foods and drinks and strengthening of the evidence base in order to enhance the effectiveness of programmes and the efficiency of spending on prevention and control of noncommunicable diseases. Pacific island nation leaders would continue to work together to address noncommunicable diseases.

The representative of SURINAME, noting that her Government had recently used the WHO salt reduction toolkit as the basis for an action plan to reduce salt consumption, said that the development of a proposal for registering the contributions of non-State actors was welcome. Her delegation agreed that such registration should not be used to serve the interests of non-State actors or to promote their brands, products, views or activities if they did not contribute to the prevention and control of noncommunicable diseases. Her delegation supported the draft resolution, but would suggest the promotion of a health-in-all-policies approach, which could facilitate intersectoral collaboration.

The representative of OMAN said that, in April 2015, Oman had hosted a joint mission comprising representatives of five United Nations agencies, which had met with members of parliament and representatives of the private sector and civil society, and which had resulted in the adoption of an action plan on the prevention and control of noncommunicable diseases. He reaffirmed Oman's commitment to the implementation of that action plan.

The representative of the CONGO, speaking on behalf of the Member States of the African Region, said that the African countries bore a heavy burden of noncommunicable diseases; however, epidemiological data on such diseases was lacking in most Member States of the Region. Mitigating the risk factors of noncommunicable diseases was also a significant challenge for the Region, owing to the high costs involved. Careful preparation would be required in order to reach a technical consensus prior to the third High-level Meeting in 2018. He suggested that the Director-General should set up a working group to draft a decision on reducing the harmful use of alcohol as a risk factor for noncommunicable diseases, to be submitted first to the Executive Board at its 140th session and then to the Health Assembly.

The representative of TIMOR-LESTE said that, with support from the Regional Office for South-East Asia, his Government had implemented a national action plan on noncommunicable diseases in alignment with the nine voluntary global targets, and had introduced the WHO Package of

Essential Noncommunicable Disease Interventions as part of its primary health care package. It would welcome continued support from WHO on the issue. His delegation supported the draft resolution.

The representative of CHINA, expressing support for the draft resolution, said that noncommunicable disease control had been included in her Government's ten-year health plan. Her delegation supported WHO leadership on noncommunicable disease and control, but also advocated enhanced collaboration with other international organizations to ensure proactive and effective actions. Greater support should be provided to developing countries and the establishment of prevention and control programmes promoted. Surveillance systems should also be strengthened.

The representative of LEBANON, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the Region had made progress in the prevention and control of noncommunicable diseases, but challenges remained with regard to intersectoral coordination, especially in countries affected by political instability and humanitarian emergencies. She urged the Secretariat to complete and share with Member States the work on "best buys" referred to in Appendix 3 of the global action plan. Many countries had capacity gaps in noncommunicable disease surveillance, and were not yet implementing the WHO global monitoring framework for noncommunicable diseases. The countries of the Region looked to the Secretariat for support in that regard and also for support in preparing for the 2018 High-level Meeting. A key issue was lack of guidance on addressing noncommunicable diseases as part of emergency preparedness, response and recovery. The Regional Office for the Eastern Mediterranean was developing such guidance, but it should be a priority for the Organization as a whole.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that her Government was taking a wide range of actions to address the risk factors for noncommunicable diseases, including the implementation of standardized packaging for tobacco products and plans to introduce a sugar levy in 2018. The Government also supported developing countries in combatting the issue through health system strengthening, capacity-building and access to essential medicines and equipment. Her delegation supported the draft resolution and the amendments thereto proposed by the representative of Monaco.

Ms Koivisto took the Chair.

The representative of SRI LANKA said that his Government had launched a five-year action plan with a view to attaining the global targets on noncommunicable diseases. His delegation endorsed the statement made by the representative of the Republic of the Congo and believed that an instrument similar to the Framework Convention on Tobacco Control was needed in relation to alcohol, as cross-border advertising and marketing of alcoholic beverages was becoming increasingly common.

The representative of BOTSWANA said that a multisectoral and multipronged approach had been adopted in her country to mitigate the risk factors of noncommunicable diseases, including the introduction of a health-in-all-policies initiative and the revitalization of community health structures. Recognizing the role that harmful use of alcohol played as a risk factor in the epidemic of noncommunicable diseases, her delegation called upon the Director-General to study, in consultation with Member States, the necessity and feasibility of a legally-binding instrument to strengthen the public health response to the harmful use of alcohol and to report through the Executive Board to the Seventy-first World Health Assembly. Her delegation supported the draft resolution and the proposed amendments.

The representative of the REPUBLIC OF KOREA said that her Government planned to reflect the voluntary global targets in its prevention goals for major noncommunicable diseases. As part of efforts to reduce risk factors, it also planned to increase excise taxes on tobacco. It welcomed information-sharing as a means for countries to share their achievements and experience.

Mr Bowles resumed the Chair.

The representative of BRUNEI DARUSSALAM said that her Government was committed to implementing the four time-bound measures for 2015 and 2016 identified in the outcome document of the high-level meeting of the United Nations General Assembly in 2014, including by reducing premature mortality from noncommunicable diseases by one third by 2030. It welcomed proposed updates to the policy options and interventions set out in Appendix 3 of the global action plan and the development of an approach to register the contribution of non-State actors. Further technical support from WHO in strengthening national capacity to respond to prevention and control challenges would be welcome.

The representative of THAILAND, endorsing the proposal by the representative of Botswana, said that alcohol use was the root cause of noncommunicable diseases, violence and other problems. Improving country-level surveillance and mortality data collection should be a top priority in the fight against noncommunicable diseases. WHO should develop a composite risk index for noncommunicable diseases and promote a “total risk” approach. More WHO and global health leaders should act as role models to promote healthy organizations, cities and countries. His delegation supported the draft resolution.

The representative of INDONESIA said that the list of policy options contained in Appendix 3 of the global action plan should be reviewed and updated, with due regard to country-specific situations. Her Government had undertaken significant efforts to prevent and control noncommunicable diseases, such as the launch of an intersectoral healthy lifestyle initiative. The Secretariat should coordinate follow-up to the draft resolution in due course.

The representative of SOUTH AFRICA said that her Government was implementing key strategies to address the risk factors for noncommunicable diseases, such as the introduction of a tax on sugar-sweetened beverages and the adoption of regulations on salt and trans-fats. She supported the proposal to initiate a consultation process with a view to developing an international instrument on the harmful use of alcohol.

The representative of NORWAY said that the partnership dimension of the fight against noncommunicable diseases should be strengthened, in line with the 2030 Agenda for Sustainable Development. It was to be hoped that the Ninth Global Conference on Health Promotion would give impetus to efforts to promote healthy lifestyles as a means of preventing noncommunicable diseases. He endorsed the proposed method for updating Appendix 3 of the global action plan.

The representative of PARAGUAY said her country had launched a multisectoral national plan for the prevention and control of noncommunicable diseases that incorporated the nine voluntary targets. Efforts had been made to raise awareness in other sectors in line with the plan’s social determinants approach, but support from WHO and other United Nations agencies in that regard would be welcome. Greater technical support from WHO was needed to assess the cost-effectiveness of interventions contained in Appendix 3 of the global action plan.

The representative of the DOMINICAN REPUBLIC said that his Government was implementing legislative measures in fulfilment of the commitments established in the Political Declaration of the High-level Meeting of the United Nations General Assembly. It had also adopted plans and guidelines for the reduction of salt, sugar and trans fat consumption and for the promotion of physical activity and healthy lifestyles. His delegation supported the draft resolution.

The representative of BRAZIL said that noncommunicable diseases were a public health challenge requiring a coordinated, structured response that took account of social determinants of health. She underscored the importance of further strengthening international cooperation to support national prevention and control efforts. The High-level Meeting in 2018 would require concerted action by Member States and the Secretariat to identify ways of addressing the challenges posed by noncommunicable diseases.

The representative of the RUSSIAN FEDERATION said that her Government had set up a State body to coordinate all work being done to promote healthy lifestyles and reduce noncommunicable diseases. Her delegation supported the draft resolution and the proposed amendments. WHO should continue to provide leadership on noncommunicable diseases at the global level and coordinate action with other United Nations agencies.

The representative of IRAQ said that progress reports on noncommunicable disease prevention and control efforts should be prepared annually. Reports and expertise should be exchanged at intraregional and interregional levels to ensure full preparedness for the High-level Meeting in 2018. His Government had developed a strategic workplan on noncommunicable diseases with the participation of various ministries and completed a survey on risk factors.

The representative of SENEGAL said that her country had an integrated national plan to prevent and control noncommunicable diseases that took account of strategic plans on cancer, diabetes and other disease and also addressed risk factors. It had conducted a STEPS survey of risk factors for noncommunicable diseases.

The representative of PANAMA said that her delegation supported the draft resolution and the proposed amendments.

The representative of TURKEY thanked the United Nations Inter-agency Task Force on Non-communicable diseases for conducting a field assessment in Turkey.

The observer of CHINESE TAIPEI said that a number of actions had been taken in Chinese Taipei to attain the voluntary global targets and mitigate the risk factors for noncommunicable diseases, including the establishment of targets and monitoring indicators and the development of multisectoral plans. A health surcharge on tobacco products had also been imposed, with the revenue being used for noncommunicable disease prevention and control.

The observer of the INTERNATIONAL FEDERATION OF THE RED CROSS AND RED CRESCENT SOCIETIES said that, in preparation for the High-level Meeting in 2018, further attention should be given to the valuable role of volunteers in promoting healthy lifestyles in local communities and also to the role of community health workers in supporting lifelong preventive behaviour changes and providing care for individuals with chronic illnesses.

The representative of the ALLIANCE FOR HEALTH PROMOTION, speaking at the invitation of the CHAIRMAN, said that, in order to successfully address noncommunicable diseases, a holistic approach to the social determinants of health and strong preventive measures based on community health education and services were essential. Changes in health financing and public engagement, and a more widespread multisectoral and interpersonal approach were also needed. In the preparations for the 2018 High-level Meeting, she encouraged Member States to pay serious attention to the involvement of civil society.

The representative of ALZHEIMER'S DISEASE INTERNATIONAL, speaking at the invitation of the CHAIRMAN, called for Member States to fast-track action to achieve the 2025 voluntary targets and lay the groundwork for a successful High-level Meeting. Member States should implement the four time-bound national commitments for 2015 and 2016, establish and improve surveillance and monitoring systems and support the development of a purpose code for noncommunicable diseases to track development assistance for noncommunicable disease prevention and control.

The representative of the WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that oral disease should be addressed in all strategies and action plans on noncommunicable diseases and that an oral health dimension should be included in the discussions at the 2018 High-level meeting. A recent publication by the Regional Office for Africa on promoting oral health as an essential intervention in noncommunicable disease control[1] could serve as a model for integrating oral disease into action plans on noncommunicable diseases.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIRMAN, said that surveillance systems for noncommunicable diseases should disaggregate data by age and gender. Children and adolescents faced unique challenges with regard to prevention, treatment and management of noncommunicable diseases and required solutions tailored to their needs. Antenatal visits offered an opportunity to screen for noncommunicable diseases and provide integrated services.

The representative of INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that the global coordination mechanism had set harmful precedents that threatened WHO's credibility, integrity and effectiveness, and seemed to grant access to almost any business while excluding some critical nongovernmental organizations. The mechanism had failed to make any significant progress in curbing harmful marketing practices and, moreover, had promoted partnerships with corporations that promoted unhealthy foods.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that noncommunicable diseases were a cross-cutting issue requiring a health-in-all-policies and whole-of-government approach. She called on the private sector to recognize the potential health threats of products such as processed foods, alcohol and tobacco and encouraged governments to introduce legislation limiting public exposure to such risk factors. Since there was little donor funding for noncommunicable disease prevention and control, governments should seek opportunities for triangular cooperation.

[1] Promoting oral health in Africa: Prevention and control of oral diseases and noma as part of essential noncommunicable disease interventions. Brazzaville: WHO Regional Office for Africa; 2016.

Governments should also increase youth involvement through youth-orientated awareness programmes at local, regional and international levels.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that decision-making on noncommunicable disease efforts had become very complicated, with multiple overlapping mandates and forums, which was of concern. He encouraged WHO to move from self-review of progress by Member States to an independent reporting system that included peer review. Noting that much data was missing with respect to progress on the nine voluntary global targets, he urged the Secretariat to review its approach to reporting. In the revision of Appendix 3 to the global action plan, the Secretariat should also examine trade and health policy coherence and the development of capacity in that regard, including through guidelines for assessing the health impact of trade agreements. The global coordination mechanism should be tasked with monitoring potential conflicts of interest in WHO and United Nations policy-making on noncommunicable diseases, with particular attention to the potential influence of major producers of pharmaceuticals, foods and beverages.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that progress would need to be accelerated considerably in order to reduce the noncommunicable disease burden by one third by 2030. The lack of baseline data for seven of the nine voluntary global targets revealed an urgent need to reform the measurement system for tracking progress. Governments should prioritize policies and strategies for improving access to medicines, including through the use of trade-related aspects of intellectual property rights (TRIPS) flexibilities. More consideration should be given to cancer in the revision of Appendix 3 of the global action plan.

The representative of the SECRETARIAT of the WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL said that the Convention Secretariat was committed to supporting States parties in the implementation of the WHO Framework Convention on Tobacco Control and to coordinating and leading the global response to achieve the tobacco control-related target under the Sustainable Development Goals. The Convention Secretariat was thus also engaged in the fight against noncommunicable diseases, especially in the light of a decision in 2014 by the Conference of the Parties to the Convention to strengthen its contributions towards the achievement of voluntary global target 5 under the global action plan, which called for a 30% relative reduction in prevalence of tobacco use by 2025. Although 35 countries were on track to achieve that target, most would not do so unless they fully implemented the Convention. She called for the inclusion of the relevant decisions of the Conference of the Parties in WHO's report to the United Nations General Assembly on progress achieved in the implementation of the 2011 Political Declaration and the 2014 outcome document, as outlined in annex 7 of document A69/10. She urged all States to become parties to the Convention and all current parties to ratify the Protocol to Eliminate Illicit Trade in Tobacco Products.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health) noted that, although much work remained to be done and progress had been uneven among Member States, good headway had been made since 2011 towards building a global architecture for noncommunicable disease control, with efforts being undertaken not only by WHO but by the entire world. As a symbol of confidence and trust in WHO's leadership, the United Nations Economic and Social Council had decided to extend the mandate of the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases to include the new targets related to noncommunicable diseases included in the 2030 Agenda for Sustainable Development. The relevant resolution had been proposed to the United Nations Economic and Social Council by the Government of the Russian Federation and was due to be adopted on 2 June 2016. A meeting to be held in

Shanghai in November 2016 would examine how health promotion could accelerate progress in achieving the specific targets of the Sustainable Development Goals.

The adoption of the framework of engagement with non-State actors would also help to accelerate work on noncommunicable diseases. The Secretariat was well aware of the potential difficulties of working with the private sector and would certainly never accept money from any business that made products that were harmful to health. However, if the private sector changed its strategies and began producing more healthy foods, then it might be advantageous to enter into dialogue with private-sector actors. Indeed, the Organization had a responsibility to encourage the production of healthy foods. Nongovernmental organizations played a crucial role in promoting lifestyles and could also play a valuable "watchdog" role at country level, bringing gaps to the Organization's attention and thereby enabling it to better target its efforts. The Secretariat would continue to support Member States in implementing the four time-bound commitments for 2015 and 2016. The Secretariat was grateful to Member States for the input received in the current discussion, which would be helpful to it in preparing for the 2018 High-level Meeting.

The CHAIRMAN said that he took it that the Committee wished to approve the draft resolution with the amendments proposed by the representative of Monaco.

The draft resolution, as amended, was approved.[1]

Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control: Item 12.5 of the agenda (documents A69/11 and A69/11 Add.1)

The CHAIRMAN drew attention to the report contained in document A69/11, noting that it contained a draft decision proposed by the Secretariat; the financial and administrative implications of the decision for the Secretariat were contained in document A69/11 Add.1.

The representative of NORWAY said that, while his delegation fully endorsed the objective behind the proposal to strength synergies between the Health Assembly and the Conference of the Parties, the draft decision contained in document A69/11 raised governance issues that merited further consideration. Firstly, the proposal was unclear on who should present a report to the Health Assembly and what it should contain. Secondly, it was unclear whether the resolutions and decisions alluded to in the decision would relate to implementation of the Convention, which in turn raised the question of whether the Conference of the Parties or the Health Assembly was the body competent to take action relating to implementation. Thirdly, the draft decision could enable WHO Member States that were not parties to the Convention to gain influence over the interpretation of the Convention and its implementation. In his delegation's view, issues relating to implementation were the prerogative of the Conference of the Parties, which should be given the opportunity to discuss such issues with the Health Assembly before any decisions were taken.

His delegation therefore proposed two amendments to the draft decision. Paragraph 1 should be replaced by: "to invite the Conference of the Parties to the WHO Framework Convention on Tobacco Control to consider the provision of a report for information to the World Health Assembly on the outcomes of the Conference of the Parties to the WHO Framework Convention on Tobacco Control and the modalities relating to the presentation of such a report, and to consider whether to invite the World Health Assembly to provide a report for information on relevant tobacco-related actions".

[1] Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA69.6.

Operative paragraph 2 should be replaced by: “to include a report on the outcome of the seventh session of the Conference of the Parties in the provisional agenda of the Seventieth World Health Assembly as a separate agenda item”.

The representative of PANAMA said that strengthening synergies between the World Health Assembly and the Conference of the Parties was crucial to progress in protecting populations from the harm to health caused by tobacco. Her delegation supported the decision as amended by the representative of Norway.

The representative of AUSTRALIA said that his Government had consistently called for stronger collaboration between the Convention Secretariat and the broader WHO. It supported the objective of increasing the visibility of the Convention but believed it would be best for the Conference of the Parties to consider appropriate strategies first and then to recommend them to the Health Assembly before the latter agreed to a formal recurring agenda item. His delegation therefore supported the amendments proposed by the representative of Norway.

The representative of THAILAND said that the tobacco industry consistently engaged in seductive marketing tactics and took advantage of loopholes in national and international legislative structures to devise new lines of lucrative, but harmful, products. Having a substantial agenda item on Convention implementation at the World Health Assembly every two years would enhance collaboration and commitment to counter such threats. His delegation therefore supported the draft decision without reservations.

The representative of URUGUAY said that collaboration between WHO Secretariat and the Convention Secretariat in the fight against tobacco was essential. Similarly, the World Health Assembly would benefit greatly from periodic exchanges of information with the Conference of the Parties. Her delegation supported the draft decision with the amendment proposed by the representative of Norway.

The representative of SRI LANKA said that adopting a decision on strengthening synergies between the Health Assembly and the Conference of the Parties was important. His delegation wished to propose, however, that a provision be added to the draft decision calling for the World Health Assembly to provide a report for information on its relevant tobacco-related resolutions and decisions to the Conference of the Parties, which would allow for technical and political feedback from the Health Assembly to be passed on effectively to the Conference of the Parties.

The representative of TURKEY said that monitoring and control strategies needed to be developed in order to deal with the tactics of the tobacco industry. A better and more comprehensive documentation system, especially mechanisms to share innovative initiatives, was also needed. Her government strongly supported the strengthening of synergies between the Health Assembly and the Conference of the Parties, including the suggestion to include the activities undertaken by the Health Assembly on the agenda of sessions of the Conference of the Parties and vice versa. In addition, it was important for the WHO Secretariat to share in-depth scientific knowledge with the Conference of the Parties in order to avoid misconceptions about, for example, electronic cigarettes, which might lead to decisions that increased tobacco use rather than reducing it. Her delegation supported the draft decision as amended.

The representative of ICELAND, noting that Iceland had been one of the first signatories to the Convention, endorsed the statement made by the representative of Norway.

The representative of IRAQ said that synergies between the Health Assembly and the Conference of the Parties would help to accelerate the implementation of the Convention. Greater synergy could also enhance the effective application of the MPOWER package.

The representative of KENYA, speaking on behalf of the Member States of the African Region, said that while the Region appreciated the Convention's prioritization of health over trade, it was also cognizant of viable alternatives to tobacco farming that would go a long way in protecting both health and the environment. Synergistic work between the WHO Secretariat and Convention Secretariat had helped to advance tobacco control. Synergy between the Health Assembly and the Conference of the Parties would be critical to streamlining efforts to meet the Sustainable Development Goal targets, particularly those relating to prevention and control of noncommunicable diseases. The countries of the Region wished to propose that paragraph 1 of the draft decision be amended to read: "to invite the Conference of the Parties to the WHO FCTC to provide a report on the outcome of the seventh Conference of the Parties to the Seventieth World Health Assembly". In addition, "in efforts to promote synergy between the Conference of the Parties and the World Health Assembly" should be added at the end of paragraph 2.

The representative of CANADA said that, in principle, his delegation supported the Secretariat's proposal to include the outcomes of the Conference of the Parties as a stand-alone item on the agendas of the Health Assembly every two years; however, it preferred to postpone a decision on the matter until after it had been discussed by the Conference of the Parties at its seventh session in November 2016. His delegation would welcome a follow-up discussion at the seventieth World Health Assembly in 2017. It supported the amendments proposed by the representative of Norway.

The representative of CHINA said that his Government supported all activities aimed at reducing the harm caused by tobacco use, welcomed the proposed information exchange mechanism between the Conference of the Parties and the World Health Assembly and was hopeful that optimized cooperation would facilitate further activities on tobacco control. His delegation supported the draft decision.

The representative of BAHRAIN said that his Government remained committed to implementing the Convention and had taken a number of steps to implement it, for instance, by introducing a tax on tobacco. His delegation supported the draft decision.

The representative of the PHILIPPINES said that her delegation supported the proposed actions to strength synergies between the World Health Assembly and the Conference of the Parties. They would provide a platform for the exchange of information, experiences and good practices. Her delegation also supported the amendments to the draft decision proposed by the representative of Norway.

The representative of the NETHERLANDS, speaking on behalf of the European Union and its Member States, said that the former Yugoslav Republic of Macedonia, Serbia, Albania, Bosnia and Herzegovina, Ukraine and the Republic of Moldova aligned themselves with his statement. He was very much in favour of strengthening synergies between the World Health Assembly and the Conference of the Parties; however, it was important to do so in a way that respected the governance arrangements of each body. He therefore supported the draft decision as amended by the representative of Norway.

The representative of FRANCE said that her Government was committed to preventing tobacco use among young people. It had recently introduced neutral packaging for cigarettes, and had ratified

the Protocol to Eliminate Illicit Trade in Tobacco Products, which should come into force as quickly as possible. Her delegation was in favour of strengthening synergies between the Conference of the Parties and the Health Assembly through mutual exchange of information. Tobacco control policies should be at the heart of the efforts to achieve the Sustainable Development Goals and the fight against noncommunicable diseases.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that her Government would do its utmost to support the full implementation of the Convention around the world. Her delegation supported the amendments proposed by the representative of Norway, which made clear the role of the Conference of the Parties in determining a way forward for cooperation with the World Health Assembly.

The representative of TIMOR-LESTE, noting that his country's strategy on noncommunicable diseases included a target of 30% reduction in tobacco use by 2020, said that his delegation supported the draft decision but wished to propose a small modification to the amendment proposed by the representative of Norway to paragraph 1, so that the end of the sentence would read: "… to invite the World Health Assembly to provide a report for information on relevant decisions and resolutions of the World Health Assembly".

The representative of the RUSSIAN FEDERATION said that her Government had adopted stringent legislation, which had helped to reduce tobacco use by 20% since 2014. Her delegation supported the Secretariat's proposal for a mechanism for cooperation between the Health Assembly and the Conference of the Parties. It also supported the amendments proposed by Norway to the draft decision.

(For continuation of the discussion and approval of the draft decision, see the summary record of the twelfth meeting, section 2.)

The meeting rose at 19:05.

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