

## Fourth report of Committee B

(Draft)

Committee B held its seventh and eighth meetings on 30 May 2017 under the chairmanship of Dr Molwyn Joseph (Antigua and Barbuda), Dr Mario Miklosi (Slovakia) and Dr Slamet (Indonesia).

It was decided to recommend to the Seventieth World Health Assembly the adoption of the attached two decisions and three resolutions relating to the following agenda items:

15. Noncommunicable diseases

15.1 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

One resolution

15.5 Report of the Commission on Ending Childhood Obesity: implementation plan

One decision as amended

15.6 Cancer prevention and control in the context of an integrated approach

One resolution as amended

15.7 Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control

One decision as amended

15.8 Prevention of deafness and hearing loss

One resolution

## Agenda item 15.1

### **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**

The Seventieth World Health Assembly,

Recalling resolutions WHA66.10 (2013) on the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, and WHA69.6 (2016) on responses to specific assignments in preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable diseases; United Nations General Assembly resolutions 66/2 (2011) on the Political Declaration of the High-level Meeting, 68/300 (2014) on the outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases, 69/313 (2015) on the Addis Ababa Action Agenda, and 70/1 (2015) on the 2030 Agenda for Sustainable Development; and United Nations Economic and Social Council resolutions 2013/12, 2014/10, 2015/8 and 2016/5 on the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases,

1. ENDORSES the updated Appendix 3 to the global action plan for the prevention and control of noncommunicable diseases 2013–2020;
2. NOTES the workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases covering the period 2018–2019;
3. URGES Member States:<sup>1</sup>

(1) to continue to implement resolutions WHA66.10 (2013) on the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and WHA69.6 (2016) on responses to specific assignments in preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable diseases; United Nations General Assembly resolutions 66/2 (2011) on the Political Declaration of the High-level Meeting, 68/300 (2014) on the outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases, 69/313 (2015) on the Addis Ababa Action Agenda, and 70/1 (2015) on the 2030 Agenda for Sustainable Development; and United Nations Economic and Social Council resolutions 2013/12, 2014/10, 2015/8 and 2016/5 on the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, taking into account the updated Appendix 3 to the global action plan for the prevention and control of noncommunicable diseases 2013–2020;

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<sup>1</sup> And, where applicable, regional economic integration organizations.

(2) to support the preparation at the national, regional and international levels for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018;<sup>1</sup>

4. REQUESTS the Director-General to submit 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, to the Seventy-first World Health Assembly in 2018, through the Executive Board.

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<sup>1</sup> Document A70/27.

## Agenda item 15.5

### Report of the Commission on Ending Childhood Obesity: implementation plan

The Seventieth World Health Assembly, recalling, inter alia, the WHO Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition, resolution WHA69.9 (Ending inappropriate promotion of foods for infants and young children), resolution WHA66.10 (Follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases) which includes the WHO Global Action Plan for the Prevention and Control of NCDs 2013–2020, and the accountability and monitoring framework of ICN2; and having considered the report of the Commission on Ending Childhood Obesity: implementation plan,<sup>1</sup> decided:

- (1) to welcome the implementation plan<sup>2</sup> to guide further action on the recommendations included in the report of the Commission on Ending Childhood Obesity;
- (2) to urge Member States to develop national responses, strategies, and plans to end infant, child and adolescent obesity,<sup>3</sup> taking into account the implementation plan;<sup>2</sup>
- (3) to request the Director-General to report to the Health Assembly periodically on progress made towards ending childhood obesity, including on the implementation plan,<sup>2</sup> as part of existing reporting in respect of nutrition and noncommunicable diseases.

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<sup>1</sup> Document A70/31.

<sup>2</sup> See document A70/31, Annex.

<sup>3</sup> As defined in footnote 4 on page 3 of document A70/31.

## **Agenda item 15.6**

### **Cancer prevention and control in the context of an integrated approach**

The Seventieth World Health Assembly,

Having considered the report on cancer prevention and control in the context of an integrated approach;<sup>1</sup>

Acknowledging that, in 2012, cancer was the second leading cause of death in the world with 8.2 million cancer-related deaths, the majority of which occurred in low- and middle-income countries;

Recognizing that cancer is a leading cause of morbidity globally and a growing public health concern, with the annual number of new cancer cases projected to increase from 14.1 million in 2012 to 21.6 million by 2030;

Aware that certain population groups experience inequalities in risk factor exposure and in access to screening, early diagnosis and timely and appropriate treatment, and that they experience poorer outcomes for cancer; and recognizing that different cancer control strategies are required for specific groups of cancer patients, such as children and adolescents;

Noting that risk reduction has the potential to prevent around half of all cancers;

Aware that early diagnosis and prompt and appropriate treatment, including pain relief and palliative care, can reduce mortality and improve the outcomes and quality of life of cancer patients;

Recognizing with appreciation the introduction of new pharmaceutical products based on investment in innovation for cancer treatment in recent years, and noting with great concern the increasing cost to health systems and patients;

Emphasizing the importance of addressing barriers in access to safe, quality, effective and affordable medicines, medical products and appropriate technology for cancer prevention, detection, screening diagnosis and treatment including surgery by strengthening national health systems and international cooperation, including human resources, with the ultimate aim of enhancing access for patients, including through increasing the capacity of the health systems to provide such access;

Recalling resolution WHA58.22 (2005) on cancer prevention and control;

Recalling also United Nations General Assembly resolution 66/2 (2011) on the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, which includes a road map of national commitments from Heads of State and Government to address cancer and other noncommunicable diseases;

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<sup>1</sup> Document A70/32.

Recalling further resolution WHA66.10 (2013) endorsing the global action plan for the prevention and control of noncommunicable diseases 2013–2020, which provides guidance on how Member States can realize the commitments they made in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, including those related to addressing cancer;

Recalling in addition United Nations General Assembly resolution 68/300 (2014) on the Outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases, which sets out the continued and increased commitments that are essential in order to realize the road map of commitments to address cancer and other noncommunicable diseases included in the of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, including four time-bound national commitments for 2015 and 2016;

Mindful of the existing monitoring tool that WHO is using to track the extent to which its 194 Member States are implementing these four time-bound commitments to address cancer and other noncommunicable diseases, in accordance with the technical note<sup>1</sup> published by WHO on 1 May 2015 pursuant to decision EB136(13) (2015);

Mindful also of the WHO Framework Convention on Tobacco Control;

Also mindful of the Sustainable Development Goals of the 2030 Agenda for Sustainable Development, specifically Goal 3 (Ensure healthy lives and promote well-being for all at all ages) with its target 3.4 to reduce, by 2030, premature mortality from noncommunicable diseases by one third, and target 3.8 on achieving universal health coverage;

Appreciating the efforts made by Member States<sup>2</sup> and international partners in recent years to prevent and control cancer, but mindful of the need for further action;

Reaffirming the global strategy and plan of action on public health, innovation and intellectual property;

Reaffirming the rights of Member States to the full use of the flexibilities in the WTO Agreement on Trade-related Aspects of the Intellectual Property Rights (TRIPS) to increase access to affordable, safe, effective and quality medicines, noting that, inter alia, intellectual property rights are an important incentive in the development of new health products,

1. URGES Member States,<sup>2</sup> taking into account their context, institutional and legal frameworks, as well as national priorities:

(1) to continue to implement the road map of national commitments for the prevention and control of cancer and other noncommunicable diseases included in United Nations General Assembly resolutions 66/2 (2011) on the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and 68/300 (2014) on the Outcome document of the high-level meeting of the General Assembly on

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<sup>1</sup> Available at <http://www.who.int/nmh/events/2015/technical-note-en.pdf?ua=1> (accessed 19 May 2017).

<sup>2</sup> And, where applicable, regional economic integration organizations.

the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases;

(2) to also implement the four time-bound national commitments for 2015 and 2016 set out in the Outcome document, in preparation for a third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018, taking into account the technical note published by WHO on 1 May 2015, which sets out the progress indicators that the Director-General will use to report to the United Nations General Assembly in 2017 on the progress achieved in the implementation of national commitments, including those related to addressing cancer, taking into account cancer-specific risk factors;

(3) to integrate and scale up national cancer prevention and control as part of national responses to noncommunicable diseases, in line with the 2030 Agenda for Sustainable Development;

(4) to develop, as appropriate, and implement national cancer control plans that are inclusive of all age groups; that have adequate resources, monitoring and accountability; and that seek synergies and cost-efficiencies with other health interventions;

(5) to collect high-quality population-based incidence and mortality data on cancer, for all age groups by cancer type, including measurements of inequalities, through population-based cancer registries, household surveys and other health information systems in order to guide policies and plans;

(6) to accelerate the implementation by States Parties of the WHO Framework Convention on Tobacco Control; and, for those Member States that have not yet done so, to consider acceding to the Convention at the earliest opportunity, given that the substantial reduction of tobacco use is an important contribution to the prevention and control of cancer; and to act to prevent the tobacco industry's interference in public health policy for the success of reducing the risk factors of noncommunicable diseases;

(7) to promote the primary prevention of cancers;

(8) to promote increased access to cost-effective vaccinations to prevent infections associated with cancers, as part of national immunization schedules, based on country epidemiological profiles and health systems capacities, and in line with the immunization targets of the global vaccine action plan;

(9) to develop, implement and monitor programmes, based on national epidemiological profiles, for the early diagnosis of common cancers, and for screening of cancers, according to assessed feasibility and cost-effectiveness of screening, and with adequate capacity to avoid delays in diagnosis and treatment;

(10) to develop and implement evidence-based protocols for cancer management, in children and adults, including palliative care;

(11) to collaborate by strengthening, where appropriate, regional and subregional partnerships and networks in order to create centres of excellence for the management of certain cancers;

(12) to promote recommendations that support clinical decision-making and referral based on the effective, safe and cost-effective use of cancer diagnostic and therapeutic services, such as cancer surgery, radiation and chemotherapy, and facilitate cross-sectoral cooperation between health professionals, as well as the training of personnel at all levels of health systems;

(13) to mobilize sustainable domestic human and financial resources and consider voluntary and innovative financing approaches to support cancer control in order to promote equitable and affordable access to cancer care;

(14) to promote cancer research to improve the evidence base for cancer prevention and control, including on health outcomes, quality of life and cost-effectiveness;

(15) to provide pain relief and palliative care in line with resolution WHA67.19 (2014) on the strengthening of palliative care as a component of comprehensive care throughout the life course;

(16) to anticipate and promote cancer survivor follow-up, late effect management and tertiary prevention, with the active involvement of survivors and their relatives;

(17) to promote early detection of patients' needs and access to rehabilitation, including in relation to work, psychosocial and palliative care services;

(18) to promote and facilitate psychosocial counselling and after-care for cancer patients and their families, taking into account the increasingly chronic nature of cancer;

(19) to continue fostering partnerships between government and civil society, building on the contribution of health-related nongovernmental organizations and patient organizations, to support, as appropriate, the provision of services for the prevention and control, treatment and care of cancer, including palliative care;

(20) to work towards the attainment of Sustainable Development Goal 3, target 3.4, reiterating the commitment to reduce, by 2030, premature mortality from cancer and other noncommunicable diseases by one third;

(21) to promote the availability and affordability of quality, safe and effective medicines (in particular, but not limited to, those on the WHO Model List of Essential Medicines), vaccines and diagnostics for cancer;

(22) promote access to comprehensive and cost-effective prevention, treatment and care for the integrated management of cancers including, inter alia, increased access to affordable, safe, effective and quality medicines and diagnostics and other technologies;

2. REQUESTS the Director-General:

(1) to develop or adapt stepwise and resource-stratified guidance and tool kits in order to establish and implement comprehensive cancer prevention and control programmes, including for childhood and adolescence cancer management, leveraging the work of other organizations;



- (2) to collect, synthesize and disseminate evidence on the most cost-effective interventions for all age groups, and support Member States<sup>1</sup> in the implementation of these interventions; and to make an investment case for cancer prevention and control;
- (3) to strengthen the capacity of the Secretariat both to support the implementation of cost-effective interventions and country-adapted models of care and to work with international partners, including IAEA, to harmonize the technical assistance provided to countries for cancer prevention and control;
- (4) to work with Member States,<sup>1</sup> and collaborate with nongovernmental organizations, private sector, academic institutions and philanthropic foundations as defined in the Framework of Engagement with Non-State Actors in order to develop partnerships to scale up cancer prevention and control, and to improve the quality of life of cancer patients, in line with Sustainable Development Goals 3 (Ensure healthy lives and promote well-being for all at all ages) and 17 (Strengthen the means of implementation and revitalize the global partnership for sustainable development);
- (5) to strengthen the collaboration with nongovernmental organizations, private sector, academic institutions and philanthropic foundations, as defined in WHO's Framework for Engagement with Non-State Actors, with a view to fostering the development of effective and affordable new cancer medicines;
- (6) to provide technical assistance, upon request, to regional and subregional partnerships and networks, including, where appropriate, support for the establishment of centres of excellence to strengthen cancer management;
- (7) to develop, before the end of 2019, the first periodic public health- and policy-oriented world report on cancer, in the context of an integrated approach, based on the latest available evidence and international experience, and covering the elements of this resolution, with the participation of all relevant parts of WHO, including IARC, and in collaboration with all other relevant stakeholders, including cancer survivors;
- (8) to enhance the coordination between IARC and other parts of WHO on assessments of hazards and risks, and on the communication of those assessments;
- (9) to prepare a comprehensive technical report to the Executive Board at its 144th session that examines pricing approaches, including transparency, and their impact on availability and affordability of medicines for the prevention and treatment of cancer, including any evidence of the benefits or unintended negative consequences, as well as incentives for investment in research and development on cancer and innovation of these measures, as well as the relationship between inputs throughout the value chain and price setting, financing gaps for research and development on cancer, and options that might enhance the affordability and accessibility of these medicines;
- (10) to synchronize the periodic report on progress made in implementing this resolution with, and integrate it into, the monitoring and report timeline of the prevention and control of noncommunicable diseases, set out in resolution WHA66.10.

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<sup>1</sup> And, where applicable, regional economic integration organizations.

## **Agenda items 15.7**

### **Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control**

The Seventieth World Health Assembly, having considered the report by the Secretariat on strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control,<sup>1</sup> and having noted decision FCTC/COP7(18) adopted by the Conference of the Parties to the WHO Framework Convention on Tobacco Control, decided:

- (1) to note with appreciation the report presented by the President of the Conference of the Parties to the Framework Convention on Tobacco Control;
- (2) to invite the Conference of the Parties to the Framework Convention on Tobacco Control to direct the secretariat of the Framework Convention to provide a report on the outcomes of each future session of the Conference to the following session of the Health Assembly, for information purposes and as part of the documentation provided to the Health Assembly under the agenda item on the prevention and control of noncommunicable diseases;
- (3) to request the WHO Director-General, pursuant to decision WHA69(13) (2016), to continue to provide regular reports for information purposes to the Conference of the Parties to the Framework Convention on Tobacco Control on resolutions and decisions of the Health Assembly relevant to the implementation of the Framework Convention.

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<sup>1</sup> Document A70/33.

## Agenda items 15.8

### Prevention of deafness and hearing loss

The Seventieth World Health Assembly,

Recognizing that 360 million people across the world live with disabling hearing loss, a total that includes 32 million children and nearly 180 million older adults;

Acknowledging that nearly 90% of the people with hearing loss live in low- and middle-income countries, which often lack resources and strategies to address hearing loss;

Concerned by the persistent high prevalence of chronic ear diseases, such as chronic suppurative otitis media, which lead to hearing loss and may cause life-threatening complications;

Acknowledging the significance of work-related, noise-induced hearing loss, in addition to issues related to recreational and environmental noise-induced hearing loss;

Aware that unaddressed hearing loss is linked with cognitive decline and contributes to the burden of depression and dementia, especially in older adults;

Noting the significant impact of ear diseases and hearing loss on the development, ability to communicate, education, livelihood, social well-being and economic independence of individuals, as well as on communities and countries;

Aware that most of the causes of hearing loss are avoidable with preventive strategies; that the interventions available are both successful and cost-effective; but that, despite this, most people with ear diseases and hearing loss do not have access to suitable services;

Recalling resolution WHA48.9 (1995) on prevention of hearing impairment, and resolution WHA58.23 (2005) on disability, including prevention, management and rehabilitation;

Recalling also the *World report on disability 2011*, which recommends investment in improved access to health services, rehabilitation and assistive technologies and the WHO global disability action plan 2014–2021,<sup>1</sup> based on the report's recommendations;

Mindful of the Sustainable Development Goals in the 2030 Agenda for Sustainable Development, specifically Goal 3 (Ensure healthy lives and promote well-being for all at all ages) with its target 3.8 on achieving universal health coverage, which implicitly recognizes the need for persons with disabilities to have access to quality health care services, and recognizing that the targets of Goal 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all) explicitly mention persons with disabilities, and that unaddressed hearing loss greatly hinders their education and academic outcomes;

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<sup>1</sup> See document WHA67/2014/REC/1, Annex 3.

Appreciating the efforts made by Member States and international partners in recent years to prevent hearing loss, but mindful of the need for further action,

1. URGES Member States, taking into account their national circumstances:
  - (1) to integrate strategies for ear and hearing care within the framework of their primary health care systems, under the umbrella of universal health coverage, by such means as raising awareness at all levels and building political commitment and intersectoral collaboration;
  - (2) to collect high-quality population-based data on ear diseases and hearing loss in order to develop evidence-based strategies and policies;
  - (3) to establish suitable training programmes for the development of human resources in the field of ear and hearing care;
  - (4) to ensure the highest possible coverage of vaccination against rubella, measles, mumps and meningitis, in line with the immunization targets of the global vaccine action plan 2011–2020, and in accordance with national priorities;
  - (5) to develop, implement and monitor screening programmes for early identification of ear diseases, such as chronic suppurative otitis media and hearing loss in high-risk populations, including infants, young children, older adults and people exposed to noise in occupational and recreational settings;
  - (6) to improve access to affordable, cost-effective, high-quality, assistive hearing technologies and products, including hearing aids, cochlear implants and other assistive devices, as part of universal health coverage, taking into account the delivery capacity of health care systems in an equitable and sustainable manner;
  - (7) to develop and implement regulations for the control of noise in occupational settings, at entertainment venues and through personal audio systems, as well as for the control of ototoxic medicines;
  - (8) to improve access to a variety of ways of communicating through promoting alternative methods of communication, such as sign language and captioning;
  - (9) to work towards the attainment of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and Goal 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all) in the 2030 Agenda for Sustainable Development, with special reference to people with hearing loss;
2. REQUESTS the Director-General:
  - (1) to prepare a world report on ear and hearing care, based on the best-available scientific evidence;
  - (2) to develop a toolkit as well as provide the necessary technical support for Member States in collecting data, planning national strategies for ear and hearing care, specifying how prevention of hearing loss can be integrated in other health care programmes, raising awareness, screening for hearing loss and ear diseases, training and provision of assistive technologies;

- (3) to intensify collaboration with all stakeholders with the aim of reducing hearing loss due to recreational exposure to noise through the development and promotion of safe-listening standards, screening protocols, software applications to promote safe-listening and information products;
- (4) to undertake advocacy through World Hearing Day on 3 March each year, with a different theme every year;
- (5) to report on progress in the implementation of the present resolution to the World Health Assembly.<sup>1</sup>

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<sup>1</sup> The Executive Board agreed that the long-term reporting requirements of the present resolution should be included in the forward-looking planning schedule of expected agenda items, established by decision WHA69(8) (2016). See document EB139/2016/REC/1, summary record of the Executive Board at its 139th session, second meeting.