PROVISIONAL SUMMARY RECORDS OF THE SIXTH MEETING

Palais des Nations, Geneva
Monday, 29 May 2017, scheduled at 14:30

Chairman: Dr M. JOSEPH (Antigua and Barbuda)
later: Dr M. MIKLOSI (Slovakia)

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COMMITTEE B

SIXTH MEETING

Monday, 29 May 2017, at 14:35

Chairman: Dr M. JOSEPH (Antigua and Barbuda)
Later: Dr M. MIKLOSI (Slovakia)

NONCOMMUNICABLE DISEASES: Item 15 of the agenda (continued) [transferred from Committee A] 1

Draft global action plan on the public health response to dementia: Item 15.2 of the agenda (documents A70/28 and EB140/2017/REC/1, decision EB140(7)) (continued from the fifth meeting, section 3)

The representative of BANGLADESH said that it was essential to align the action plan on dementia with efforts to address noncommunicable diseases, in particular mental health and neurological disorders. Such coordination would ensure that shared issues of concern, including the promotion of the rights of persons with disabilities and the need to strengthen the health system response, were addressed effectively. Prioritization of mental health was urgently needed at all levels. Her Government welcomed the draft action plan.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS’ FEDERATION, speaking at the invitation of the CHAIRMAN, said that pharmacists should be integrated into the care of those affected by dementia, since they were in a prime position to assist with medication adherence and educate caregivers on indication, administration and side-effects of medication. Her federation was committed to joining the public health response to dementia, and urged societies, governments and organizations to take action to promote pharmacists as key providers of dementia care.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, commended the Secretariat for its vision and leadership in addressing dementia. She expressed support for the draft plan and its seven action areas, in particular the need to advance research and innovation. Drug development for dementia was challenging, due to lower success rates, longer development times and difficulties recruiting trial participants. WHO’s push to increase research investment to help to incentivize research and to accelerate the development of new therapies and diagnostics was commendable.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health) thanked Member States for their comments on the draft global action plan on the public health response to dementia. The request made by China regarding the addition of a new paragraph after paragraph 14 had been duly noted and would be taken into account. The Secretariat would do its utmost to act on the suggestions made by the Committee rapidly, effectively and in a collaborative

1 See the summary records of the General Committee, second meeting, section 3.
spirit. He agreed that more resources should be allocated to dementia through the programme budget in order strengthen WHO’s capacity in that regard at the three levels of the Organization. While in the past, the term “palliative care” had been synonymous with opioid therapy and acute pain relief, that understanding was expanding to encompass all aspects of hospice care and support. Dementia was a key example of the broad scope and importance of palliative care, beyond physical pain relief, to provide a support network to patients and their families when all other medical interventions had been exhausted. The CHAIRMAN invited the Committee to approve the draft decision recommended by the Executive Board in decision EB140(7).

The draft decision was approved.¹

Public health dimension of the world drug problem: Item 15.3 of the agenda (document A70/29)

The CHAIRMAN drew attention to a draft decision proposed by the delegations of Argentina, Australia, Colombia, Costa Rica, Georgia, Montenegro, Netherlands, Norway, Panama, South Africa, Sweden, Switzerland, Uruguay and Zambia, which read:

The World Health Assembly, having considered the report of the Secretariat,²

(1) Welcome[d] the progress to strengthen and expand existing cooperation on the public health-related aspects of the world drug problem, including the signing of the Memorandum of Understanding between the World Health Organization and the United Nations Office on Drugs and Crime in February 2017;

(2) Recognized the need for intensified efforts to support Member States, upon request, in addressing and countering the world drug problem in accordance with a comprehensive, integrated and balanced approach;

(3) Requested the Director-General to continue efforts to improve coordination and collaboration of the WHO with the UNODC and INCB, within their existing mandates, in addressing and countering the world drug problem;

(4) Requested the Director-General to report on the implementation of this decision to the Seventy-first, Seventy-third and Seventy-fifth World Health Assemblies, and to continue to keep the Commission on Narcotics Drugs, considering its treaty based mandates, appropriately informed of relevant programmes and progress.

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

¹ Transmitted to the Health Assembly in the Committee’s third report and adopted as decision WHA70(17).
² Document A70/29.
**Decision:** Public health dimension of the world drug problem

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

1. **Outcome(s) in the Twelfth General Programme of Work, 2014–2019 and output(s) in the Programme budget 2016–2017 to which this decision would contribute if adopted.**

   **Twelfth General Programme of Work, 2014–2019 outcome(s):**
   - Increased access to key interventions for people living with HIV;
   - Increased access to services for mental health and substance use disorders;
   - Improved access to, and rational use of, safe, efficacious and quality medicines and health technologies.

   **Programme budget 2016–2017 output(s):**
   - Output 1.1.1. Increased capacity of countries to deliver key HIV interventions through active engagement in policy dialogue, development of normative guidance and tools, dissemination of strategic information, and provision of technical support;
   - Output 1.1.2. Increased capacity of countries to deliver key hepatitis interventions through active engagement in policy dialogue, development of normative guidance and tools, dissemination of strategic information, and provision of technical support;
   - Output 2.2.3. Expansion and strengthening of country strategies, systems and interventions for disorders caused by alcohol and other psychoactive substance use enabled;
   - Output 4.3.1. Countries enabled to develop or update, implement, monitor and evaluate national policies on better access to medicines and other health technologies; and to strengthen their evidence-based selection and rational use.

### B. Budgetary implications

1. **Estimated total cost to implement the decision if adopted, in US$ millions:** US$ 12.85 million.
   - Biennium 2016–2017: US$ 1.35 million
   - Biennium 2018–2019: US$ 5.75 million
   - Biennium 2020–2021: US$ 5.75 million
   - Total: US$ 12.85 million

2.a. **Estimated additional budgetary requirements in the current biennium, in US$ millions:** US$ 1.35 million.
   
   With the following additional deliverables, scaling up WHO–UNODC–INCB collaboration responding to increased country needs with effective coordination and implementation mechanisms, US$ 0.3 million can be accommodated within the existing ceiling budget.

2.b. **Resources available during the current biennium**
   - Resources available in the current biennium to fund the implementation of the decision if adopted, in US$ millions:
     - US$ 0.3 million.
  Cost: US$ 1.35 million
  Available resources: US$ 0.30 million
  Financing gap: US$ 1.05 million.

– Estimated resources, not yet available, which would help to close any financing gap, in US$ millions:
  US$ 1.05 million.

3. Estimated additional budgetary requirements in 2018–2019 (if relevant), in US$ millions:
  US$ 5.75 million.

Has this been included in the Proposed programme budget 2018–2019?
Yes.

4. Estimated additional budgetary requirements in future bienniums (if relevant), in US$ millions:
  US$ 5.75 million.

The representative of COLOMBIA said that she welcomed the increased public health focus on the world drug problem. People-centred, rights-based drug policies were essential. Cooperation among United Nations entities should continue to be strengthened. WHO had a technical and scientific role to play in prevention, early intervention, treatment and harm reduction, as well as in strengthening information systems and providing access to controlled medicines for medical and scientific purposes as part of a balanced national drug policy. She welcomed the signing of the Memorandum of Understanding between WHO and UNODC. The proposed draft decision was the result of a comprehensive consultative process between several Member States, and reflected a balance of the various views on the issue. Its primary objective was to improve coordination and collaboration between United Nations entities.

The representative of IRAQ highlighted the importance of the work of UNODC and the involvement of health ministries, and said that efforts to address the world drug problem should integrate governmental and nongovernmental groups alike. Centres to treat drug users should be established. Tobacco use should also be examined in all its forms. Mental health should be included in primary health care policies.

The representative of TOGO, speaking on behalf of the Member States of the African Region, said that urgent action was needed to strengthen intersectoral collaboration and to strengthen financing and governance. Increasing drug use among adolescents in school settings in the Region was particularly worrying, and the strategies and structures currently in place were inadequate to address the situation. WHO should intensify its efforts in the areas of prevention, treatment, care, harm reduction, recovery, rehabilitation and social reintegration, and strengthen its multisectoral mechanisms. Particular focus should be given to prevention strategies aimed at children and adolescents, which involved the community, family and schools. WHO should continue its efforts in cooperation with UNODC to implement international standards on the treatment of drug use disorders, while strengthening health systems and building intersectoral collaboration. WHO, with UNODC and the International Narcotics Control Board, should work to improve the availability and surveillance of controlled medicines for medical and scientific purposes.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that 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. She welcomed the signing of the Memorandum of Understanding between WHO and UNODC on renewed collaboration, and looked forward to the leadership and commitment of the Director-General elect in that regard. Indicators were required for the recommendations emanating from the special session of the United Nations General Assembly on the world drug problem to track progress and promote objective information gathering and evidence-based discussions. Cooperation should be strengthened between UNODC, WHO, the International Narcotics Control Board and other relevant United Nations bodies and international organizations. She welcomed WHO’s efforts to review substances for international control and safeguard access to controlled medicines for medical and scientific purposes, and said that surveillance of new psychoactive substances should be enhanced to ensure that the most harmful, prevalent and persistent substances were prioritized for review. The United Nations Commission on Narcotic Drugs would convene a ministerial segment at the next United Nations high-level review in 2019, a milestone event for the future of international drug policy, to review the 2009 Political Declaration and Plan of Action. She urged WHO to contribute to the preparations for that meeting and promote the public health and human rights perspectives. She supported the draft decision.

The representative of BANGLADESH, welcoming the report by the Secretariat, said that Bangladesh was not only a transit country but also one where narcotic or illicit substances were used, and where there was a tradition of opium and cannabis use. New rules had been instituted to strengthen control over psychoactive drugs. Substance abuse among young people and the links with mental health issues were priority issues for her Government. Due to its proximity to heroin-producing areas in South-East Asia, Bangladesh had imposed restrictions on the import of drug precursors. She called upon Member States to enforce international measures to stop illegal drug trafficking.

The representative of the PHILIPPINES said that she welcomed the report by the Secretariat and echoed the need for a multisectoral, coordinated response. A public health approach to the world drug problem should include preventive education, treatment, rehabilitation, community interventions, social integration and outreach. Efforts to accelerate access to controlled medicines for medical and scientific purposes were appreciated. She looked forward to working with WHO on treatment for substance abuse victims and called on the Secretariat to assist her Government in enhancing the capacities of the health and social services to facilitate collaboration with the justice, law enforcement and education sectors, and establishing a monitoring mechanism for the collection and analysis of accurate data to help to guide the response to the world drug problem.

The representative of PORTUGAL said that a public health and human rights approach would be essential to address the world drug problem. Such an approach had yielded positive results in his country. He welcomed WHO’s work in that area, as well as its strengthened cooperation with UNODC, in particular through the Memorandum of Understanding. He supported the draft decision and asked for Portugal to be added to the list of sponsors.

The representative of JAMAICA said that he welcomed the Memorandum of Understanding and acknowledged WHO’s efforts to address the world drug problem as a public health issue. He welcomed WHO’s planned review of the classification and regulation of cannabis under the United Nations Single Convention on Narcotic Drugs, through the Expert Committee on Drug Dependence. The review should assess the medical utility of cannabis, which should be determined by scientific, evidence-based analysis. The Secretariat should provide leadership on the public health approach to the development of new policies on cannabis in many countries, and update Member States on work being done by the Expert Committee on Drug Dependence.
The representative of CANADA expressed support for a comprehensive, collaborative, compassionate and evidence-based approach to drug policy that took into account the social determinants of health. The outcome document of the 2016 special session of the United Nations General Assembly on the world drug problem constituted a clear statement by the international community that human rights must be respected in national drug policies, and that those policies should respond to the needs of vulnerable communities, including women, children and youth. She recognized the need for culturally appropriate approaches to drug policy, developed with respect for the unique circumstances of communities, including indigenous populations. Implementation of the operational recommendations contained in the 2016 special session outcome document should be a priority for the international community. She asked for Canada to be added to the list of sponsors of the draft decision.

The representative of VIET NAM said that she welcomed the emphasis on WHO’s role in the follow-up to the special session of the United Nations General Assembly on the world drug problem. Her Government had enacted several legislative texts to implement the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances and regularly cooperated with the International Narcotics Control Board. She welcomed WHO’s commitment to developing normative guidance and providing technical support to improve access to controlled substances for medical and scientific purposes; her Government was prepared to collaborate with other Member States on the implementation of such guidance. The Secretariat should continue its capacity-building efforts through the organization of drug-related training courses, which helped Member States to strengthen mechanisms to regulate controlled substances for medical and scientific purposes.

The representative of the UNITED STATES OF AMERICA said that she welcomed the report, and commended in particular the collaboration between WHO and the United Nations Commission on Narcotic Drugs, the implementation of the operational recommendations of the special session, and the conclusion of the Memorandum of Understanding between WHO and UNODC. She expressed appreciation for the focus on the threats posed by new psychoactive substances; WHO should prioritize the examination of the related public health challenges and share information regularly with the Commission on Narcotic Drugs, UNODC and the International Narcotics Control Board. She urged WHO to expedite its review of synthetic substances in that category to accelerate classification under the United Nations Single Convention on Narcotic Drugs and Convention on Psychotropic Substances. There should be an immediate critical review of carfentanil, which was playing a lethal role in the opioid overdose crisis in North America. She requested an update in that regard at the 142nd session of the Executive Board, and asked for the United States of America to be included in the list of sponsors of the draft decision.

The representative of NORWAY, drawing attention to the importance accorded to health and well-being in the Nordic welfare state model, the Sustainable Development Goals and the three main international drug control conventions, said that the world drug problem should be viewed from a public health perspective. Although clear global leadership had been lacking, the report by the Secretariat showed that progress was being made. The Government of Norway would support the Secretariat in strengthening its leadership on the public health dimension of the world drug problem and provide guidance regarding evidence-based drugs policies ahead of the next United Nations high-level review in 2019. He expressed support for the draft decision.

The representative of the RUSSIAN FEDERATION said that she welcomed the draft decision, which, thanks to the efforts made by the cosponsors since the 140th session of the Executive Board, was a balanced text. The Secretariat should update Member States regularly on its work with the Commission on Narcotic Drugs. Equal attention should be given to reducing both supply and demand of drugs. WHO should promote a healthy lifestyle, with the aid of cross-cutting, evidence-based
initiatives, in order to reduce demand for drugs. In addition to the economic, social and environmental determinants mentioned in the report, national legislation was an important factor that should be taken into account in drug control packages. She objected to the use of the term “harm reduction”, which did not have a universally accepted definition, and therefore should not be included as priority actions in national strategies to reduce drug use. The main public health goal should be to reduce the use of drugs for non-medical purposes, rather than reduce the harm associated with drug use.

The representative of INDIA said that he welcomed the collaboration between WHO and UNODC, which he hoped would also extend to the organizations’ field offices. His Government stood ready to work in partnership with WHO to field test the draft international standards for the treatment of drug use disorders, as it had a range of delivery models for addiction treatment services in a variety of settings. Despite steps to strengthen harm reduction in India, technical support would be welcome given the increasing number of cases of HIV infection among people who injected drugs. Technical support to implement the recommendations of a forthcoming national survey on substance use would also be useful. He supported the draft decision.

The representative of BELGIUM, drawing attention to the importance of health and welfare in the Universal Declaration of Human Rights and the international drug control conventions, said that ensuring access to controlled substances for medical and scientific purposes was an essential strategy in promoting health and well-being, as recognized in other international legal instruments and Health Assembly resolutions. Lack of access to controlled substances for medical and scientific purposes led to unnecessary suffering. She commended the policy work and technical support provided by WHO, the International Narcotics Control Board, UNODC and non-State actors involved in pain management and palliative care. She reaffirmed her Government’s commitment to support actions and policies on drugs to meet agreed goals and ensure respect for human rights.

The representative of GUATEMALA welcomed the report, noting in particular the Memorandum of Understanding between WHO and UNODC, and the outcome document of the special session of the United Nations General Assembly. He underscored the important role of WHO in fostering a balanced and evidence-based public health approach to the world drug problem. He expressed support for the draft decision, in particular the elements relating to collaboration, but regretted that, despite the broad and timely consultations with Member States, the draft did not contain an explicit reference to the special session of the United Nations General Assembly. The outcome document of the special session paved the way for substantial changes to be made at the next United Nations high-level review in 2019 in terms of human rights, the Sustainable Development Goals, access to controlled medicines for medical and scientific purposes and a coherent approach between WHO, UNODC, the Commission on Narcotic Drugs and the International Narcotics Control Board.

The representative of THAILAND said that she welcomed the commitment by WHO and UNODC to strengthen their collaboration. The emergence of new psychoactive substances could only be addressed through effective communication and cooperation between governments, the International Narcotics Control Board and the private sector. Demand-reduction programmes would be the most cost-effective measure in the long term. Drug control policy and practice should focus primarily on prevention, particularly among young people. Such an approach would also reduce the adverse health consequences associated with drug use, such as HIV transmission. Reliable data and information sharing were required to implement evidence-based policies and programmes to respond to drug-related public health challenges. The development of national database and analysis capacities would therefore be essential. She supported the draft decision.

The representative of SWITZERLAND said that she commended WHO’s commitment to the public health dimension of the world drug problem, and supported the draft decision. Both the
outcome document of the special session of the United Nations General Assembly and the 2030 Agenda for Sustainable Development drew attention to the importance of international cooperation. The Memorandum of Understanding recently concluded between WHO and UNODC was therefore particularly welcome, as was the adoption, by the Commission on Narcotic Drugs at its Sixtieth session, of resolution 60/6 (2017) on intensifying coordination and cooperation among United Nations entities and relevant domestic sectors, including the health, education and criminal justice sectors, to counter the world drug problem. The Secretariat should continue to work with all stakeholders, including civil society, to implement the recommendations contained in the outcome document of the special session of the United Nations General Assembly.

The representative of SINGAPORE said that drug abuse had a wide-ranging impact on society; taking a purely public health approach would not address the underlying social issues. Recreational drug use should not be normalized. There were no easy solutions to the world drug problem; each country must tailor its policies to suit its local context. She called on the international community to work together towards a drugs-free society.

The representative of MEXICO said that WHO’s capacities and activities must be enhanced at all three levels of the Organization to address the world drug problem in a comprehensive and balanced manner. The Organization had a key role to play gathering information on the impact of drug control programmes and awareness raising, and on scientific research with regard to substances under international control. Technical guidance should be issued on ensuring that drug policies were consistent with WHO’s work on noncommunicable diseases, mental health and the prevention of violence. WHO should also offer advice on treatment, prevention and promoting healthy lifestyles, and on standards for access to controlled substances. Data should be collected on substance use, and technical support provided for health systems strengthening. Implementation of the operational recommendations contained in the outcome document of the special session of the United Nations General Assembly required attention to cross-cutting social and economic factors, in particular public health, and the Secretariat should continue to foster open, transparent discussion on how it could work with governments in that regard.

The representative of AUSTRALIA reaffirmed Australia’s support for WHO’s role in addressing the public health-related aspects of the world drug problem in a collaborative effort across the United Nations system, and welcomed the signing of the Memorandum of Understanding between WHO and UNODC. Joint work to address the global disparity in access to controlled substances for medical purposes was particularly important, and cooperation with UNODC and the Union for International Cancer Control were particularly welcome in that regard. Coordination across all relevant United Nations entities would ensure a balanced approach to strengthening the response to the world drug problem.

The representative of the REPUBLIC OF KOREA said that in view of emerging challenges, such as the expansion of the online drug trade and the use of new psychoactive substances, cooperation between Member States and international organizations was increasingly important. She welcomed the Memorandum of Understanding concluded between WHO and UNODC and underscored the significant role of the Secretariat in promoting better and equal access to controlled substances for medical and scientific purposes by providing technical support to individual Member States. Her Government was building an advanced system to monitor the production, distribution and use of therapeutic narcotics, and was ready to share its experiences in that regard.

The representative of PANAMA said that it was essential to adopt a public health approach to the world drug problem, in order to tackle associated morbidity and mortality. Target 3.5 of the Sustainable Development Goals required Member States to enhance prevention and treatment of
substance abuse, including by ensuring access to affordable medicines. Drugs posed a common threat that required an integrated, balanced, inclusive and consistent approach. The outcome document of the special session of the United Nations General Assembly called for joint action across sectors and United Nations entities. While UNODC was the leading United Nations body responsible for tackling the world drug problem, WHO must also intensify its efforts, in order to ensure consistency between polices on public health and those on drugs. She welcomed the Memorandum of Understanding signed between WHO and UNODC and encouraged further efforts to strengthen that partnership, and progress in that regard should be reported to the Executive Board at its 142nd session. Improved coordination was key to preventing duplication of work between United Nations entities and other organizations and ensuring a coherent approach. She asked for her country to be included on the list of sponsors of the draft decision.

The representative of CHILE said that it was vital to address the issue of new synthetic substances, the chemical composition and toxic effects of which had not yet been sufficiently studied. While recreational drug use in Chile had traditionally revolved around cocaine and heroin derivatives, there had been a rise in synthetic drug use, including opioids and stimulants. The use of those new substances was spreading, and synthetic psychoactive drugs had become legal alternatives to controlled substances for medical and scientific purposes. They were easy and cheap to produce and market, and were not yet controlled by national or international authorities. Her Government encouraged enhanced cooperation between entities responsible for detecting and registering new drugs, and stressed that a more rapid response was required to keep up with emerging threats.

The representative of INDONESIA said that while in principle his Government welcomed the report by the Secretariat, improved synergies between the work of WHO and UNODC on the management of narcotic drugs and psychotropic and other addictive substances would allow for more systematic reporting of the health perspectives of the world drug problem. There should be cooperation to build a monitoring and surveillance system for substance use disorders, which could be implemented in Member States. People with substance abuse disorders should no longer be viewed as criminal offenders, in order to ensure that they received appropriate medical treatment.

The representative of BAHRAIN said that, to tackle the world drug problem, cooperation was required at the global and regional levels, among Member States, non-State actors and international organizations. WHO plans and strategies in that regard were welcome. In Bahrain, efforts to address the drug problem involved cooperation between the relevant ministries, civil society and non-State actors. He supported the draft decision, and emphasized the need for continued support from the Secretariat.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA said that she welcomed the report by the Secretariat and pointed out a correction to the terminology used in the Spanish language version. Her Government called for more intensive cooperation within the United Nations system to tackle the world drug problem, with a greater focus on prevention and health protection, including more work with grass-roots communities. The Bolivarian Republic of Venezuela had a State-run addiction treatment programme, and the Government worked together with other public bodies and the non-State sector to tackle the problem of drug use, address the links with mental health disorders and monitor data to obtain an overview of mortality and morbidity related to the use of psychotropic drugs.

The representative of CHINA said that she welcomed the report by the Secretariat and the Memorandum of Understanding concluded between WHO and UNODC. The world drug problem posed a threat to health, safety and well-being, and could only be successfully addressed through a multisectoral approach. The Secretariat played an important role, gathering data at the global and
regional levels, regularly updating prevention, treatment and intervention measures, cooperating with UNODC and other United Nations entities, developing international standards for prevention and treatment, and providing guidance and technical support to Member States. She cautioned against using the term “harm reduction” and advised that WHO should only use language recognized and accepted in the field of drug prevention and control, in order to avoid misunderstandings and spurious interpretations.

The representative of URUGUAY said that WHO should intensify its efforts to fulfil its mandate with regard to addressing the health dimension of the world drug problem, including through regulatory measures to ensure evidence-based policies relating to drug prevention, early intervention, treatment, harm reduction, rehabilitation and social reintegration. It was also important to collect data and identify and record national efforts and best practices. Capacity-building was vital to ensure that the Secretariat had the requisite means and resources to achieve its objectives. National and international policies on drugs should be people centred and all efforts to tackle the drug problem must uphold human rights, including the right to health.

The representative of the UNODC drew attention to its long-standing collaboration with WHO in various areas relating to drug control and Sustainable Development Goals 3 and 5, which constituted the core of the Memorandum of Understanding signed earlier in 2017. UNODC and the Secretariat jointly supported Member States in implementing the operational recommendations contained in the outcome document of the special session of the United Nations General Assembly. Joint work was also being done to update the international standards on drug use prevention, and expand implementation of the joint programme for drug dependence treatment and care. Moreover, they would continue to advocate jointly for services, and develop guidance documents, relating to HIV/AIDS. Annual joint consultations on new psychoactive substances had had an impact on the international community’s response, in particular prioritizing the most harmful substances for international control. WHO and UNODC would work together to expand the Joint Global Programme on access to controlled drugs for medical purposes, which addressed barriers to access and aimed to strengthen the capacity of the health care workforce, and would continue with joint data collection activities, and their joint chairmanship of the inter-agency technical working group on drug epidemiology. They would also work together to produce joint estimates on the number of people who injected drugs and those living with HIV.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, stressed the important role that pharmacists played, together with governments, in implementing strategies to mitigate drug-related harm, and drew attention to a report currently being drafted on pharmacists’ roles and contribution to harm reduction strategies. Pharmacists were also engaged in prevention campaigns on the risks of drug abuse, and his Federation had published a report providing an overview of addiction, prevention and care services in which pharmacists were involved, under the overarching theme of mental health. Given pharmacists’ expertise in the field of drug-related health issues, the International Pharmaceutical Federation would be pleased to contribute to the WHO mechanism for the surveillance of psychoactive substances, and to share its experience and knowledge.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, underscored the major impact of drug use and related disorders on public health and commended the efforts by WHO and UNODC to implement the health-related operational recommendations contained in the outcome document of the special session of the United Nations General Assembly. WHO guidelines on drug control should include prevention, early detection and intervention, harm reduction, treatment, care, recovery, rehabilitation and social reintegration. Governments could consider including evidence-based measures in their drug policies to
minimize the adverse health and social impact of drug abuse, including through medication-assisted therapy, injection equipment and opioid substitution and overdose prevention programmes. WHO should endeavour to address misconceptions among policy-makers and health professionals, and should strive to uphold the commitment undertaken at the special session of the United Nations General Assembly to improve access to controlled substances for medical and scientific purposes. Ministries should consult with health professionals to ensure the development of drug policies that were people-centred and promoted health, safety, well-being, dignity and human rights for all.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC. and THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIRMAN, urged the Committee to adopt the draft decision on the public dimension of the world drug problem, and welcomed the United Nations system-wide approach, through the special session of the United Nations General Assembly on the world drug problem, to implement people-centred, public health-oriented drug policies.

The representative of the ISLAMIC REPUBLIC OF IRAN said that cooperation among United Nations entities should be strengthened to tackle the world drug problem, and WHO should continue its efforts to improve coordination and collaboration with UNODC and the International Narcotics Control Board. He welcomed the comprehensive actions contained in the report by the Secretariat, which set out WHO’s planned contribution to implementing the outcome document of the special session of the United Nations General Assembly.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health) said that he welcomed the Committee’s comments and pledged the Secretariat’s commitment to implement the decision, if approved.

The Committee noted the report.

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

The draft decision was approved.¹

Dr Miklosi took the Chair.

Outcome of the Second International Conference on Nutrition: Item 15.4 of the agenda (document A70/30)

The representative of IRAQ said that strategies on nutrition and food security should be aligned with work on noncommunicable diseases, and should include data on primary health care. The role of State and non-State actors in activities to address nutrition and food security should be strengthened. Furthermore, data on nutrition must be examined, taking into consideration the Sustainable Development Goals.

The representative of QATAR, speaking on behalf of the Member States of the Eastern Mediterranean Region, expressed her appreciation for the Secretariat’s efforts to support Member States’ development and implementation of national action plans on nutrition, in line with internationally agreed goals and targets, by enhancing multisectoral coordination and setting coherent

¹ Transmitted to the Health Assembly in the Committee’s third report and adopted as resolution WHA70(18).
policies. International organizations and donors should coordinate resource mobilization efforts to support low- and middle-income countries affected by the double burden of malnutrition (undernutrition and overweight/obesity). Technical support was needed to address the social determinants of health and nutrition, and to strengthen food systems, promote healthy diets, and improve micronutrient intake. National policies and strategies should be enforced to regulate the marketing of unhealthy foods and non-alcoholic beverages to children, and of breast-milk substitutes. National, regional and international strategies must be implemented to promote nutrition and tackle diabetes, obesity, heart disease and anaemia.

The representative of the REPUBLIC OF KOREA, welcoming the work of WHO and partners on nutrition, reaffirmed that mothers, infants and children were key pillars of future growth and said that appropriate nutrition was essential for their well-being. In that regard, her Government had implemented a wide range of programmes to promote nutrition. National long-term plans were aimed at upholding the Government’s accountability, in line with the United Nations Decade of Action on Nutrition.

The representative of ARGENTINA said that while she supported the proposed cross-cutting and connected action areas of the work programme of the Decade of Action on Nutrition, outlined in the biennial report (document A70/30), they should be more explicit with regard to measures to protect vulnerable groups against the advertising of food products. Her Government was working to improve the nutritional quality of industrially produced foods, and had conducted national surveys to monitor progress.

The representative of BANGLADESH welcomed the inclusion of a nutrition goal in the 2030 Agenda for Sustainable Development and said that with regard to nutrition and food security, her Government had introduced innovative and cost-effective interventions, increased the allocation of resources and strengthened the links between policies on nutrition and on food safety. She asked what the practical implications were of the second recommendation contained in the Rome Framework for Action, on aligned health systems. The Secretariat should develop a monitoring mechanism to measure progress towards reaching global nutrition goals.

The representative of TURKEY said that nutrition policies were central to her Government’s strategic plans for health and development, which included increased investment, the elaboration of national dietary guidelines, the development of school programmes to promote nutrition, and the establishment of an intersectoral coordination mechanism.

The representative of ECUADOR, speaking on behalf of the Member States of the Region of the Americas, said that the Region had introduced effective measures to address malnutrition, which took into account the social determinants of health and which had increased awareness of and access to healthier nutrition options. Member States in the Region had successfully achieved target 1.c of the Millennium Development Goals, to halve the proportion of undernourished people by 2015 and were now committed to eradicating hunger and malnutrition by 2030. He expressed appreciation for WHO’s and FAO’s joint leadership of the Decade of Action on Nutrition and welcomed the framework endorsed by the Committee on World Food Security to increase its contribution in the fight against malnutrition. WHO should boost its collaboration with FAO to help governments to introduce policies and programmes to address undernutrition.

The representative of BHUTAN, speaking on behalf of the Member States of the South-East Asia Region, said that food safety was a major public health issue and that pesticide and chemical contamination of the environment and food chain was a serious concern in the Region. More concerted multisectoral action to safeguard people’s health was therefore necessary. Member States in the
Region were working to improve nutrition quality and dietary requirements, taking a life course approach. Most countries faced the double burden of persistent undernutrition and coexisting overweight and obesity. Programmes on nutrition and diet-related noncommunicable diseases should be further aligned to ensure dual benefits. The engagement of non-State actors must be harnessed and intensified, and high-level political support and sustained resources were required to implement national policies and programmes under the Decade of Action on Nutrition.

The representative of THAILAND said that many countries still lagged behind in achieving exclusive breastfeeding, and that doing so required continuous political support and improved labour laws supporting maternity and paternity leave. She expressed appreciation for the ethical and scientific leadership provided by WHO and UNICEF, which had supported her Government in introducing legislation on the marketing of breast-milk substitutes, thereby safeguarding public health from conflicts of interest. The Secretariat and partners of the Organization should provide support to Member States in strengthening nutrition programmes at all levels and enhancing the capacities and the distribution of nutrition professionals.

The representative of INDIA outlined the measures taken by his Government regarding nutrition. Noting the challenges of malnutrition and undernutrition in his country, he said that capacity gaps persisted in the regulatory means to promote healthy diets, which stemmed from, among other issues, difficulties in mobilizing financial resources. The outcomes of the Second International Conference on Nutrition did not sufficiently address such challenges. Further consideration should therefore be given to how those issues should be handled, in order to tackle malnutrition and undernutrition.

The representative of SLOVAKIA said that her Government supported goal setting and joint activities in the context of intergovernmental cooperation, and in collaboration with the food industry and other stakeholders, to address the issue of poor nutrition. It was of utmost importance to combine approaches on food reformulation to improve the health of populations in the long term. Her Government had implemented a number of measures, including an action plan on food and nutrition for 2017–2025.

The representative of ZAMBIA said that his Government had taken multiple actions to address the increasing prevalence of undernutrition and overnutrition in the country, including the creation of a department of health promotion, and the establishment of a national food and nutrition commission, through which the national “Scaling up Nutrition project” was being implemented.

The representative of the UNITED STATES OF AMERICA said that the Decade of Action on Nutrition afforded an important opportunity to strengthen cross-sectoral action to address the nutrition challenges facing populations. While the progress highlighted in WHO’s second Global Nutrition Policy Review (2016–2017) was welcome, additional efforts were needed to meet the shared objectives on nutrition. The work programme for the Decade of Action on Nutrition should be systematically strengthened as new evidence became available. Member States should consider establishing public–private partnerships to develop and implement effective nutrition programmes, as part of a comprehensive policy approach to achieve nutrition goals. Ongoing technical cooperation and exchanges would be welcome as Member States pursued policy options to implement the Framework for Action.

The representative of GUINEA, speaking on behalf of the Member States of the African Region, welcomed the Rome Declaration on Nutrition and the Framework for Action, and called on other Member States to note the biennial report, contained in document A70/30.
The representative of JAPAN said that a multisectoral approach was needed to address the wide range of nutrition-related challenges, particularly cooperation between the health and agricultural sectors. His Government had coordinated several initiatives on nutrition, including the G7 International Symposium on Food Security and Nutrition. Food security and improved nutrition were key to enhancing the well-being of populations, and all stakeholders should strengthen their commitment to achieving the 2030 Agenda for Sustainable Development at the global level. WHO should play a central role in the health-related efforts to address nutrition-related issues.

The representative of NORWAY welcomed the inclusion of sustainable, resilient food systems for healthy diets as one of the six action areas of the Decade of Action on Nutrition. To move the nutrition agenda forward, shared knowledge and experience must be developed. Norway was a major contributor to seafood and marine research at the international level. His Government considered that the development of responsible fisheries and aquaculture was fundamental to achieving the Sustainable Development Goals and therefore wished to establish, in collaboration with other interested Member States, an action network on sustainable food from the oceans to ensure food security and appropriate nutrition.

The representative of COSTA RICA said that, in order to enhance food security capacity, the Health Assembly and the FAO Conference should approve the proposal for the establishment of a world food safety day, which had been put forward at the Thirty-ninth session of the Codex Alimentarius Commission in 2016.

The representative of FRANCE said that his Government had done much to address challenges relating to nutrition, including taking steps to implement the European Union Action Plan on Childhood Obesity 2014–2020 and the WHO European Food and Nutrition Action Plan 2015–2020, and developing a roadmap to improve nutrition among vulnerable populations. He encouraged other Member States to participate in the Scaling Up Nutrition project, in which France was playing an active part. The fight against all forms of malnutrition required a multisectoral approach, in which WHO’s role was indispensable.

The representative of the RUSSIAN FEDERATION drew attention to various actions undertaken by her Government to address the issue of nutrition, including implementing interdisciplinary and intersectoral measures to ensure healthy nutrition for all population groups, developing a food security plan and a national policy on healthy nutrition, and standard setting for energy and nutritional requirements. It was important to prioritize scientific research on nutrition, and the practical implementation of such research, as a means of tackling noncommunicable diseases and increasing the effectiveness of medical treatment.

The representative of BRAZIL said that WHO, FAO and other stakeholders must step up activities to implement the recommendations contained in the Framework for Action, in order to achieve existing global targets by 2025, and the relevant goals of the 2030 Agenda for Sustainable Development. His Government had been the first to present its specific, measurable, achievable, relevant and time-bound commitments to WHO, and he encouraged other Member States to follow suit. He looked forward to the exchange of experiences and best practices on effective policies to address all forms of malnutrition and to accelerate global progress on implementing the Decade of Action on Nutrition.

The representative of AUSTRALIA said that Australia recognized the need for a holistic, interdisciplinary and inclusive approach to nutrition. Ensuring the right to adequate food transcended many sectors of society. Australia was pleased to see that the commitments and recommendations of the Second International Conference on Nutrition were being implemented globally, resulting in
positive nutrition outcomes. Australia welcomed the continued progress on the work programme for the Decade of Action on Nutrition, and commended WHO and FAO on their ongoing collaboration.

The representative of the UNITED REPUBLIC OF TANZANIA said that while considerable progress had been made to address nutrition-related issues in his country, a high number of children under 5 years of age were still affected by stunting and malnutrition, and anaemia remained prevalent in many women and children. To overcome such challenges, his Government had undertaken several initiatives, such as the inclusion of nutrition as an integral component of a five-year development plan for 2016–2021, the development of a national multisectoral nutrition action plan, and the creation of a road map to engage the private sector in nutrition initiatives.

The representative of VIET NAM said that the double burden of malnutrition posed a major challenge for her country. In response, the Vietnamese Government had taken numerous measures, including the implementation of a national plan of action for nutrition and a national programme to reduce salt consumption. The Secretariat should enhance Member States’ capacities to address malnutrition, develop legislation on food safety and quality, and provide consumer information, while avoiding inappropriate marketing of unhealthy foods and non-alcoholic beverages. Collaboration between sectors such as agriculture and trade, to ensure sustainable, diversified and safe food systems, was also important.

The representative of INDONESIA outlined the various initiatives on nutrition undertaken by her Government, which included the improvement of evidence-based actions, and the launch of community-based electronic recording and reporting under the Rapid Response to Nutritional Crisis Project. The Secretariat should continue to support efforts to address all forms of malnutrition in Member States. Collaboration between Member States to share knowledge and best practices regarding nutrition was important.

The representative of BAHRAIN welcomed the outcome of the Second International Conference on Nutrition and the Framework for Action, which her Government had used as a basis to enhance interministerial cooperation. It was vital to strengthen the capacities of health care facilities, improve the quality of nutrition, and take the necessary measures to achieve nutrition-related goals, in accordance with national legislation. Her Government was committed to implementing the Rome Declaration on Nutrition.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA said that it was important to implement the institutional best practices for food safety and nutrition shared by the representatives of Iran, Norway, Indonesia and Thailand, and the MERCOSUR regulations issued by the Food Commission. Interagency collaboration with PAHO and FAO on the Sustainable Development Goals relating to health and hunger was essential.

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

The meeting rose at 17:30.