

PROVISIONAL SUMMARY RECORDS OF THE FOURTH MEETING

**Palais des Nations, Geneva
Friday, 26 May 2016, scheduled at 14:30**

Chairman: Dr M. JOSEPH (Antigua and Barbuda)

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COMMITTEE B

FOURTH MEETING

Friday, 26 May 2017, at 14:40

Chairman: Dr M. JOSEPH (Antigua and Barbuda)

1. MESSAGE OF CONDOLENCE FOLLOWING THE TERRORIST ATTACK IN EGYPT

The CHAIRMAN expressed his condolences to the Egyptian people and Government for the recent terrorist attack on a bus in Egypt, and said that WHO stood in solidarity with that country.

2. MANAGEMENT, LEGAL AND GOVERNANCE MATTERS: Item 23 of the agenda (continued)

Governance reform: follow-up to decision WHA69(8) (2016): Item 23.2 of the agenda (documents A70/51 and A70/51 Add.1) (continued from the third meeting, section 2)

The CHAIRMAN suggested that, given the lack of consensus on the first option for the amendment of Rule 5 of the Rules of Procedure of the World Health Assembly, the Committee should approve the second option set forth in the draft decision, as it was less restrictive than the first option but would still streamline the drafting process.

The representative of the UNITED STATES OF AMERICA, supported by the representatives of GERMANY and FRANCE, requested that consideration of the item should be suspended.

The CHAIRMAN took it that the Committee wished to suspend discussion of the item.

It was so agreed.

(For continuation of the discussion, see the summary records of the fifth meeting, section 2.)

Engagement with non-State actors: Item 23.3 of the agenda (document A70/52)

- **Criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions** (document A70/53)

The CHAIRMAN invited the Committee to consider the report in document A70/53.

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

from non-State actors, she cautioned against the possibility of secondment becoming a revolving door, with seconded staff being allowed to become contracted staff. Any secondment must be fully in line with the Framework of Engagement with Non-State Actors. During the preparations for the initial evaluation process, the European Union and its Member States wished to be kept informed of whether the implementation of the Framework was uniform and coherent across the Organization, what the resource implications were, and whether the Framework had encouraged engagement with and by non-State actors.

The representative of ARGENTINA was pleased that the report took into account the discussions of both the Programme, Budget and Administration Committee of the Executive Board and the Executive Board, and provided additional information on the implementation of the Framework. The creation of the WHO register of non-State actors was welcome. The Secretariat should continue taking the necessary action to fully implement the Framework, with the aim of complying with the time frames established in resolution WHA69.10 (2016). Coordination with PAHO was vital to apply the Framework in a coherent and uniform manner. The Region of the Americas had adopted the Framework in September 2016, and its implementation was under way.

The representative of IRAQ said that his country's engagement with United Nations agencies and non-State actors been very successful, particularly given the difficult situation in parts of the country. In coordination with the Ministry of Health, a health cluster had been established with WHO as the lead agency. The cluster held regular meetings that were attended by non-State actors to coordinate efforts and resources and respond effectively to crises.

The representative of BRAZIL said that the Framework was a comprehensive tool that was becoming a model for other United Nations agencies, and it was therefore important for its implementation to produce satisfactory results. He asked why the word "sensitive" had been omitted from paragraph 5(a) of the report by the Secretariat, which read: "managerial and/or positions that involve the validation or approval of WHO's norms and standards are excluded", when resolution WHA69.10, paragraph 8(a) referred to the exclusion of managerial and/or sensitive positions. It was important that the proposed criteria and principles were in line with the mandate that had been given to the Director-General pursuant to that resolution. He noted, however, that certain sensitive positions might not necessarily involve the validation or approval of WHO's existing norms and standards.

The representative of INDIA said that the proposed criteria and principles contained several gaps that might leave staff confused about their application. The reference to managerial and/or positions that involve the validation or approval of WHO's norms and standards should be explained more explicitly and in greater detail. Further elaboration was needed on the due diligence and risk assessment to which proposed arrangements for a secondment would be subject, as the current description was open to interpretation. The principles also failed to establish the procedures for the identification of any real or perceived conflicts of interest. The establishment of the WHO register of non-State actors and the electronic workflow, and their integration into an information management platform, were welcome. To increase transparency, the platform should be made available to the public.

The representative of CHINA emphasized the importance of harmonizing the implementation of the Framework at all three levels of the Organization. It was a positive sign that the 55th Directing Council of WHO/PAHO had resolved to adopt and implement the Framework. She welcomed the creation of the WHO register of non-State actors and the electronic workflow, and the development of a guide for staff and a handbook for non-State actors. The elaboration of criteria and principles for secondments was an important step forward. The Framework should be implemented in accordance with the established timeline, and regular evaluations should be conducted.

The representative of MEXICO said that the Framework provided a substantive basis for WHO reform and its implementation was a major step forward in terms of enhancing transparency within the Organization. Continuous monitoring of its implementation would be necessary. The creation of the WHO register of non-State actors was welcome. She noted that the reference to “paragraphs 2 and 3” in paragraph 5 of the report of the Secretariat should, in fact, read “paragraphs 3 and 4”.

The representative of PANAMA welcomed the development of a process of due diligence, the WHO register of non-State actors, and the electronic workflow. It was important that headquarters and the regional offices worked together on the development of the guide for staff and the handbook for non-State actors. It was essential to finalize those publications, together with the change management plan, the communication plan and training materials for staff. It was also necessary to evaluate the effectiveness of the proposed principles and criteria, in order to make any required changes.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND asked the Secretariat to comment on the observation made in paragraph 40 of the annual report of the Independent Expert Oversight Advisory Committee, contained in document EBPBAC26/2, which read: “there is ... an immediate need for the Global Policy Group to approve the detailed implementation plan of the Framework, which identifies specific deliverables and implementation dates. This is necessary in order for management and the Advisory Committee to monitor the progress of implementation of the Framework.” He also asked the Secretariat to provide an update on the status of the implementation plan.

The representative of the UNITED STATES OF AMERICA said that the Framework must be a credible and effective tool to support WHO’s engagement with non-State actors. Coherence and consistency were needed in policy and practice to ensure that the implementation process was conducted with appropriate care and due diligence, without prejudice to the type of non-State actor. The implementation process must be reliable, transparent, fair and based on the Framework. She was concerned that, on the basis of considerations other than Framework rules and procedures, implementation was restricting the engagement of certain nongovernmental organizations and private sector stakeholders: that was inconsistent with due diligence and the proper management of risk. The Secretariat might wish to consider how its actions affected its partnerships. WHO should adopt neither a risk-averse nor cavalier approach to engagement with non-State actors. She requested additional information on the guide for staff and the handbook for non-State actors, and an update on the change management plan, communication plan and training materials for staff.

The representative of EGYPT expressed his appreciation for the condolences extended by the Chairman to his delegation and the Egyptian people. Regarding the report by the Secretariat, he said that paragraph 3, on the proposed criteria and principles for secondment, should make reference to the principles of WHO’s engagement with non-State actors contained in the Framework. There was conflation between the criteria and principles proposed in the report, and it was unclear whether the conditions added by the Secretariat in its report had been required by resolution WHA69.10 (2016). Point 2(iv) of paragraph 3 of the report, which stated that the secondment position must “have been granted a waiver of competitive selection by the Director-General, providing justification for the position”, violated the mandate in resolution WHA69.10, which required there to be “transparency and clarity regarding positions sought, including public announcements”. If public announcements were made, it would not possible to grant waivers during the selection process. The word “sensitive” should have been retained in paragraph 5(a) of the report. The Secretariat should, moreover, explain why the Health Assembly was only invited to note the report, whereas resolution WHA69.10 had called on the Director-General to submit the criteria and principles for the consideration of and establishment by, as appropriate, the Health Assembly.

The representative of BANGLADESH requested the Secretariat to hold comprehensive briefings during the implementation of the Framework across the three levels of the Organization, in order to help staff to ensure its coherent and consistent implementation.

The representative of ZIMBABWE underscored the need to continually update the WHO register of non-State actors, and to implement the Framework in the regional and country offices effectively. Regarding secondments, it was important to shut the revolving door between governments, the private sector and philanthropic foundations. Individuals working in industries that undermined public health should be subject to a “cooling-off period” before being allowed to join WHO. Secondments from nongovernmental organizations, philanthropic foundations and other institutions that were heavily financed by the private sector should be prohibited. Secondments should be temporary, and when they ended, the individuals concerned should not be allowed to join WHO immediately.

The representative of AUSTRALIA said that uniform implementation across all six regions and at all three levels of the Organization was crucial to ensure that the Framework achieved its goal of enhanced organization-wide transparency and accountability. The Australian Government welcomed the commencement of activities to support change management, communication and training of staff as well as the guidance for non-State actors. Australia welcomed and supported the application of the proposed criteria and principles for secondments.

The representative of PLURINATIONAL STATE OF BOLIVIA requested clarification on the exclusion of managerial and/or sensitive positions and underscored that the criteria and principles must be fully in line with the Framework. He agreed with the comments made by the representatives of Brazil, India and Egypt.

The representative of THAILAND said the successful implementation of the Framework depended not only on compliance with the Framework’s provisions, but also on building trust among all relevant stakeholders. Self-interest must be kept to a minimum in order to keep trust levels high. Her Government supported the proposed criteria and principles.

The representative of ECUADOR said that she supported the concerns expressed by the representatives of Brazil, India, Mexico and Egypt, and requested a clear response from the Secretariat on the issues they had raised. It was important to have clear and comprehensive policies to avoid conflicts of interest. Any engagement with non-State actors should contribute to the objectives of WHO. Its purpose should not only be to enhance technical cooperation but also to improve policies. The promotion of the right to health must take precedence over all commercial or economic interests when engaging with non-State actors. Her Government would follow the procedures for monitoring non-State actors, arranging the secondment of staff and maintaining transparency and accountability.

The representative of the REPUBLIC OF KOREA said that the extensive progress made on the Framework must continue. Transparency was key when engaging with non-State actors. If necessary, private sector entities should be monitored by third parties, such as nongovernmental organizations. Details of any engagement must also be monitored closely by Member States.

The representative of the CONGO, speaking on behalf of the Member States of the African Region, welcomed the adoption of the Framework as well as the commitment of the Secretariat to transparency in the proposed criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions. He also welcomed the creation of the WHO register of non-State actors. Contracts with academic institutions should always be time-

bound and temporary, and awarded on the basis of skills, experience and seniority. Applications by individuals who had demonstrated skill and integrity in previous contracts at WHO should be given priority consideration when new contracts were offered. Those individuals should, moreover, be considered favourably by the Organization when it recruited new staff members.

The representative of the ISLAMIC REPUBLIC OF IRAN called on WHO to ensure the effective implementation of the Framework and to conduct an initial evaluation thereof by 2019. Discussions should also resume on developing a comprehensive WHO policy on conflicts of interest.

The representative of PAKISTAN agreed with the concerns raised by the representatives of Brazil, Egypt and the Plurinational State of Bolivia. The report by the Secretariat had not been drafted in consultation with Member States, which should have been the case. That issue should be considered by the Executive Board at its 142nd session.

The representative of SOMALIA welcomed the proposed criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions. Secondments should be time-bound and awarded in accordance with the Organization's priorities. The wording of the proposed criteria and principles was a matter of some concern, however. There must be a "cooling-off period" of at least two years before an individual who had previously been seconded to the Organization could apply for a position at WHO. He asked the Secretariat for clarification on how the proposed public announcements and the waivers of competitive selection would be reconciled. Secondments must not become a back door into WHO that allowed individuals to obtain a position without undergoing an appropriate selection and assessment process.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that the Framework had been adopted by the Health Assembly on the premise that it would promote transparency and due diligence, and that WHO would exercise particular caution when engaging with private sector entities whose activities were negatively affecting human health. Regrettably, however, the Framework had failed to provide clarity on the relationship between WHO and the Bill & Melinda Gates Foundation following the Foundation's application for admission into official relations. The Foundation had made substantial contributions to many health initiatives and the fact that it could influence WHO's nutrition policy was no secret. What was less well known, however, was that the Foundation had invested heavily in the food and beverage industries. Those investments had been glossed over in the Framework process and the resulting lack of clarity on the relationship had undermined public trust. She echoed the concerns of several Member States concerning the criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions. The Framework should be a safeguard; it should not be seen as a funding opportunity. It should be reviewed and evaluated at the earliest opportunity and the terms "partnership" and "stakeholder" clearly defined.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that the Framework allowed private sector entities, including those that invested in health-impeding industries, a place at WHO's core, and thereby undermined WHO's norm- and standard-setting activities. Moreover, it was of concern that Secretariat staff monitored the activities of non-State actors while simultaneously conducting fundraising activities. A comprehensive conflict of interest policy was needed. The Framework provided inadequate information about transparency and oversight mechanisms regulating official relations with non-State actors, risk assessment and management, non-State actor classification and the evaluation of non-State actor commercial interests. Clarification should be provided on those mechanisms and detailed documentation should be made publicly available. Although, pursuant to resolution WHA69.10, secondments from non-State actors

were excluded for all sensitive posts, the report of the Secretariat proposed that only managerial and/or positions that involved the validation or approval of WHO's norms and standards should be excluded. More detailed regulations on exclusions were needed. The Framework should also include regulations preventing public officials from advocating for private sector entities. She urged Member States to support the increase in assessed contributions and to increase their untied contributions. The public character of WHO could thus be secured.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that her organization supported WHO's efforts to develop guidance that clarified WHO's engagement with non-State actors. As part of that process, she welcomed ongoing dialogue with civil society that considered both the risks and rewards associated with partnerships. That guidance should address the lack of clarity in the Framework around the categories and definitions of non-State actors, as well as nuances that affected not-for-profit organizations that included members from the academic sector and industry. In the absence of formal guidance, WHO staff and Member States should not be overly cautious or punitive in their interpretation of the Framework. Members of her organization had reported a lack of consistency across the Organization in the implementation of the Framework and in the advice that was given to non-State actors. Her organization stood ready to provide additional feedback on implementation in the future.

The EXECUTIVE DIRECTOR (Office of the Director-General), responding to the points raised, acknowledged the support and guidance provided by the Independent Expert Oversight Advisory Committee in the implementation of the Framework. The Framework would be operational within the planned two-year time frame. The implementation plan had been amended on the basis of input from the Global Policy Group in November 2016 and would be resubmitted to that Group at its next meeting. WHO was holding consultations across the Organization, including with PAHO and country offices, to ensure alignment in the implementation of the Framework. The WHO register of non-State actors and the Global Engagement Management tool had also been established, and provided in-depth information regarding non-State actors and their engagement with WHO. Details regarding the acceptance or refusal of applications for admission into official relations were also available in the register. With a view to finalizing the guide for staff and the handbook for non-State actors, consultations were taking place with WHO staff and non-State actors, respectively. Those guidance documents would be completed in the near future. A change management strategy and a communications plan had also been established, as had a change management task force across all three levels of the Organization to ensure that change management and communications were coherent. Training sessions on the Framework would be held as part of the induction processes for new staff and new heads of country offices. While the Framework did not provide a clear definition of the term "sensitive positions", WHO had thus far considered the term to apply primarily to positions that dealt with sensitive or proprietary information and/or were related to WHO's norms and standard setting. However, he appreciated the need to clarify that definition.

The DIRECTOR (Human Resources Management) said that the criteria and principles presented in the report by the Secretariat were identical to those contained in document EB140/47, which had been submitted for consideration by the Executive Board at its 140th session following an extensive consultative process. She reiterated that secondments from non-State actors were temporary in nature and could not exceed two years. An individual could be seconded to WHO only if he or she already had an employment relationship with the releasing entity before that secondment, and was guaranteed a right of return to that entity once the secondment had been completed. A secondee could apply for ad hoc vacancies at WHO that were filled through a competitive process. If a secondee was successful in that process, he or she would need to resign from the releasing entity before taking up a position with WHO. She was open to some Member States' suggestions regarding a "cooling-off period" before secondees could be hired by the Organization. In 2019, following implementation of the mandatory

mobility policy, most international fixed-term positions would be advertised through a mobility compendium of rotational posts. Seconded staff would not be eligible to apply for those positions, and would therefore have limited opportunities to take up a position with the Organization. A waiver needed to be secured from the Director-General for a position to be filled through a secondment arrangement, bypassing the ad hoc vacancies and the mobility compendium. Affirming her commitment to transparency during the finalization of the criteria and principles, she said that WHO would publish an annual report on the secondments that had been granted.

At the invitation of the CHAIRMAN, the LEGAL COUNSEL clarified the action that the Health Assembly was required to take on the Secretariat's report. He recalled that resolution WHA69.10 requested the Director-General to develop a set of criteria and principles for secondments and to submit those criteria and principles for the consideration of and establishment by, as appropriate, the Seventieth World Health Assembly. The inclusion of the words "as appropriate", allowed the Health Assembly either to take note of the principles and criteria or to take other actions. The Executive Board had decided only to take note of the principles and criteria. If the Health Assembly took note of the report, the criteria and principles would be incorporated in WHO's human resources policies and procedures; a number of other WHO policies had been established in that manner. As no other course of action had been proposed by the Executive Board, it would be appropriate for the Health Assembly merely to take note of the report.

The representative of BRAZIL asked for the substantive comments that had been made by Member States to be taken into account by the Secretariat when it finalized the criteria and principles for secondments.

The CHAIRMAN noted the request made by the representative of Brazil and said the necessary adjustments would be made.

At the invitation of the CHAIRMAN, the LEGAL COUNSEL said that the views expressed by the Health Assembly were recorded in the summary records of its meetings, and that the Director-General would report to the Executive Board at its 141st session on how the Health Assembly's views had been taken into account.

The representative of SOMALIA said that the comments made by the representative of Brazil merited an additional explanation from the Legal Counsel. The Health Assembly should not merely take note of the report – a more substantive response was needed to ensure that the Secretariat took action on the basis of Member States' comments and questions.

The representative of MALTA, speaking in his capacity as Chairman of the Executive Board, said that, when a set of criteria and principles was included in a report that had been noted by the Health Assembly, the Secretariat was obliged to endorse those criteria and principles. Furthermore, its interpretation of those criteria and principles must take into account the comments made by Member States in that regard. The Secretariat's interpretation of the criteria and principles would therefore reflect the points that had been raised.

At the invitation of the CHAIRMAN, the LEGAL COUNSEL said that the Secretariat's comments would also be included in the summary records of the meeting.

The Committee noted the reports.

Proposed Infrastructure Fund (consolidating the Real Estate Fund and IT Fund):
Item 23.4 of the agenda (documents A70/54 and A70/65)

The CHAIRMAN drew attention to document A70/65. Paragraph 3 of the draft decision contained in that document had been amended, with the words “up to” replaced by “at least”. The amended paragraph therefore read: “to authorize the Director-General to allocate, by the end of each biennium, at least US\$ 15 million, as available, for information technology investment needs within the Infrastructure Fund”.

The representative of SWITZERLAND welcomed the draft decision, which provided a clear segregation of separate subaccounts for real estate and information technology funds. She stressed that there should not be any permeability between the two funds. It was important that the Secretariat continued its efforts to secure funds for renovations in anticipation of future needs.

The representative of FRANCE asked for clarification regarding the Organization’s information technology investment needs, and in particular whether US\$ 15 million per biennium would be sufficient to cover the real-time monitoring of epidemics.

The representative of MEXICO suggested several points for inclusion in the draft decision, including the requirement that the Director should report annually to the Programme, Budget and Administration Committee of the Executive Board on the status of the separate accounts and the financed and pending projects, and provide a long-term schedule. The draft decision should also provide for the Health Assembly, in consultation with the Programme, Budget and Administration Committee of the Executive Board, to authorize the Director-General to transfer resources to the Infrastructure Fund, provided that sufficient funds were available. It should also make clear that the approval of funds depended on the performance of projects, and that a funding limit would be set. In closing, she said that clarity was needed with regard to the real estate assets that would start the merged Fund.

The representative of THAILAND expressed support for the proposed Infrastructure Fund and its proposed financing. He requested that the Secretariat should monitor the risk of shortfalls in funding sources and carefully review the operational and investment costs for both information technology and real estate projects.

The ASSISTANT DIRECTOR-GENERAL (General Management), responding to points raised, gave his assurance that the information technology investment and real estate subaccounts, and their governance, would remain separate within the proposed Infrastructure Fund. One subaccount would not subsidize the other. Renovations and constructions were financed by funds carried over from assessed contributions, in addition to other sources of flexible funding. He said that US\$ 15 million per biennium might not suffice to cover investments in new information technology tools to monitor epidemics; accordingly, paragraph 3 of the draft decision had been amended to reflect that concern. Costs would be closely monitored, but it would be difficult to set an upper limit on expenditure, as the need for, and costs of, investments in new information technology tools would fluctuate over time. He agreed with the suggestion that reports on the financial and budgetary aspects of projects should be submitted to and monitored by the Programme, Budget and Administration Committee of the Executive Board, and recalled that paragraph 5 of the draft decision stipulated that the Director-General should report to the Executive Board on the implementation of projects covered by the Infrastructure Fund. Capital investments in information technology had been intentionally separated from operational costs, so as not to overburden the information technology subaccount with the substantial operational costs associated with new information technology tools. Those costs would be

reflected in the relevant programme budgets and covered by the owners of those new tools. Those costs would, moreover, be estimated and planned for before investments were made in new information technology projects.

The CHAIRMAN took it that the Committee wished to approve the draft decision, as amended, contained in document A70/65.

The draft decision, as amended, was approved.¹

3. COLLABORATION WITHIN THE UNITED NATIONS SYSTEM AND WITH OTHER INTERGOVERNMENTAL ORGANIZATIONS: Item 24 of the agenda (document A70/55)

The representative of THAILAND said that health challenges were becoming increasingly complex and more closely linked to socioeconomic and other factors. She urged WHO to continue to promote the Health in All Policies approach at the country level and across the United Nations system, but underscored that that approach should go hand-in-hand with an “all in health policy”, whereby trade, security, agriculture, the environment, education, labour and other factors were taken into account in the formulation of health policies. She welcomed WHO’s leadership making migrant health central to the global compact for safe, orderly and regular migration. She urged WHO to avoid overlap between United Nations programmes and ensure that the Programme budget 2018–2019 provided funding for priority areas that would promote the achievement of the Sustainable Development Goals.

The representative of ERITREA, speaking on behalf of the Member States of the African Region, commended the Secretariat for coordinating its activities with United Nations system-wide activities, and supporting Member States’ efforts to achieve the Sustainable Development Goals, but underscored that more needed to be done to ensure coordinated and accelerated implementation of those activities at all levels, including the acceleration of the national review process. Moreover, in view of the central place health occupied in the Sustainable Development Goals, integrated and multisectoral approaches should be adopted by both the United Nations system and Member States. To that end, United Nations agencies must further enhance and harmonize the United Nations Development Assistance Framework in order to support countries in an integrated manner, and the Secretariat needed to help Member States to establish an effective multisectoral mechanism. Furthermore, achieving the Sustainable Development Goals would require the mobilization of significant resources and the presence of relevant expertise at country level; he therefore called on WHO to advocate aggressively for the mobilization of additional resources and support capacity-building in Member States, with priority given to the African Region.

The representative of NORWAY welcomed the wide range of strategic collaborations in which WHO was involved, and stressed that WHO’s leadership needed to encourage staff at all levels to engage in cooperation within the United Nations system and beyond. Highlighting the importance of United Nations General Assembly resolution 71/243, on the quadrennial comprehensive policy review, he said that the policy review was the primary policy instrument for improving the functioning of the United Nations development system, and called on Member States and United Nations entities to ensure follow-up on that resolution. A good example of successful collaboration within the United

¹ Transmitted to the Health Assembly in the Committee’s second report and adopted as decision WHA70(16).

Nations system was the constructive role played by WHO within UNAIDS. The Health Assembly should be kept informed of successes achieved by UNAIDS, particularly in view of the funding challenges it faced. He asked the Secretariat to indicate the extent to which the quadrennial comprehensive policy review was binding for WHO.

The representative of IRAQ proposed that a questionnaire should be sent to Member States to collect information on government authorities, nongovernmental organizations and academic institutions active in each country, with a view to identifying candidates for secondments to entities within the United Nations system. Such an approach would facilitate the hiring of staff on an equitable basis and improve the effectiveness of WHO's work.

The representative of CHINA said that a number of challenges facing the United Nations system continued to impede WHO reform. WHO should share its experience of how it was addressing those challenges. She encouraged WHO to continue its reform process, strengthen the capacities of its country offices, and enhance its cooperation with relevant national stakeholders with a view to tackling health challenges at the country level.

The representative of the UNITED STATES OF AMERICA said that high-impact and emerging health issues were often addressed in political forums and other venues that were not inherently related to health. Her Government supported the leadership role of WHO in fostering collaboration within the United Nations system, which would provide for more integrated responses to global health challenges. She welcomed the fact that WHO would co-lead the high-level political forum on sustainable development thematic review of Sustainable Development Goal 3, and would participate in reviews of the other Goals.

The representative of BANGLADESH welcomed WHO's efforts to ensure that health issues were addressed in United Nations debates and decisions, its leadership in health-related humanitarian efforts, and its promotion of alliances and cooperation among agencies to tackle health issues. He encouraged WHO's continued involvement in policy dialogue and in inter-agency efforts to help Member States to promote sustainable development.

The DIRECTOR (Country Cooperation and Collaboration with the United Nations System), responding to points raised, said that WHO was committed to working as part of the United Nations system to support implementation of the 2030 Agenda for Sustainable Development. Member States had strongly indicated that the response to challenges relating to that Agenda needed to be integrated and coordinated effectively within the United Nations system. The report of the Secretariat provided information on WHO's clear and active engagement within the United Nations system to act on the recommendations set forth in United Nations General Assembly resolution 71/243, on the quadrennial comprehensive policy review. There was a need to strengthen the Secretariat's capacity to support Member States and ensure that the Organization played a relevant role as part of a comprehensive United Nations response to challenges relating to the Sustainable Development Goals. In that regard, there was a need to promote a multisectoral approach to health, strengthen WHO's country office capacity, including through training on the Goals and health, and ensure that the Organization received flexible and predictable funding. The Secretariat was actively engaged in the United Nations Development Assistance Framework process, with WHO's country cooperation strategy supporting the health component of that Framework. WHO was also engaged in discussions on United Nations development system reform, and had recently provided extensive information for the United Nations Secretary-General's forthcoming assessment of functions and capacity gaps of the United Nations system to support the implementation of the 2030 Agenda for Sustainable Development. The Secretariat was also an active participant in the United Nations Development Group.

WHO would be providing ample input to the upcoming review of the resident coordinator system, as well as recommendations for that system's improvement. WHO was also part of the Inter-Agency Advisory Panel, which was responsible for shortlisting nominations for resident coordinators. A programme on migration and health had been established within the Secretariat, and a group to oversee coordination with regard to the Sustainable Development Goals had been established across the three levels of the Organization. Progress had been made with regard to implementing a multisectoral approach to health. However, further efforts were required to ensure that WHO's support to Member States was delivered in a coherent, coordinated and integrated manner. WHO had recently created and would continue to update a website to share experiences from different countries relating to the implementation of the 2030 Agenda for Sustainable Development. Country offices continued to support Member States' efforts to mainstream the 2030 Agenda for Sustainable Development in their national health and development plans.

The Committee noted the report.

4. NONCOMMUNICABLE DISEASES: Item 15 of the agenda [transferred from Committee A]¹

Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018: Item 15.1 of the agenda (documents A70/27 and EB140/2017/REC/1, resolution EB140.R7)

The representative of MALTA, speaking in his capacity as Chairman of the Executive Board, said that the Board, at its 140th session, had considered a report on preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018 (document EB140/27). Annex 1 to that report contained a draft updated Appendix 3 to the global action plan for the prevention and control of noncommunicable diseases 2013–2020. A total of 32 Member States had taken the floor to express their support for the endorsement of that Annex, and one Member State had called for additional information on the analyses relating to modified or new interventions, and had proposed that paragraph 1 of the draft resolution contained in that report should be bracketed and that the Secretariat should brief Member States on the underlying analyses prior to the Seventieth World Health Assembly. Annex 2 to the report contained a draft approach that could be used to register and publish contributions of non-State actors to the achievement of the nine voluntary targets for noncommunicable diseases. Four Member States had taken the floor to refer to that Annex, and the Board had taken note of the draft approach and encouraged the Secretariat to complete its work. Annex 3 contained the proposed workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases, covering the period 2018–2019. Three Member States had referred to that Annex and the Board had taken note of the proposed workplan. He invited the Committee to approve the draft resolution contained in resolution EB140.R7.

The CHAIRMAN recalled that the Secretariat had organized an extensive information session for Member States on 24 April 2017 in Geneva in response to Member States' requests for additional information with a view to understanding the underlying analysis related to the draft updated Appendix 3, and an additional technical briefing on the related evidence. All requested additional

¹ See the summary records of the General Committee, second meeting, section 3.

information, including a list of 50 questions received from Member States and the answers provided by the Secretariat, had been published on the WHO website.

The representative of the PHILIPPINES said that she supported the draft resolution. In its capacity as Chair of the Association of Southeast Asian Nations in 2017, the Philippines would take the lead in implementing the Association's regulatory reforms relating to noncommunicable diseases and would support global advocacy on the prevention and control of those diseases through the sharing of best practices. The Philippines was also formulating a strategic national plan on noncommunicable disease prevention and control.

The representative of SRI LANKA, speaking on behalf of the Member States of the South-East Asia Region, said that the harmful use of alcohol increased mortality and morbidity and had a significant social and economic impact in several countries in the Region. There was evidence that alcohol advertising and subsequent alcohol consumption among young people were linked. Moreover, efforts by many developing countries to address the socioeconomic and health challenges posed by the harmful use of alcohol were being undermined by strong political and economic pressure from the alcohol industry. The harmful use of alcohol was an issue that required urgent attention. She called on the Director-General to establish, and allocate resources to, an expert committee to report on alcohol control prior to the third High-level Meeting.

The representative of THAILAND said that his country experienced the highest alcohol consumption among people aged over 15 years in the South-East Asia Region. By increasing taxes on alcoholic beverages, Thailand had successfully reduced alcohol consumption and alcohol-related harm. To implement the objectives contained in the draft updated Appendix 3, the Secretariat should help Member States to develop effective community-based interventions, adopt a total risk approach and develop a composite risk index for all noncommunicable diseases, and strengthen multisectoral collaboration, including with non-State actors, with a view to adopting a Health in All Policies approach. He expressed support for the draft resolution.

The representative of TUVALU, speaking on behalf of the Member States of the Western Pacific Region, said that the efforts exerted by Member States in the Region to combat noncommunicable diseases had been insufficient; further steps were therefore needed to address tobacco use, unhealthy diets, physical inactivity and the harmful use of alcohol. Those steps included the imposition of taxes with a view to modifying behaviour. The Region had established the Pacific Monitoring Alliance for Noncommunicable Disease Action and had made progress in developing legislative frameworks to address noncommunicable diseases. He particularly welcomed the inclusion in the draft updated Appendix 3 of the recommendation that sugar consumption should be reduced through effective taxation on sugar-sweetened beverages, a step that Member States in the Region had already taken. He supported the draft resolution.

The representative of QATAR, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the Region had developed a clear road map to tackle noncommunicable diseases, which contained the priority areas of governance; prevention and reduction of risk factors; surveillance, monitoring and evaluation; and health care. Furthermore, in 2014, the Regional Committee for the Eastern Mediterranean had adopted an updated regional framework for action and a set of progress indicators that were fully aligned with the 10 progress monitoring indicators developed by the Organization. The Secretariat and partners of the Organization must scale up their support to Member States to help them to develop and implement national road maps on noncommunicable diseases and assess progress in that area.

The representative of BRAZIL, speaking on behalf of the Member States of the Region of the Americas, said that the Region was addressing its heavy burden of noncommunicable diseases through the implementation of a plan of action that was in line with the global action plan for the prevention and control of noncommunicable diseases 2013–2020, but that further efforts were needed to ensure that regional goals on noncommunicable diseases were met. To address noncommunicable diseases effectively and manage their risk factors, it was necessary to implement whole-of-government and whole-of-society approaches. Strong political will, investment coordination and cooperation were necessary to address the social, economic, political and capacity-related challenges underpinning noncommunicable diseases, and to address the interconnected and interdependent nature of the epidemic. The Secretariat should further support Member States to develop multisectoral responses and build capacities based on scientific evidence, best practices and national priorities. It should also provide guidance on how governments could meet their commitments, and facilitate cooperation and multistakeholder engagement with a view to implementing the global action plan for the prevention and control of noncommunicable diseases 2013–2020. The Organization must also collaborate with other agencies to address environmental health risks. Speaking in her national capacity, she underscored her preference for the original wording of the draft resolution contained in resolution EB140.R7.

The representative of TURKEY said that the structural obstacles arising from the multisectoral nature of tackling noncommunicable diseases gave WHO an opportunity to increase the scope of its strategy to combat those diseases and the number of partners it worked with. The fight against noncommunicable diseases could not be fought by governments and WHO alone; rather, it was a shared responsibility requiring a division of labour based on the comparative advantages of all relevant entities within the United Nations system. The contributions of non-State actors should also be more visible. That division of labour would help the Organization to reduce its workload and increase efficiency. Turkey was collecting the results of its initiatives to combat noncommunicable diseases, particularly with regard to tobacco consumption, obesity and physical inactivity, in the second phase of its health transformation programme. Turkey had also been visited by the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases in 2016, which had greatly contributed to its work in that area.

The representative of FRANCE commended WHO's approach, which focused on patients and therapeutic literacy, and encouraged a multifactorial vision in terms of treatment options. Intervention measures could be behavioural and pharmacological and could include: making shared decisions with patients regarding their needs and priorities; medicinal and non-medicinal treatment options that went beyond "recommendations" and that supported patients in changing their habits; and an approach that was not purely pharmacological and that took into account the risks of overmedication and polymedication, the weighing of pros and cons, and the uncertainty in therapeutic choices. It was imperative to consider the rights of patients, the quality of practices and the efficiency of systems. Regarding the draft updated Appendix 3, discussions must focus on technical considerations and should not be politicized. Appendix 3 should serve as a tool providing a list of options to be adapted in line with national circumstances, as opposed to a set of obligatory measures.

The representative of the UNITED STATES OF AMERICA expressed concern about some interventions in the draft updated Appendix 3 as there was limited evidence available on their effectiveness in achieving public health goals. In contrast to the original version of Appendix 3, the draft updated version presented more specific interventions, prepared through a technical process. The proposed policy options and interventions should be considered in the context of the broader global action plan for the prevention and control of noncommunicable diseases 2013–2020, and Member States should consider additional evidence-based strategies, in line with their particular circumstances. He was concerned about the use of the term "subsidies" and noted that countries must implement

subsidies in accordance with their international trade obligations. The Health Assembly should note the draft implementation plan, as it was a technical document. He proposed that the word “ENDORSES” in the first paragraph of the draft resolution should be replaced by “NOTES”. He also proposed the insertion of an operative paragraph, 1bis, which would read:

“ACKNOWLEDGES that the updated Appendix 3 provides information and guidance for Member States to consider in developing strategies for prevention and control of noncommunicable diseases to achieve the nine voluntary global targets of the global action plan for the prevention and control of noncommunicable diseases 2013–2020 and that these strategies should be cost-effective, evidence-based and include a life course approach using a combination of population-wide and individual interventions including best practices and voluntary approaches, as appropriate, for national context (without prejudice to the sovereign rights of nations to determine taxation, among other policies)”

Identifying suitable options required more analysis of local disease burdens, population dynamics and feasibility. Consideration should be given to health, economic, social and contextual factors, as well as countries’ domestic and international obligations. Additional options not presented in the draft updated Appendix 3, including best practices and voluntary approaches, might also be suitable and should be considered in an overall strategy against noncommunicable diseases.

The representative of BAHRAIN said that his country had made significant progress in its efforts to combat noncommunicable diseases and that his Government was working with a wide range of nongovernmental and regional actors to that end. He expressed his appreciation for the technical assistance provided to his country by the Secretariat and looked forward to further engagement with the Organization with a view to addressing noncommunicable diseases and achieving the Sustainable Development Goals. He supported the draft resolution.

The representative of BANGLADESH said that his country had made progress in meeting its targets for noncommunicable diseases, particularly through a new multisectoral action plan for the prevention and control of those diseases. Multisectoral action and accountability in that area were essential and further technical support would be appreciated. He welcomed the broadened scope of the measures reviewed in the draft updated Appendix 3, as well as the guidance provided on cost-effective interventions, which would help countries to prioritize their efforts to combat noncommunicable diseases.

The representative of DENMARK, speaking also on behalf of the Nordic and Baltic countries Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, noted that the draft updated Appendix 3 was provided under WHO’s normative role and must remain a technical document. Although she would endorse the draft updated Appendix 3, she was concerned about underfunding for noncommunicable diseases in the programme budget and urged Member States to provide fully flexible contributions and redouble their efforts to achieve target 3.4 of the Sustainable Development Goals. Despite recent progress, much time had been spent on issues of process rather than substance, and there was a risk of losing momentum. Thus, she looked forward to generating more ideas on health promotion before the third High-level Meeting.

The representative of the NETHERLANDS drew attention to the global burden of noncommunicable diseases and to the limited medical options available to treat them. To tackle noncommunicable diseases and ensure that future generations were healthy, it was necessary to focus on prevention and the creation of a health-promoting environment. There was a need for a system in which being healthy did not depend on people’s financial situations and in which health was not a matter of choice, but a logical and direct consequence of people’s communities. Policies must be drawn up to create health-promoting environments that would prevent people from becoming patients.

The representative of THE RUSSIAN FEDERATION said that achieving the noncommunicable disease-related Sustainable Development Goals required the creation of a single health-enabling environment that brought together all relevant stakeholders, including patient groups and the business community. Prevention and control of such diseases should remain a key area of the Organization's work and she shared the concern about proposed budget cuts in that area. Her Government was considering making a contribution to the WHO-UNDP Global Joint Programme to Activate National Responses to Noncommunicable Diseases. At the regional level, it had supported the establishment of the WHO geographically dispersed office on noncommunicable diseases in Moscow and undertaken to finance its activities. That office had become a centre of best practices. She welcomed the report of the Director-General, including, in particular, the list of policy options for tackling noncommunicable diseases.

The representative of INDIA welcomed the draft updated Appendix 3, which provided additional policy options for tackling noncommunicable diseases. He noted, however, that those policy options placed too much focus on changing the behaviour of individuals, rather than addressing the social determinants of health and health systems strengthening. His Government had submitted detailed comments in that regard to the Executive Board in January 2017. Moreover, flexibility was needed to take into account country contexts and priorities. He therefore proposed that paragraph 1 of the draft resolution should be amended to read: "ENDORSES the updated Appendix 3 to the global action plan for the prevention and control of noncommunicable diseases 2013–2020, as applicable in the country context and priorities". Subject to those comments, his Government was prepared to work with the Secretariat and other Member States to reach consensus on the draft resolution.

The representative of INDONESIA endorsed the report, but called for further attention to be paid to large-scale coverage to safeguard community access to the high-quality services to tackle noncommunicable diseases, which was crucial in efforts to achieve target 3.4 of the Sustainable Development Goals. She also proposed that Annex 2 should make reference to the experiences of Member States in tackling noncommunicable diseases. She supported the draft resolution.

The representative of JAPAN welcomed the draft resolution. Her Government would continue to support global action to combat noncommunicable diseases through WHO programmes and the United Nations Inter-agency Task Force, and in other settings.

The representative of ESTONIA, speaking also on behalf of Latvia and Lithuania, said that he shared the concerns expressed by the delegate of SRI LANKA regarding the harmful use of alcohol. Further discussions at WHO were needed on the impact of the global strategy to reduce the harmful use of alcohol. In that regard, he underscored that WHO provided an excellent platform for discussions on cross-border issues related to the harmful use of alcohol, such as alcohol advertising through digital media. The fact that the WHO Expert Committee on Problems Related to Alcohol Consumption had last met in 2006 was of concern; the situation had changed significantly since then. He supported Sri Lanka's request to the Director-General to establish an expert committee to report on the progress made on alcohol control prior to the third High-level Meeting.

The representative of OMAN endorsed the draft resolution but emphasized that Member States must be given sufficient time to prepare for that important meeting so that their position on the subject at the global and regional levels could be known. The establishment of a United Nations coordinating group to provide technical support and to follow up on implementation of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases had played a major role in building momentum and pushing Member States to achieve progress.

The representative of LIBERIA said that noncommunicable diseases were an emerging threat to public health in sub-Saharan Africa. Regrettably, however, the African Region lacked the necessary resources to regulate the trade in commodities that contributed to the spread of those diseases. Excessive alcohol use, especially by young people, was becoming prevalent, and alcohol was even packaged in ways that made it accessible to children. She supported the draft resolution and urged all Member States to endorse it, particularly in the context of the forthcoming High-level Meeting and the well documented interference from industry in policy-making on issues such as marketing restrictions and the taxation of unhealthy commodities.

The representative of VIET NAM said that her country faced a high noncommunicable disease burden but, with the support of the Secretariat, was tackling the problem through a multisector national strategy, legislative measures and increased excise taxes on tobacco and alcohol. Based on WHO recommendations, an action plan on reduction of salt intake in the community was also being developed. With regard to noncommunicable disease surveillance, Viet Nam had conducted a survey in 2015 to provide baseline data for the monitoring and evaluation of its national noncommunicable disease targets and indicators. It was also developing a model for the prevention and management of those diseases at the primary health care level, which would be expanded in the coming years. She supported the draft resolution.

The representative of MEXICO said that the activities already under way in his country to address obesity, cardiovascular diseases and diabetes were aligned with the policy options presented in the report. Mexico stood ready to share its successes with a view to facilitating implementation of the proposed workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases, covering the period 2018–2019. In that regard, his country had: improved access to medicines and laboratory studies for persons with cardiovascular diseases and diabetes; facilitated the training of health care professionals in primary health care; and made use of information technologies to optimize health care systems. He welcomed the draft updated Appendix 3 and urged Member States to implement the new interventions therein. He also called on Member States to take action to attain the objectives established at the previous High-level Meeting, held in 2014, and report significant progress in that regard at the third High-level Meeting, to be held in 2018. He supported the draft resolution without amendment.

(For continuation of the discussion, see the summary records of the fifth meeting, section 3.)

The meeting rose at 18:00.

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