

PROVISIONAL SUMMARY RECORD OF THE SEVENTH MEETING

**Palais des Nations, Geneva
Thursday, 24 May 2018, scheduled at 09:00**

Chairman: Dr S. BROSTRØM (Denmark)

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COMMITTEE A

SEVENTH MEETING

Thursday, 24 May 2018, at 09:10

Chairman: Dr S. BROSTRØM (Denmark)

1. FIRST REPORT OF COMMITTEE A (document A71/52)

The RAPPORTEUR read out the draft first report of Committee A.

The report was adopted.

2. STRATEGIC PRIORITY MATTERS: Item 11 of the agenda (continued)

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 11.7 of the agenda (documents A71/14 and A71/14 Add.1) (continued from the fifth meeting)

The representative of TONGA, speaking on behalf of the Pacific island countries, said that the Pacific island nations were severely affected by noncommunicable diseases, with some countries having declared a state of emergency as a result. Insufficient funding and capacity and challenges related to the role of the private sector, particularly regarding tobacco, were hampering efforts. The health workforce played a crucial role in the promotion, prevention and control of noncommunicable diseases and must be central to any strategy on noncommunicable diseases. A multisectoral approach, together with continued strong support of development partners, was essential to tackling noncommunicable diseases. Initiatives implemented in the Pacific island States included the establishment of a Pacific Monitoring Alliance for Noncommunicable Disease Action to complement the WHO global monitoring framework for the prevention and control of noncommunicable diseases and a Pacific network of the Directorate-General for European Civil Protection and Humanitarian Aid Operations to tackle childhood obesity at the regional level.

The representative of URUGUAY said that her Government had established a range of national health objectives and policies until 2020 that prioritized noncommunicable diseases and their risk factors, demonstrating its commitment to tackling such diseases. To contribute to the preparatory process leading to the third High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases, Uruguay had hosted the WHO Global Conference on Noncommunicable Diseases in October 2017. Enhanced political leadership was needed to overcome the obstacles to implementing the commitments made; the third High-level Meeting would provide an opportunity to renew those commitments and better coordinate action across all sectors. While acknowledging the positive work of the global coordination mechanism on the prevention and control of noncommunicable diseases, she requested that its terms of reference should be amended to enhance the role of Member States and raise the prominence of the mechanism within the Organization in order to strengthen its invaluable work among other relevant actors. She called on Member States to support the draft resolution.

The representative of ZAMBIA said that her country, like many other middle-income States, bore a double burden of communicable and noncommunicable diseases. Globalization had led to increased availability of processed foods, especially in urban areas. Further, the rate of decline in the number of premature deaths from noncommunicable diseases had been insufficient. The political commitments made at the United Nations General Assembly in 2011 and 2014 must therefore be fully implemented in order to achieve the targets set by 2030. Noting the need for significant investment to enable the achievement of target 3.4 of the Sustainable Development Goals (By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being), she supported the recommendation to invest in the prevention and better management of the four main noncommunicable diseases.

The representative of BARBADOS said that, despite achievements made by his country and by members of the Caribbean Community, progress towards the attainment of the nine voluntary global noncommunicable disease targets by 2025 had been slow. However, the Caribbean Community countries remained committed to strengthening public health systems through cross-sectoral partnerships that targeted the underlying social determinants of health. Barbados would continue to play a role in the global discussion on prevention and control of noncommunicable diseases. He asked the Secretariat to recognize that developing countries and small island developing States were particularly vulnerable to external economic and environmental shocks, and that challenges including human resource limitations, lack of intersectoral collaboration and budgetary constraints remained an issue.

The representative of SENEGAL expressed his support for the third High-level Meeting and suggested that the agenda should include: the need for funding to combat noncommunicable diseases in developing countries; the development of regional and subregional pharmaceutical industries; the development of solutions for the effective application of anti-tobacco laws, laws against harmful use of alcohol and laws on food labelling; and the need for an integrated approach to tackling noncommunicable diseases.

The representative of CÔTE D'IVOIRE said that her Government had implemented a wide range of measures for the prevention and control of noncommunicable diseases, including the promotion of physical activity and implementation of the WHO Framework Convention on Tobacco Control, and had actively participated in the development of the recommended interventions. She endorsed the proposed way forward.

The representative of MALAYSIA said that balancing economic goals and interests with public health policies to reduce exposure to noncommunicable disease risk factors remained a challenge in many countries. However, framing the discussions within the 2030 Agenda for Sustainable Development Goal agenda was a positive approach. She requested the Director-General to increase the capacity of and resources allocated to the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases in view of the need to strengthen its leadership and advocacy role. Under objective 3 of the global action plan for the prevention and control of noncommunicable diseases 2013–2020, she strongly recommended enhancing the use of eHealth, particularly mHealth, and called on WHO to work with ITU and other relevant partners to advance that agenda. Malaysia had created a telemedicine development group in 2017 and would therefore welcome increased collaboration on mHealth with the Secretariat, Member States and other interested parties.

The representative of BULGARIA speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro, Serbia and Albania, the country of the

stabilisation and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine and Georgia, aligned themselves with her statement.

She called on the Secretariat to support countries towards achieving the nine voluntary global targets for noncommunicable diseases by 2025 and reiterated the need for a comprehensive multisectoral, people-centred response. Measures for ensuring the adaptability of primary health services to demographic change and the growing prevalence of noncommunicable diseases, particularly among the elderly, needed to be improved and implemented. In that regard, she encouraged Member States to note the outcome document from the high-level European regional meeting titled “Health systems respond to NCDs: experience in the European Region”. Bold changes to country financing of the development and implementation of national responses to noncommunicable diseases were needed in order to achieve target 3.4 of the Sustainable Development Goals in low- and middle-income countries. She welcomed the themes for the multistakeholder panels at the third High-level Meeting and looked forward to finalization of the global investment case on the prevention and control of noncommunicable diseases.

She called on WHO to promote measures to improve mental health and well-being; address the related social determinants; respect the human rights of persons with mental health conditions and prevent suicides; and continue to address substance abuse, including tobacco and illicit drug use and harmful use of alcohol. Approaches to information-sharing must be urgently enhanced to effectively respond to the opportunities and challenges posed by social media. It was important to continue the work carried out within the United Nations Decade of Action on Nutrition and dedicate the necessary efforts to implementation of the draft global action plan on physical activity 2018–2030. The engagement of non-State actors and communities affected by noncommunicable diseases was also crucial. She supported the draft resolution.

The representative of GHANA called for the use of primary care intervention packages to increase awareness, generate demand and scale up demonstrated effective and efficient projects and partnerships to address the high burden of noncommunicable diseases. Additional efforts were needed to effectively implement the political commitments made at the first and second High-level Meetings in 2011 and 2014. She expressed concern that current investments in the implementation of “best buys” and other recommended interventions remained insufficient to accelerate progress towards achievement of target 3.4 of the Sustainable Development Goals, particularly in low- and middle-income countries. Challenges included: weak political action to integrate prevention and control of noncommunicable diseases into national responses to the 2030 Agenda for Sustainable Development; a lack of access to affordable, safe, effective and good-quality essential medicines and vaccines; and inadequate policies and technical expertise in most low- and middle-income countries. She called for concerted efforts to turn the tide in the increasing incidence of noncommunicable diseases, which would require strict adherence to the global action plan for the prevention and control of noncommunicable diseases 2013–2020.

The representative of the RUSSIAN FEDERATION said that a decade of concerted efforts to tackle noncommunicable diseases had reduced associated mortality rates by almost one third in her country, leading to a marked improvement in life expectancy. Her Government supported the work of the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases and hosted the WHO European Office for the Prevention and Control of Noncommunicable Diseases. Despite a lack of funding for noncommunicable diseases, WHO had made significant achievements, from the development of strategies and action plans and strengthened legislation to a 17% reduction in premature deaths from noncommunicable diseases. The report contained in document A71/14 should feed into the third High-Level Meeting, from which a new global mechanism should be developed to accelerate progress through effective decision-making.

The representative of SLOVENIA, stressing the importance of combating noncommunicable diseases, welcomed the efforts made so far. She supported the draft resolution and requested that her country be added to the list of sponsors.

The representative of CANADA, speaking on behalf of the Member States of the Region of the Americas, said that the third High-level Meeting, at which countries should be represented at the highest political level, would provide a unique opportunity for Member States to reaffirm their political will and contribute to attaining the commitments adopted since the 2011 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. To address noncommunicable diseases effectively, promote mental health and tackle the social, economic and environmental determinants of health, a whole-of-government and whole-of-society approach should frame actions at the national level. Strong political will, national and international investment, multisectoral cooperation and action, and responsible engagement were necessary to achieve health objectives. The Secretariat should strengthen its fundamental role in helping Member States to develop and implement national responses to noncommunicable diseases and build adequate capacities based on scientific evidence and best practices. WHO should also scale up the coordination of activities with other relevant stakeholders, including through platforms such as the global coordination mechanism on the prevention and control of noncommunicable diseases and the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases, to help Member States to achieve the related targets of the Sustainable Development Goals. Adequate human and financial resources should be allocated to that end.

The representative of DENMARK said that, although a growing number of Member States had established guidelines and national targets to address noncommunicable diseases, further engagement was needed, including a greater commitment to improving mental health. It was important to provide not only high-quality treatment, but also strengthen primary health care and enhance efforts in the areas of prevention, early detection and patient empowerment. The WHO Global Dialogue on Partnerships for Sustainable Financing of Noncommunicable Disease Prevention and Control, held in Denmark in April 2018, had clearly demonstrated that the burden of noncommunicable diseases presented a global challenge. Bold political leadership was therefore required to ensure that sufficient domestic resources were set aside for comprehensive prevention and control measures and to embrace universal health coverage as an integrated approach to achieving target 3.4 of the Sustainable Development Goals. Addressing noncommunicable diseases during humanitarian crises was also important. His Government had high hopes for the outcomes of the third High-level Meeting and wished to be added to the list of sponsors of the draft resolution.

The representative of OMAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that it was concerning that overall progress in tackling noncommunicable diseases and achieving target 3.4 of the Sustainable Development Goals had been insufficient and uneven. A more robust international response was needed. Without a clear consensus on the obstacles to progress and the policy options to overcome them, the situation would not improve and could even worsen. The formal and informal consultations facilitated by WHO to identify the obstacles to progress and policy options to overcome them were therefore welcome, notably the WHO Global Dialogue on Partnerships for Sustainable Financing of Noncommunicable Disease Prevention and Control. The Member States of the Region were committed to an inclusive and transparent discussion of gaps in national response strategies and ways to address them, including the need for additional support from WHO, and were ready to help the Secretariat to review and disseminate international expertise on prevention and control of noncommunicable diseases.

The representative of SAUDI ARABIA said that, despite achievements in certain areas, overall progress in tackling noncommunicable diseases was insufficient to meet target 3.4 of the Sustainable

Development Goals. It was important to identify the obstacles preventing countries from providing stronger national responses and ways of strengthening international support. Challenges included insufficient and variable monitoring of noncommunicable diseases, and heavy dependence on technical support from WHO and other partners in strengthening health information systems. Conflicts of interest continued to weaken cooperation between the health sector and other sectors and contributed to the chronic underfunding of efforts to tackle noncommunicable diseases.

The representative of ARGENTINA said that a framework agreement should be established on healthy eating and the prevention of obesity. Additional efforts were needed to implement policies designed to reduce the harmful use of alcohol, salt and trans-fatty acids and encourage physical activity. In addition, Member States should strengthen their commitment to attaining targets 3.4 and 3.8 (Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all) of the Sustainable Development Goals. Additional funding was required to attain the associated objectives, which could be achieved by increasing taxes on sugar-sweetened drinks, tobacco and alcohol. She welcomed the preliminary evaluation of the global coordination mechanism on the prevention and control of noncommunicable diseases, noting the need for it to: be more practical and results-oriented, in line with strategic objectives; generate tangible results; and help Member States, especially low- and middle- income countries, to establish and evaluate plans based on their national priorities.

The representative of the REPUBLIC OF KOREA said that the results of national and community-level surveys on health and nutrition conducted by her Government had provided valuable information for the development of policies on noncommunicable diseases. However, further efforts were needed to attain the related targets of the Sustainable Development Goals by 2030. In that connection, WHO should establish a mechanism to monitor and evaluate global progress in the prevention and control of noncommunicable diseases as a means of promoting multisectoral collaboration.

The representative of PARAGUAY said that her Government attached high priority to the prevention and control of noncommunicable diseases and had rolled out a national action plan in a number of districts. She welcomed the report and its recommendations but highlighted the need for improved communication between the global coordination mechanism on the prevention and control of noncommunicable diseases and Member States, as well as for increased funding from partner organizations.

The representative of PANAMA said that morbidity and premature mortality caused by noncommunicable diseases were a barrier to the development of low- and lower-middle income countries. Technical support, training and resources should be prioritized in that regard, while maintaining efforts to provide palliative care, promote mental health and address the determinants of health through the regulation of tobacco, the monitoring of overweight and obesity, and the promotion of healthy lifestyles. Member States should adopt a common position through their representatives to the various organizations of the United Nations system. The global action plan for the prevention and control of noncommunicable diseases 2013–2020 and the Montevideo Roadmap 2018–2030 on Noncommunicable Diseases as a Sustainable Development Priority should be implemented urgently. Furthermore, Member States should strengthen their governance and regulation; encourage innovation; identify obstacles to progress; minimize conflicts of interest; promote sustainable multisectoral action; and effectively manage financial resources. Lastly, although his Government welcomed strengthened cooperation with non-State actors, he reiterated the importance of applying the Framework of Engagement with Non-State Actors fully and transparently to avoid conflicts of interest between industry and public health.

The representative of PORTUGAL said that his Government had taken steps to improve nutrition and prevent noncommunicable diseases through the launch of a national strategy to promote healthy eating and encourage the public to consume less sugar and salt and fewer trans-fatty acids. In addition, his Government was planning to implement measures to eliminate trans-fatty acids altogether. His country wished to be added to the list of sponsors of the draft resolution.

The representative of the PHILIPPINES said that the report on the preparation of the third High-level Meeting should mention the influence of the pharmaceutical industry on government policies. Furthermore, in table 1 of annex 2 to the report, in addition to the resolution on protecting children from the harmful impact of food marketing adopted at the 68th Regional Committee for the Western Pacific in 2017, two further relevant resolutions could be cited, namely the resolution on health promotion in the Sustainable Development Goals, also adopted by the 68th Regional Committee, and the resolution on food safety adopted by the 52nd Regional Committee. Lastly, WHO should adopt a more integrated approach towards health system strengthening at the country level.

The representative of TRINIDAD AND TOBAGO said that her Government had made progress in attaining national targets and WHO objectives on combating noncommunicable diseases. A whole-of-government, whole-of-society approach with the engagement of all stakeholders had been crucial in that regard. For example, sugar-sweetened beverages had been banned in schools as a result of collaboration between several ministries and the national parent-teacher association. Since the Seventieth World Health Assembly, however, some small Member States had faced social, economic and climate related challenges that threatened to erode some of the gains made in tackling noncommunicable diseases. She urged the Secretariat to facilitate greater access to technical and financial support to avoid exacerbating the health and developmental challenges in the Member States affected.

The representative of GEORGIA said that her Government attached particular importance to tackling noncommunicable diseases and had strengthened prevention and control activities, including through the elaboration of a national strategy and action plan and the introduction of legislation on tobacco control in May 2018. With the support of the Regional Office for Europe, her Government had conducted a survey on the main risk factors for noncommunicable diseases. The official list of State-subsidized medicines had been extended in 2017 to cover medicines used in the prevention and treatment of the main noncommunicable diseases, and its further extension was planned. Her Government fully supported both the preparatory process leading to the third High-level Meeting and the draft resolution and wished to be added to the list of sponsors.

The representative of ITALY said that measures taken to combat noncommunicable diseases must be based on sound scientific evidence and proven effectiveness and take country-specific social and cultural contexts into account. Unlike tobacco and alcohol taxation, the taxing of food and their ingredients had not yet proven to be effective and could lead to dangerous dietary changes as people sought cheaper, less nutritious and less healthy foods. Whole-of-society measures, such as improving health literacy, would be more effective. She highlighted the importance of dialogue and collaboration between all stakeholders, who could make a positive contribution through self-regulation measures. As a co-facilitator of the informal consultations in preparation for the third High-level Meeting, her Government was committed to collaborating in the development of shared solutions.

The representative of MEXICO said that much progress had been made in his country in the five years since the implementation of the national strategy for the prevention and control of overweight, obesity and diabetes, including by improving the accessibility and availability of medicines; the capacity of health professionals; and technologies to optimize information systems. Public health campaigns had been successful in promoting healthy lifestyle choices, and environments

to foster healthy eating and physical activity had been created. In addition, his Government had passed legislation regulating the food and drink available in schools and had introduced a tax on sugar-sweetened drinks and high-calorie foods. Nevertheless, the most marked results would only be achieved in the long and medium term, provided that such policies continued to be prioritized at the highest level and by all sectors. He called on all Member States to participate actively in the third High-level Meeting and urged all relevant stakeholders to join forces to halt the spread of noncommunicable diseases. He expressed support for the draft resolution.

The representative of NAMIBIA said that the increase in premature deaths from noncommunicable diseases would not be offset without significant investments, particularly in cancer care and access to palliative care in low- and lower-middle income countries. Indeed, a lack of funding made the attainment of the related targets of the Sustainable Development Goals unlikely, which in turn amplified the need to strengthen “best buys” interventions and develop innovative, cost-effective methods of dealing with the associated risk factors. Given that the setting of target levels of salt in foods and meals had proven to be effective, a similar approach could be adopted to reduce sugar consumption. Emphasis should therefore be placed on proactively engaging with industry, an activity in which WHO had an important role to play.

The representative of the PLURINATIONAL STATE OF BOLIVIA said that noncommunicable diseases accounted for the vast majority of premature deaths in her country. Her Government had made important strides forward, including by providing dialysis and kidney transplants and transitioning to an integrated health system. Nevertheless, coordinated policies between Member States would be needed to ensure accessibility and affordability of certain treatments. International cooperation was essential for research into the determinants of noncommunicable diseases and the most cost-effective forms of prevention and control. The Secretariat would continue to play a crucial role in coordinating the efforts of the international community and providing technical and financial support to Member States.

The representative of TUNISIA described the range of actions undertaken by her Government to prevent and control noncommunicable diseases, including the finalization of a national action plan; the establishment of a high-level framework for the development of a multisectoral strategy; increased engagement with the private sector and nongovernmental organizations; the introduction of measures to reduce sugar, salt and fat consumption; the strengthening of anti-smoking laws; and participation in the WHO/ITU mHealth initiative.

The representative of the NETHERLANDS said that non-State actors had a role to play in helping Member States to fulfil their obligations under target 3.4 of the Sustainable Development Goals. However, certain effective interventions, such as price measures and marketing restrictions, could only be taken by Member States and governments should therefore not shy away from taking decisive legislative and regulatory action. He called on the Secretariat to maintain and further expand its expertise and become an even stronger advocate of the necessity of reducing the burden of noncommunicable diseases. He commended the Secretariat for the recent publication of the plan to eliminate industrially produced trans-fatty acids from the global food supply, which provided concrete guidance for Member States. His Government wished to be added to the list of sponsors of the draft resolution.

The representative of MONACO welcomed the measures and mechanisms put in place by WHO since 2011 to tackle the problem of noncommunicable diseases, especially the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases. She hoped that the third High-level Meeting would reaffirm the leading role of WHO in the fight against

noncommunicable diseases. Her Government supported the draft resolution and wished to be added to the list of sponsors.

The representative of TIMOR-LESTE, speaking on behalf of the Member States of the South-East Asia Region, welcomed the range of initiatives to tackle noncommunicable diseases developed since 2011. Substantial progress had been made by the Member States of the Region in the areas of governance, reduction of risk factors and management of noncommunicable diseases, and all had developed a multisectoral national action plan with time-bound targets and indicators, established a dedicated noncommunicable disease unit, implemented at least one fiscal policy intervention related to noncommunicable diseases, and strengthened frontline health care. Nevertheless, further support should be provided by the Secretariat to enable Member States to meet all the global and regional targets related to the achievement of target 3.4 of the Sustainable Development Goals. Specifically, it was essential to sustain and augment political commitments, encourage correct political choices, strengthen health systems, build national capacities, mobilize additional resources, tackle industry interference and limit the trade of health-harming products. The Member States of the Region stood ready to participate actively in the third High-Level Meeting and hoped that the discussions would bring more robust and practical solutions to the current challenges faced by countries.

The representative of FINLAND said that awareness of the multidimensional challenges associated with prevention and control of noncommunicable diseases must be raised at the highest political levels, together with the need for a Health in All Policies approach. The limited options available to governments in addressing noncommunicable diseases included providing access to high-quality health services, improving health literacy and, within the limits set by trade rules and financial interests, adopting laws and regulations. However, measures used by other stakeholders to change consumption patterns and lifestyles might also be employed by Member States. Her country's experience of working with the private sector, in particular on the issue of healthy food, had been positive. She hoped that industry would show its commitment by reformulating products and adopting business practices that promoted public health. The emerging market of healthy foods was paving the way in that regard. More work should be done to ensure that healthy choices were easy choices, especially for vulnerable groups such as children.

The representative of BURKINA FASO said that her Government had made significant efforts to achieve the objectives pertaining to the fight against noncommunicable diseases.

The representative of HUNGARY said that her country's national agenda to improve diets and reduce the intake of foods high in saturated fat and trans-fat, salt and sugars was aligned with the WHO global and European regional agendas. National experience and WHO impact assessments had shown that mandatory measures such as taxes were more effective than encouraging companies to voluntarily change their policies. Since 2015, all products distributed in Hungary had been prohibited by law from containing more than 2 grams of trans-fat per 100 grams of total fat content, with a compliance rate of 98% among industry in 2016. She hoped that the success of that measure would encourage more countries to take similar action.

The representative of ANGOLA said that her country had elaborated a national plan for health development and was developing a strategic plan for noncommunicable diseases that encompassed primary and secondary prevention, early diagnosis and multidisciplinary oncological treatment, palliative care, and research and epidemiological surveillance. In addition, as a Party to the WHO Framework Convention on Tobacco Control, her Government's efforts in that area were aligned with the associated instruments. The third High-level Meeting would provide a stimulus for the approval and implementation of a cancer prevention and control plan, which would help to save many lives.

The representative of the DOMINICAN REPUBLIC said that greater investment was needed to achieve target 3.4 of the Sustainable Development Goals and counter the increase in premature mortality from noncommunicable diseases. High-impact interventions on the social determinants of cardiovascular disease, diabetes, cancer, chronic respiratory diseases and mental disorders could not be delayed any longer. The time had come to advocate for normative and strategic policy coherence, including the development of technical criteria to regulate industries and prevent their interference. The Montevideo Roadmap 2018–2030 was a key document for the third High-Level Meeting and the draft resolution, which his Government had sponsored, since it placed primary health care at the centre of interventions.

The representative of the ISLAMIC REPUBLIC OF IRAN said that, as a member of the WHO Independent High-level Commission on Noncommunicable Diseases, his Government strongly supported the Commission's forthcoming final report. The growing burden of noncommunicable diseases required a programmatic response from all Member States, non-State actors and international organizations. The private sector, in particular the food industry and pharmaceutical companies, had a responsibility to provide medicines, diagnostics and devices to people in need. It was important to generate reliable data and robust evidence in each country, on the basis of which national priorities and targets might be identified in addition to global targets. In that connection, his Government had developed a national action plan to combat noncommunicable diseases with four specific targets, including the elimination of trans-fatty acids and the promotion of mental health. The Secretariat had an important role to play in providing technical support to Member States, including by introducing "best buys" and streamlining technology transfer. Translation of the global coordination mechanism on the prevention and control of noncommunicable diseases to the regional, national and subnational levels was also crucial.

The representative of BRAZIL said that the Montevideo Roadmap 2018–2030 was an essential input to the third High-level Meeting, underpinning his Government's decision to sponsor the draft resolution. He hoped that the draft thirteenth general programme of work would provide an opportunity for WHO to reinforce its normative work on noncommunicable diseases, and that the related priorities would be adequately reflected in the programme budget, reversing the current situation of chronic underfunding for noncommunicable diseases. WHO should play a leading role and strengthen its activities concerning access to medicines, medical products and technologies for the prevention, detection, screening, diagnosis and treatment of noncommunicable diseases. His Government was making every effort to ratify the Protocol to Eliminate Illicit Trade in Tobacco Products before July to enable the first session of the Meeting of the Parties to the Protocol to take place in October 2018. Greater prevention efforts were needed, including by tackling the social determinants of health and reinforcing the need for intersectoral collaboration through a whole-of-society approach, with due consideration of the issue of conflicts of interest.

The representative of CHINA, welcoming the establishment of the WHO Independent High-level Commission on Noncommunicable Diseases and the progress made with regard to the global coordination mechanism on the prevention and control of noncommunicable diseases, said that premature deaths from noncommunicable diseases placed a high burden on low- and middle-income countries. Countries still faced challenges related to insufficient intersectoral coordination, technical support and financing. Her Government stood willing to actively participate in the third High-level Meeting and called on WHO to continue to play a leading role and expand its cooperation with other organizations of the United Nations system. Greater political commitment was required to place health above commercial interests, and more innovative measures should be taken to finance prevention and control activities.

The representative of COLOMBIA said that, in order to make progress towards the achievement of target 3.4 of the Sustainable Development Goals, Member States should prioritize efforts to tackle noncommunicable diseases and highlight the link with exposure to risk factors. Policy monitoring and evaluation was fundamental and Member States should be encouraged to adopt targets and indicators and formulate policies in line with the global action plan for the prevention and control of noncommunicable diseases 2013–2020. National- and regional-level research should be conducted to gather crucial data to inform decision-making at the government level. Innovative models of cooperation were essential in order to: strengthen institutional capacity in terms of regulation, implementation, monitoring, research and evaluation; improve access to technologies; and share best practices. Her Government supported the draft resolution, which it had sponsored, and encouraged timely, coordinated efforts in the preparatory process leading to the third High-level Meeting.

The representative of SPAIN said that reducing premature mortality from noncommunicable diseases required a life course approach with a focus on equity, the social determinants of health and the promotion of healthy lifestyles. A multisectoral approach, with the involvement of civil society, was also necessary, together with resource mobilization. As part of efforts to achieve universal health coverage, health systems should be overhauled in order to provide a more integrated, coordinated, patient-centred response to the challenges posed by premature deaths from noncommunicable diseases. She drew attention to the high-level European regional meeting titled “Health systems respond to NCDs: experience in the European Region”, which had been hosted by Spanish Ministry of Health in April 2018, and the related outcome document. Her Government was committed to the prevention and control of noncommunicable diseases and wished to be added to the list of sponsors of the draft resolution.

The representative of SAINT LUCIA said that the high burden of premature deaths from noncommunicable diseases in middle-income countries suggested that income alone did not determine that risk. Indeed, small island States were faced with additional barriers to reducing that risk, including health system capacity and resilience, and extreme weather effects resulting from climate change. Her country had nevertheless made progress through the implementation of a range of measures, including the introduction of anti-tobacco legislation in line with the WHO Framework Convention on Tobacco Control and physical activity programmes in schools. She welcomed WHO’s continued commitment to the fight against noncommunicable diseases and looked forward to the outcomes of the third High-level Meeting.

The representative of the UNITED STATES OF AMERICA said that the third High-level Meeting would provide an opportunity to take stock of the challenges related to noncommunicable diseases. Multisectoral collaboration should be encouraged so as to accelerate Member States’ efforts to reduce premature mortality by one third by 2030. Multistakeholder engagement, in particular with the private sector, was paramount, and should focus on partnerships that produced effective and evidence-based interventions to improve health outcomes. In a spirit of compromise, his Government would join the consensus in support of the draft resolution and appreciated the efforts to accommodate his country’s concerns therein but was disappointed that not all key concerns had been reflected. He stressed that the draft resolution’s reference in paragraph 1 to “welcoming” the outcome document of the WHO Global Conference on Noncommunicable Diseases, namely the Montevideo Roadmap 2018–2030 on Noncommunicable Diseases as a Sustainable Development Priority, did not amount to an endorsement of that document. His Government looked forward to the continued work on the preparation of the third High-level Meeting, which he hoped would result in a balanced, evidence-based approach.

The representative of UGANDA, noting the disproportionate effect of noncommunicable diseases on the poor, said that the private and public sectors should jointly prioritize interventions for

the reliable delivery of affordable, high-quality essential medicines and products. He welcomed the report on progress made to date and looked forward to the third High-level Meeting. He called on the Secretariat and Member States to make efforts to improve access to essential medicines for noncommunicable diseases through increased funding and inclusion in universal health coverage programmes.

The representative of SWITZERLAND said that his Government had actively participated in the preparatory process for the third High-level Meeting, which should include input from health experts in order to achieve the desired results. While he appreciated the consultations held with Member States prior to the Health Assembly regarding the report of the WHO Independent High-level Commission on Noncommunicable Diseases, providing substantial feedback within such tight time frames had proved challenging; consultations should therefore be carried out within more realistic time frames in future. His country was pleased to be one of the sponsors of the draft resolution.

The representative of SRI LANKA said that many countries in the South-East Asia Region had taken action to reduce sugar consumption, which was a leading cause of obesity and diabetes. WHO should consider including sugar in “best buys” interventions. Alcohol was a serious obstacle to sustainable development and universal health coverage; her Government had therefore implemented the WHO global strategy to reduce harmful use of alcohol. She welcomed the guidance provided to Member States by the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases and expressed support for the draft resolution and recommendations put forward by Member States. However, she suggested the inclusion of an additional recommendation, namely for the Director-General to engage in a global mass electronic media campaign targeting risk behaviours, prior to the third High-level Meeting.

The representative of AUSTRIA welcomed the completion of the manual of guiding principles for developing and implementing front-of-pack labelling systems and looked forward to the results of its field testing. It was regrettable that document A71/14 did not mention commercial determinants, which had a significant impact on health. Achievement of the Sustainable Development Goals required health literacy; the health system response to noncommunicable diseases should therefore place people-centredness at its core, with an expanded role for health-literate patients, families and communities. A multisectoral approach was essential to effectively tackle noncommunicable diseases, with integrated and coherent economic, social and environmental policies across the Sustainable Development Goals. Her country wished to be added to the list of sponsors of the draft resolution.

The representative of JAPAN said that it was essential to establish a global framework to reduce the burden of noncommunicable diseases. WHO should play a leadership role to strengthen multisectoral collaboration through enhanced communication with Member States and other partners. Her Government was willing to share its experience regarding the implementation of public health policies and would contribute to efforts to ensure successful outcomes of the third High-level Meeting. She expressed support for the draft resolution.

The representative of THAILAND, expressing strong support for the draft resolution, said that the number of resolutions on noncommunicable diseases demonstrated that the issue was at the top of political agenda; however, it was neglected in terms of implementation. To ensure concrete outcomes, it was essential to tackle the commercial determinants of noncommunicable diseases; integrate noncommunicable diseases into comprehensive universal health coverage; ensure the integration of noncommunicable diseases in all policies; and identify and support noncommunicable disease champions. The organizations of the United Nations system should act as role models by serving healthy food and no or limited alcohol at events. Noncommunicable diseases would be the theme of the 2019 Prince Mahidol Award Conference to be held in Thailand.

The representative of NORWAY expressed concern about the lack of progress in the fight against noncommunicable diseases at the country level, partly owing to a failure to implement associated plans. WHO should fully engage with all relevant sectors, with the collaboration of the larger United Nations family, to push for greater impact in that regard. That lack of progress should serve as the starting point for the declaration of the third High-Level Meeting. A range of actors could contribute to the fight against noncommunicable diseases but governments must retain overall responsibility for action. Powerful tools in that regard included the introduction of taxes on tobacco, alcohol and products with a high sugar content. Welcoming the positive contributions of the global coordination mechanism on the prevention and control of noncommunicable diseases, she urged the Secretariat to further develop the mechanism in order to realize its full potential in facilitating multistakeholder engagement and cross-sectoral collaboration.

The representative of ECUADOR said that his country had been among the first to introduce detailed nutrition labelling for processed and ultra-processed foods and had also introduced taxes on sugar-sweetened beverages and restricted advertising of tobacco and alcohol, with positive results. Measures to tackle noncommunicable diseases must take account of the commercial determinants of health, as well as health promotion at the community level and throughout the life course. His Government looked forward to actively participating in the third High-Level Meeting and was pleased to be a sponsor of the draft resolution.

The representative of PERU said that the continued underfunding of programmes to tackle noncommunicable diseases was a matter of concern. In preparation for the third High-level Meeting, Member States should adopt an integrated, multisectoral approach to the reduction of the associated risk factors; promote healthy lifestyles, including through legislation; and ensure that prevention strategies encompassed early detection and access to treatment, including palliative care. The Montevideo Roadmap 2018–2030 was a valuable input to the third High-level Meeting. He called on all Member States to support the draft resolution, which his Government had sponsored.

The representative of MONGOLIA said that the implementation of his country's national programme on prevention and control of noncommunicable diseases had produced positive results, including an improvement in levels of early detection and diagnosis and lifestyle changes among the population, such as an increase in physical activity. However, the prevalence of noncommunicable diseases and the associated risk factors among the population remained high. To that end, he requested the Secretariat to provide technical and financial support for the implementation of activities to improve intersectoral collaboration and strengthen disease prevention, including diagnosis and screening.

The representative of AUSTRALIA said that she looked forward to engaging with all stakeholders in the preparation for the third High-level Meeting, which would provide an opportunity to take timely and bold action against noncommunicable diseases. The range of global mechanisms currently in place would help to inform the development of a strong, political, action-oriented outcome document from the third High-level Meeting. She looked forward to the expert advice of the WHO Independent High-level Commission on Noncommunicable Diseases and welcomed the establishment of a WHO civil society working group on the third-High-level Meeting of the United Nations General Assembly on noncommunicable diseases. Her Government had sponsored the draft resolution.

The representative of IRAQ reaffirmed the importance of: updating global strategies in line with the Sustainable Development Goals; increasing funding for noncommunicable disease programmes, particularly in countries facing financial hardship; conducting gap analysis of national, regional and global performance and offering practical solutions; and strengthening data analysis and research capacity at the country level. Her Government had implemented a range of measures to tackle

noncommunicable diseases, such as the establishment of a multisectoral action plan, the adoption of a life course approach to interventions, and the introduction of campaigns to raise awareness of the main risk factors for noncommunicable diseases.

The representative of SLOVAKIA welcomed the evaluation of the global coordination mechanism on the prevention and control of noncommunicable diseases. Her Government was cooperating with other relevant sectors within the framework of the 2030 Agenda for Sustainable Development to address the challenges posed by noncommunicable diseases. She welcomed the support provided by WHO at all levels, but highlighted the need for additional functional mechanisms to enhance implementation. The finalization of a global investment case and costing tool on the prevention and control of noncommunicable diseases would support advocacy work and reinforce the response of health systems in that regard. Her Government wished to be added to the list of sponsors of the draft resolution.

The representative of INDONESIA, describing measures taken in her country to address the problem of noncommunicable diseases, such as the development of an action plan and improved screening and management, said that prevention and control of noncommunicable diseases was a global challenge that required a stronger, collaborative response. Her Government supported the organization of the third High-level Meeting, which would provide an opportunity to evaluate progress and renew commitments to prevent and manage noncommunicable diseases. She looked forward to clarification of the process for preparing the outcome document of the third High-level Meeting. Her Government wished to be added to the list of sponsors of the draft resolution.

The representative of CANADA said that the growing burden of noncommunicable diseases was a significant concern among the new generation of health professionals. The limited financing for prevention and the focus on curative services had led to an unsustainable situation, in which health care systems were inadequately equipped to care for the chronically ill and the health workforce was overburdened. The third High-level Meeting would provide an important opportunity for Member States to share innovative interventions and best practices. His Government had implemented a number of policy and regulatory initiatives to tackle the risk factors for noncommunicable diseases and premature death and looked forward to highlighting the importance of including mental health in the global noncommunicable disease agenda at the third High-level Meeting.

The representative of JORDAN welcomed the proposed actions to prevent and control noncommunicable diseases and supported the preparations for the third High-level Meeting.

The representative of THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA expressed support for the draft resolution.

The representative of the BAHAMAS said that her Government was committed to achieving target 3.4 of the Sustainable Development Goals and had implemented a broad range of measures to that end, including the development of policies with multistakeholder collaboration to encourage healthy environments and raise awareness of the importance of reducing consumption of sugar-sweetened beverages, especially among children. Challenges such as human resource management for health workers and limited health system capacity hampered the provision of health care, including for those affected by noncommunicable diseases. Universal access and health coverage would help to combat noncommunicable diseases, but only through the provision of sustainable funding. She thanked PAHO for its support in that regard and welcomed the continued efforts of WHO in the prevention and control of noncommunicable diseases. Her Government looked forward to the outcomes of the third High-level Meeting.

The representative of JAMAICA said that 70% of deaths in Jamaica were caused by the four main noncommunicable diseases, and childhood obesity had dramatically increased in the country over the previous seven years. While her Government had made progress, it was not on track to meet target 3.4 of the Sustainable Development Goals, mainly owing to slow regulatory processes, industry interference and inadequate financing. Urgent action was required to lower the price of medicines, especially those for life-saving cancer treatment. A national task force and programmes promoting healthy lifestyles and raising awareness of noncommunicable diseases had been implemented in preparation for the third High-level Meeting. Member States should accelerate the implementation of WHO “best buys” interventions and ensure that Heads of State attended the third High-level Meeting.

The representative of INDIA outlined the range of measures taken by her Government to tackle noncommunicable diseases, such as the development and implementation of national action plans and programmes to monitor, prevent and control noncommunicable diseases and provide accessible, affordable and quality health care for all, including through taxation of tobacco products, sugar-sweetened beverages and foods high in fat, salt and sugar. Her Government looked forward to participating actively in the third High-level Meeting, which she hoped would produce pragmatic ideas and solutions to tackle the challenges related to preventing and controlling noncommunicable diseases.

The representative of VIET NAM said that, in response to the heavy national burden of noncommunicable diseases, her Government had adopted a national strategy on prevention and control of noncommunicable diseases, in line with the nine voluntary global targets, as well as a national health programme to promote multisectoral collaboration and focus national resources on achieving key indicators.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that despite one in four individuals being affected by a mental health condition at some point in their life, those affected continued to experience discrimination and stigmatization. Stronger action was needed to address the issue and promote better mental health and well-being; the Global Ministerial Mental Health Summit, to be held in London in October 2018, would provide an opportunity to do so.

The representative of GERMANY said that her Government wished to be added to the list of sponsors to the draft resolution.

The representative of IOM said that the conditions surrounding the migration process, such as limited access to health care and poor living conditions, increased migrants’ exposure and vulnerability to noncommunicable diseases. High-quality data on the link between migration and noncommunicable diseases was therefore necessary and, to that end, IOM stood ready to work with the Secretariat, Member States and other partners to develop evidence-based programmes. She urged all stakeholders to ensure that migrants and mobile populations were not left behind in the implementation of national strategies on noncommunicable diseases and efforts to achieve universal health coverage.

The representative of the GAVI ALLIANCE, speaking at the invitation of the CHAIRMAN, called for the inclusion in the outcome document of the third High-level Meeting of the need to: prioritize, as part of national immunization schedules, increased access to vaccinations to prevent infections associated with cancers; prioritize cost-effective, affordable, evidence-based and prevention-focused solutions with a high return investment; and integrate WHO “best buys” interventions and gender-based approaches into national health policies and programmes in order to reduce inequities.

The representative of ALZHEIMER'S DISEASE INTERNATIONAL, speaking at the invitation of the CHAIRMAN, called for Member States to ensure: the participation of Heads of States and Government in the third High-level Meeting; political mobilization across all sectors, including civil society and those affected by noncommunicable diseases, to reinforce a whole-of-government and whole-of-society approach; the development of an action-oriented outcome document for the third High-level Meeting, including bold commitments across all relevant sectors; and the participation of Member States in the informal interactive civil society hearing to be held in advance of the third High-level Meeting.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIRMAN, requested WHO to ensure that the outcome document of the third High-level Meeting would state that Member States must: implement resolution WHA70.12 (2017) on cancer prevention and control in the context of an integrated approach; develop and strengthen education programmes on prevention; ensure timely access to screening, early diagnosis and affordable cancer treatment; extend basic services to patients without access to cancer treatment; provide essential secondary health care services in addition to primary care; and commit to achieving the targets on reducing premature mortality from all noncommunicable diseases. Her organization was ready to support the Secretariat and Member States in strengthening the medical oncology workforce and determining the most cost-effective interventions.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, highlighting the high prevalence of oral diseases, urged Member States to adopt a common risk factor approach to the prevention and control of oral diseases and other noncommunicable diseases. In addition, she encouraged Member States to: address oral health within their national noncommunicable disease action plans and strategies; consult with national dental associations and noncommunicable disease coalitions on effective cross-cutting interventions; and ensure the attendance of Heads of State and Government at the third High-level Meeting. The outcome document of the third High-level Meeting should include action to: integrate and recognize oral health perspectives; and develop an accountability and monitoring mechanism with time-bound and measurable commitments on oral health.

The representative of HELPAGE INTERNATIONAL, speaking at the invitation of the CHAIRMAN, expressed concern that too much emphasis was being placed on premature mortality and urged the Secretariat and Member States to recognize people's right to health across the life course. The term "premature mortality" itself suggested that there was an age at which it was acceptable to die. Given that the majority of deaths from noncommunicable diseases occurred in people aged 70 and over, overly focusing on individuals between the ages of 30 and 70 was discriminatory and risked creating inequity in access to services.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that nurses were increasingly taking on the management of noncommunicable diseases and providing high-quality, cost-effective services. She called on Member States to: invest in high-quality nursing education; enable nurses to work to their full scope of practice; strengthen the contribution of nursing leaders in high-level policy planning and decision-making; ensure the availability of diagnostic and treatment tools; and ensure that the health workforce was a central component of WHO and United Nations strategies on the prevention and control of noncommunicable diseases.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, urged all stakeholders to: focus on health throughout the life course and not merely between the ages of 30 and 70, given that 70% of the

risk factors for noncommunicable diseases started during adolescence; focus greater attention on mental health as the leading cause of disability worldwide, while addressing industry interference; and harness high-level political commitment to ensure that the level of financing for noncommunicable disease prevention and control was consistent with the burden they posed.

The representative of the INTERNATIONAL SOCIETY OF NEPHROLOGY, speaking at the invitation of the CHAIRMAN, said that despite being a major risk factor for and consequence of other noncommunicable diseases, and the sixth-fastest growing cause of death, kidney disease had been neglected in global discussions on noncommunicable diseases. She therefore called on the Secretariat, Member States and the members of the WHO Independent High-level Commission on Noncommunicable Diseases to: implement a comprehensive and integrated approach to prevention and management of noncommunicable diseases which recognized the burden of kidney disease and its co-morbidities; increase the availability of resources to meet the needs of the global response to noncommunicable diseases; and support fair pricing of noncommunicable disease therapies.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, emphasized the importance of sustainable financing in order to scale up the health workforce and strengthen the health care systems for the prevention and control of noncommunicable diseases. Integrated, and ideally physician-led, primary health care systems were essential to tackling noncommunicable diseases. She called on Member States to accelerate their efforts towards the achievement of target 3.4 of the Sustainable Development Goals and increase international and domestic financing to combat the epidemic.

The representative of WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIRMAN, called on Heads of State and Government to participate at the third High-level Meeting and urged Member States to ensure country representation at the informal interactive civil society hearing to be held in preparation of the third High-level Meeting. Her fund had recently published an updated report on cancer prevention, which would help to inform policy action to achieve global targets on noncommunicable diseases. She looked forward to supporting Member States in the preparation of the third High-level Meeting and in ongoing efforts to prevent and control cancer and other noncommunicable diseases.

The representative of the WORLD FEDERATION FOR MENTAL HEALTH, speaking at the invitation of the CHAIRMAN, welcomed the importance accorded to the four main noncommunicable diseases but emphasized the significance of the fifth main noncommunicable disease, namely mental disorders. Depression was estimated to be the leading cause of disability worldwide and the risk of mortality from mental health condition was under-represented. He called on the Secretariat to encourage Member States to implement public policies on prevention and adopt multisectoral and community- and rights-based approaches to mental health.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, urged Heads of State and ministers of health and finance to attend the third High-level Meeting. He called on political leaders to commit to taking action to reduce the risk of cardiovascular disease throughout the life course by: strengthening health systems to provide access to screening, essential medicines, and care for people with hypertension and at high risk of cardiovascular disease; stepping up action on childhood obesity to protect children and future generations; and taxing unhealthy commodities, including tobacco products, alcohol and sugar-sweetened beverages, and investing the resources raised in noncommunicable disease prevention and control.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, expressed concern at the influence of industry on discussions on measures to address the high cost of medicines at the third High-level Meeting, as well as the inadequate competition for biological medicines following patent expiration. In addition, governments should decide whether new cell- and gene-based therapies were medical procedures, and therefore exempt from patent protection under article 27(3)(a) of the Agreement on Trade-Related Aspects of Intellectual Property Rights. It was crucial to develop a plan to delink research and development incentives from prices.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIRMAN, called on Member States use the opportunity presented by the third High-level Meeting to commit to strong action to address the obesity epidemic. She urged governments to recognize obesity as a disease and integrate it into universal health coverage, and to reaffirm their commitment to reducing childhood obesity. Policies to tackle the social and commercial determinants of obesity should be prioritized, including fiscal policies and restrictions on unhealthy food marketing to children.

The representative of IOGT INTERNATIONAL, speaking at the invitation of the CHAIRMAN, called on Member States to: adopt health-promoting fiscal policies; make prevention and health promotion the cornerstone of the noncommunicable disease response; address the commercial determinants of health; and protect progress made in relation to noncommunicable diseases and their risk factors from fundamental conflicts of interest. In that regard, the presence of the alcohol industry at the WHO Global Conference on Noncommunicable Diseases held in Montevideo in October 2017 was deeply troubling and had led to the omission of alcohol taxation from the Montevideo Roadmap.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, expressed concern that the progress on prevention and control of noncommunicable diseases had been uneven and insufficient to meet target 3.4 of the Sustainable Development Goals. Meaningful progress and sustainable solutions would only be achieved through a multisectoral approach. In that connection, she called for recognition of the valuable contribution of the health care and pharmaceutical industries in tackling noncommunicable diseases.

The representative of OXFAM, speaking at the invitation of the CHAIRMAN, welcomed WHO's focus on vulnerable populations and applauded the call to eliminate cervical cancer. Early detection of cancer was crucial. In that connection, the United Nations and Member States must find sustainable solutions to the medicines crises in order to tackle noncommunicable diseases in a meaningful way; the recommendations of the United Nations Secretary-General's High-level Panel on Access to Medicines would be useful in that regard. Public health must take precedence over commercial interests.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, called on the Secretariat and Member States to: update the WHO definition of premature deaths from noncommunicable diseases to include children and adolescents; promote integrated approaches and effective use of existing resources; include mental health within noncommunicable disease strategies; expand the noncommunicable disease framework to include conditions and risk factors beyond the four main noncommunicable diseases and risk factors; and create meaningful ways for people living with noncommunicable diseases to participate. In addition, there was an urgent need to: catalyse domestic resource mobilization; increase financing and lending through bilateral and multilateral channels; and explore innovative financing mechanisms. She urged

the Secretariat and Member States to demonstrate strong political commitment to combating noncommunicable diseases and work towards sustainable financing in that regard.

The representative of the UNITED STATES PHARMACOPEIAL CONVENTION, speaking at the invitation of the CHAIRMAN, commended WHO for prioritizing the issue of noncommunicable diseases. Access to and shortage of quality-assured medicines severely hampered efforts to tackle noncommunicable diseases. Good policies, smart regulations and robust public quality standards that supported a multi-manufacturer environment were needed to deliver quality-assured medicines to patients.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, urged the Health Assembly to consider increasing the budgetary allocation for WHO's work on noncommunicable diseases. It was disappointing that concrete measures to control the activities of many health-harming industries had not been identified. Given the high cost of new medicines for autoimmune disorders and cancers, he urged WHO to update its guidelines on biological medicines and allow for the introduction of biosimilar alternatives.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, emphasized the importance of the third High-level Meeting as an opportunity to integrate essential cancer and noncommunicable disease services into universal health coverage. She urged Member States to: participate in the third High-level Meeting at the highest possible level; develop robust commitments to improve access to treatment and care for cancer and noncommunicable diseases, recognizing the crucial role of early detection; and strengthen surveillance on noncommunicable diseases, leveraging mechanisms such as cancer registries to inform decision-making.

The representative of the THALASSAEMIA INTERNATIONAL FEDERATION, speaking at the invitation of the CHAIRMAN, urged Member States to: acknowledge the severity and prevalence of rare diseases by including them in the agenda of the third High-level Meeting; promote national strategies and plans for the management of the multiple needs of patients with rare diseases; advocate for the adoption of the WHO fair pricing approach by the pharmaceutical industry in order to guarantee access to safe and affordable orphan drugs; and develop synergies to increase negotiating power.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, encouraged Member States to integrate pharmacists in national responses to noncommunicable diseases. Member States should empower pharmacists as key actors in the health care team with the potential to expand access to high-quality, cost-effective management of noncommunicable diseases worldwide.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that the inclusion of the World Economic Forum as an advisor to the WHO Independent High-level Commission on Noncommunicable Diseases undermined the status of the Health Assembly and Member States, who were struggling with private sector actors causing delays in regulation. There was no clear evidence to suggest that public-private partnerships and self-regulation were effective. Efforts must always be driven by governments. She therefore urged the Health Assembly to reconsider the content of the noncommunicable disease strategy.

The representative of RAD-AID INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that evidence-based, appropriate medical imaging parameters should be used as metrics for in-country needs assessments and for stepwise progress towards achievement of universal health coverage. She welcomed the opportunity to collaborate in national health system strengthening in order to build essential radiology capacity to tackle noncommunicable diseases.

The representative of the ALLIANCE FOR HEALTH PROMOTION, speaking at the invitation of the CHAIRMAN, stressed the importance of health promotion activities to reduce common risk factors contributing to noncommunicable diseases and welcomed the initiatives introduced by WHO and other partners in that regard. The third High-level Meeting would present an opportunity for Member States to demonstrate their commitment to investing in noncommunicable disease programmes and strengthen multistakeholder engagement.

The representative of the INTERNATIONAL PEDIATRIC ASSOCIATION, speaking at the invitation of the CHAIRMAN, said that the outcome document of the third High-level Meeting must recognize the need for noncommunicable disease goals to include the whole life course. Efforts to address mental health must also include early brain development. He urged Member States to implement noncommunicable disease plans that included children, youth and families through an integrated, coordinated approach. In addition, Member States should support and integrate the global coordination mechanism on the prevention and control of noncommunicable diseases with other WHO technical expertise.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIRMAN, said that palliative care was a fundamental part of both universal health coverage and the continuum of care for people living with noncommunicable diseases. Cost-effective essential palliative care should be made available to everyone who needed it.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES agreed that, while prevention was crucial, adequate investment in better management of the four main noncommunicable diseases should remain an essential component of responses to tackle such diseases. She welcomed the emphasis on ensuring long-term care that was proactive, patient-centred, community-based and sustainable. The specific challenges faced by countries affected by humanitarian crises and emergencies in ensuring a continuum of care for those living with noncommunicable diseases must be acknowledged and addressed, particularly in preparation for the third High-level Meeting.

The representative of the SECRETARIAT OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL said that, in line with target 3.a of the Sustainable Development Goals, Parties to the WHO Framework Convention on Tobacco Control had worked on strengthening implementation of the Convention and raising its importance as an essential component of the noncommunicable disease agenda. The establishment of the WHO Independent High-level Commission on Noncommunicable Diseases was welcome. She hoped that the third High-level Meeting would embrace bold ideas such as a tobacco end-game by 2030 and give due attention to strengthening the governance of global noncommunicable disease actions, including safeguarding global noncommunicable disease financing mechanisms from tobacco industry interference. She requested the inclusion, in annex 4 to document A71/14, of the recently established thematic group on tobacco control, led by the Convention secretariat, in the list of thematic groups guiding the work of the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases. In addition, she called on Parties to the Convention to become Parties to the Protocol to Eliminate Illicit Trade in Tobacco Products to enable its entry into force as soon as possible; only five

more Parties were needed to enable the first session of the Meeting of the Parties to the Protocol take place in October 2018.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health), thanked participants for their comments, and the Governments of Uruguay and Denmark for hosting the WHO Global Conference on Noncommunicable Diseases and the WHO Global Dialogue on Partnerships for Sustainable Financing of Noncommunicable Disease Prevention and Control, respectively. She called on Member States to ensure the participation of Heads of State and Government at the third High-level Meeting and the first High-level Meeting on the Fight against Tuberculosis as a means of raising the priority given to health. A consensus was emerging to integrate mental health into the scope of the third High-level Meeting. The report of the WHO Independent High-level Commission on Noncommunicable Diseases had been finalized and would be presented to the Director-General on 1 June 2018. She thanked civil society organizations for their involvement in the preparatory process for the third High-level Meeting and looked forward to their participation in the informal interactive civil society hearing.

WHO would continue to recommend a reduction in sugar intake for adults and children to prevent obesity and would continue to work on the issue of nutrition and the promotion of physical activity through the draft global action plan on physical activity 2018–2030. In addition, WHO would increase its communication efforts on noncommunicable diseases. With regard to return on investment for noncommunicable diseases, the Secretariat had recently published a report entitled “Saving lives, spending less: A strategic response to noncommunicable diseases”, which contained information on WHO “best buys” interventions.

Regarding interaction with the private sector, WHO was organizing a dialogue with Chatham House with a view to increasing the contribution from the private sector to reducing the use of salt in the food industry, eliminating trans-fats and improving access to insulin and cervical cancer vaccines. WHO was also convening a dialogue with alcohol industry actors in order to ascertain how they could contribute to implementation of the WHO global strategy to reduce the harmful use of alcohol.

Over the past four years, the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases had undertaken 20 joint programme missions to Member States and their progress would be reviewed by the United Nations Economic and Social Council in June 2018. She wished to thank Malaysia, Monaco, the Russian Federation, Sri Lanka and other Member States for their financial and political support in that regard.

The Secretariat would address the recommendations resulting from the evaluation of the global coordination mechanism on the prevention and control of noncommunicable diseases in such a way as to support implementation of the draft thirteenth general programme of work and the 2030 Agenda for Sustainable Development.

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

The draft resolution was approved.

The meeting rose at 12:30.

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