

PROVISIONAL SUMMARY RECORD OF THE EIGHTH MEETING

**Palais des Nations, Geneva
Friday, 24 May 2019, scheduled at 09:00**

Chairman: Dr Y. Suzuki (Japan)

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COMMITTEE A

EIGHTH MEETING

Friday, 24 May 2019, at 10:45

Chairman: Dr Y. Suzuki (Japan)

1. THIRD REPORT OF COMMITTEE A (document A72/74)

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

The report was adopted.¹

2. STRATEGIC PRIORITY MATTERS: Item 11 of the agenda

Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues: Item 11.8 of the agenda

- **Prevention and control of noncommunicable diseases** (documents A72/19 and EB144/2019/REC/1, decision EB144(1))

The CHAIRMAN drew attention to the Director-General's report on the sub-item contained in document A72/19 and invited the Committee to consider draft decision EB144(1) contained in document EB144/2019/REC/1.

The representative of THAILAND, speaking on behalf of the Member States of the South-East Asia Region, welcomed the fact that, under the 2018 Political Declaration adopted by the third high-level meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases, the scope of the commitments made by Heads of State and Government had been broadened to include, under what was known as the "5 x 5 NCD agenda", the reduction of air pollution and promotion of mental health and well-being, which were issues of great relevance in the Region. The Region had declared noncommunicable disease "best buy" interventions a priority, but was lagging behind others in that respect, particularly in terms of tax increases on alcohol and tobacco and bans on advertising. She asked WHO to provide more support for the integration of noncommunicable diseases into primary health care approaches and for the introduction of innovative fiscal policies for health.

No WHO Region was on track to meet the target, set out in the Noncommunicable Diseases Global Monitoring Framework, to reduce the harmful use of alcohol by 10% by 2025. In view of the evidence confirming that alcohol was not safe to consume in any quantity, the Secretariat should convene a Member State working group, pursuant to paragraph 3(d) of the draft resolution, to review whether the WHO Global Strategy to reduce the harmful use of alcohol was fit for purpose. Given the need for more targeted interventions to address aggressive alcohol marketing and promotion, she proposed that paragraph 3(d) be amended to read as follows:

“to convene a technical working group comprising of two Member States from each of the six WHO Regions to review progress and challenges in the implementation of WHO's Global

¹ See page [...].

Strategy to reduce the harmful use of alcohol during the first decade since its endorsement, and the way forward and report to the Health Assembly in 2020 through the Executive Board”.

Speaking in her national capacity, she said that the Secretariat was sending the wrong signal by allowing alcohol – a Group 1 carcinogen and the top risk factor for traffic injuries and violence – to be sold and served at headquarters and at WHO-organized events. Indeed, the declaration adopted by the Thirteenth World Conference on Injury Prevention and Safety Promotion in 2018 had asked WHO to stop that practice.

The representative of OMAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, endorsed the proposed amendment to paragraph 3(d) of the draft decision. Noncommunicable diseases were a major threat to economic and social development in his Region, which was in urgent need of guidance in areas such as implementation of the 5 x 5 NCD agenda, economic assessments of interventions in respect of noncommunicable diseases, and the introduction of relevant tax measures. The Secretariat should present a plan for increasing technical support within the framework of the Thirteenth General Programme of Work, 2019–2023.

The representative of MAURITIUS, speaking on behalf of the Member States of the African Region, welcomed the adoption of the 2018 Political Declaration and fully subscribed to the new commitments it included under the 5 x 5 NCD agenda. The Region’s countries had made progress towards implementing a multisectoral approach to noncommunicable disease prevention and control and the WHO Framework Convention on Tobacco Control. They also faced challenges, however, notably in translating the political commitments made by Heads of State and Government into action and finding sufficient funding to scale up services; in most countries, national capacities for the prevention and control of noncommunicable diseases were insufficient, and data were often lacking, incomplete or of low quality. Market conditions and commercial factors had a negative impact. All countries in the Region were committed to tracking progress at local and regional level and welcomed the development of a scorecard for each Member State for that purpose.

The representative of TONGA, speaking on behalf of the Pacific island countries and territories, outlined the significant progress they had made in terms of taxation measures and the development of national multisectoral strategies since the endorsement of the World Bank’s Non-communicable Diseases Roadmap for the Pacific in 2014. She commended WHO’s emphasis on tackling childhood obesity and outlined measures being undertaken to that end by Pacific islands, including via the Pacific Ending Childhood Obesity (ECHO) Network. Despite some progress, including the finalization of the first Pacific Monitoring Alliance for Noncommunicable Disease Action and the development of a targeted legislative framework, more work was required. Regarding mental health issues, she, too, supported the new commitments under the 5 x 5 NCD agenda. The Region benefitted from strong funding and technical support from many development partners; that support should be maintained.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, Montenegro, Serbia, Albania, Ukraine, the Republic of Moldova, as well as Georgia aligned themselves with her statement. Progress on preventing and controlling noncommunicable diseases must be accelerated if the targets set for 2030 were to be met, and she therefore called for action to focus on four main risk factors: harmful use of alcohol, tobacco use, unhealthy diets and physical inactivity. She also called on WHO to step up global and regional efforts to address mental health issues and air pollution. The Secretariat had to reassure Member States that structural change at the Organization would not result in less attention being paid to noncommunicable diseases and that there would be a coordinated approach to risk factors and diseases. The resources allocated to the noncommunicable diseases programme needed to be commensurate with the challenges Member States faced in the epidemiological transition. She expressed support for the draft decision but not for the proposed amendment to paragraph 3(d).

The representative of URUGUAY asked the Secretariat to ensure that it had sufficient human and financial resources to help Member States implement the 2018 Political Declaration. WHO should continue to spearhead efforts at national and international level, particularly when it came to setting standards and working with other stakeholders, such as civil society and the private sector.

The representative of the DOMINICAN REPUBLIC welcomed the progress made towards achieving the WHO best buys. While it agreed with the indicators listed in Annex 6 of the Director-General's report, his Government was unlikely to have met, by 2024, the tobacco-related indicators listed against the commitment to reduce risk factors, since it had not signed the WHO Framework Convention on Tobacco Control.

The representative of AUSTRALIA agreed with the proposal to extend the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020 and the comprehensive mental health action plan 2013–2020 to 2030. The Secretariat should provide Member States with more technical support, so that they could meet the commitments set out in the 2018 Political Declaration. Her Government was committed to a community-wide, multisectoral and regional approach to noncommunicable diseases. She expressed support for the draft decision but objected to the amended version of paragraph 3(d).

The representative of TUNISIA said that her Government had participated in many initiatives on noncommunicable diseases and developed a national strategy, the aims of which included reducing risk factors and providing care.

The representative of the BAHAMAS commended the addition in the 2018 Political Declaration of a commitment in respect of mental health issues. Noting that effective policies depended on reliable and timely data, he urged the Secretariat to address the disparities in Member State health information systems, which were compounded by the high costs of population-based surveys. The Secretariat should also develop tools for measuring health among children under 12 and adolescents aged 15 to 18, two groups that were not covered by existing WHO/PAHO tools.

The representative of INDIA said that his Government had introduced many policies to combat noncommunicable diseases. Global efforts to that end must be driven by strong and strategic leadership, cost-effective interventions and a multisectoral approach.

The representative of MOROCCO said that, to prevent noncommunicable diseases, it was important to engage in multilateral and multisectoral cooperation, to strengthen South–South and triangular cooperation, and to raise funds for developing countries. Governments should work with the Secretariat to identify cost-effective ways to combat noncommunicable diseases and their risk factors.

The representative of TRINIDAD AND TOBAGO outlined the national strategic framework and action plan for noncommunicable diseases developed by his Government using a whole-of-government and whole-of-society approach.

The representative of the UNITED STATES OF AMERICA welcomed the integration of new commitments to promote mental health and reduce air pollution into the global conversation on noncommunicable diseases and supported the Secretariat's plans to prioritize noncommunicable diseases through flagship efforts on various issues. The Director-General's report was correct to highlight the need for research, primary care, health workforce strengthening and surveillance capacity. In addition, health surveillance and monitoring were essential for the use of data in health policy and programme decisions, and WHO should continue to focus on building national capacities in that regard.

He welcomed plans to hold periodic dialogues with a spectrum of international business association representatives but questioned why different sectors met more or less frequently. He supported the Secretariat's plans to develop technical tools for multisectoral and multistakeholder action, but asked it to clarify the rationale, timeline and approach for developing the mechanism to assess progress towards food composition targets. He also supported the draft decision.

The representative of ARGENTINA agreed with the actions set out in Annex 5 to the Director-General's report but suggested that WHO must also strengthen implementation of evidence-based policies that reduced risk factors for noncommunicable diseases and promoted healthy eating, including to prevent obesity, and that it should involve civil society in discussions so as to ensure transparency and better manage conflicts of interests. Annex 3 should highlight the need to guarantee the participation of civil society, academic institutions and philanthropic entities in efforts to achieve Sustainable Development Goal target 3.4, and to establish transparent protocols of action; paragraph 4 should include observations made by civil society and institutions that were free of conflicts of interest, in particular on industry initiatives, which tended to yield insufficient results. Her Government agreed with the strategic priorities outlined in Annex 5. She expressed support for the draft decision.

The representative of the REPUBLIC OF KOREA said that her Government strongly supported the 2018 Political Declaration and the relevant WHO action plans. She emphasized the importance of taking action. Health policies could be improved in the light of each Member State's needs and on the basis of evidence-based practices, strengthened cooperation among stakeholders and voluntary participation. She supported WHO efforts to create cost-effective policies to reduce the use of tobacco, alcohol and sugar, as demonstrated in Annex 2 to the Director-General's report. The Secretariat should help Member States learn from each other by sharing experiences in which they had reduced sugar consumption.

The representative of SAUDI ARABIA said that his Government had put in place a national strategy on noncommunicable diseases which dealt with issues such as nutrition. In combating noncommunicable diseases, it was important for Member States to evaluate risk factors, collect scientific data and engage in multisectoral collaboration, including with the financial and agricultural sectors.

The representative of CHINA outlined his Government's efforts to combat noncommunicable diseases, which had emphasized early detection and the promotion of healthy lifestyles. WHO should continue to play a leading role, step up coordination with other international organizations and engage in efficient and practical action.

The representative of ESTONIA, speaking on behalf of Latvia, Lithuania and Slovenia, said that the only way to tackle noncommunicable diseases was to target risk factors in an integrated manner. It was important to have clear, well-focused and evidence-based strategies for tobacco and alcohol use, given the potential for conflicts of interests. He agreed that the Director-General should be asked to report to the World Health Assembly in 2020 on the implementation of the WHO global strategy to reduce the harmful use of alcohol. It was vital for alcohol policy to appear under a separate agenda item at the sessions of WHO governing bodies.

The representative of SRI LANKA supported the expanded scope of the 5 x 5 NCD agenda. As substantial investment would be needed to improve mental health infrastructure, the Secretariat should help countries assess their mental health service delivery capacities. It should also provide more technical support and policy guidelines on reducing the harmful use of alcohol, which was jeopardizing the achievement of several Sustainable Development Goals. All countries should actively seek to reduce alcohol use to improve health and well-being.

The representative of MEXICO outlined the steps being taken by her Government to prevent and control noncommunicable diseases, which it considered one of the greatest challenges facing the health sector.

The representative of TOGO, after outlining the challenges to his country's efforts to reduce the noncommunicable disease burden, expressed support for the draft decision, in particular the proposal to extend the WHO global action plan and the comprehensive mental health action plan to 2030.

The representative of the RUSSIAN FEDERATION expressed support for the unamended version of the draft decision and said that his Government intended to contribute US\$ 40.6 million between 2019 and 2023 towards WHO's work to prevent and control noncommunicable diseases, with the aim of supporting countries in the European Region facing a high noncommunicable disease burden. He expressed concern that noncommunicable diseases had been downgraded as a priority following the recent restructuring at WHO headquarters and that coordination with United Nations and civil society organizations was growing weaker, since those factors would hamper member State efforts to prevent and control noncommunicable diseases.

The representative of ANGOLA, expressing support for the draft decision, observed that the diagnosis and treatment of noncommunicable diseases was a financial burden that countries and families could ill afford; additional funding, with innovative financing mechanisms for low- and middle-income countries, was therefore needed. Governments should engage the private sector in dialogue with a view to reducing the cost of medicines and diagnostic tools.

The representative of MALAYSIA said that the Secretariat should continue to provide Member States with guidance and technical support; advocate for progress on the noncommunicable disease agenda within the United Nations system; and allocate sufficient resources and funds to ensure that its initiatives were implemented as efficiently and effectively as possible. She supported the draft decision and the proposed amendment to paragraph 3(d).

The representative of PANAMA said that her Government viewed noncommunicable diseases as socially transmitted diseases. Activities to promote healthy lifestyles and protect the population from harmful tobacco, alcohol and junk food advertising should be harmonized through effective legislation that prevented conflicts of interests from industry. She supported the broader scope of the 5 x 5 NCD agenda, implementation of which should be backed by scientific evidence and government-led, with the Secretariat and health ministers playing a key role. The Framework of Engagement with Non-State Actors should continue to be implemented so that potential risks could be assessed and managed. The Secretariat should take heed of the guidance of the Healthy Latin America Coalition to reduce noncommunicable diseases in the Region of the Americas. She supported the draft decision and the proposed amendment to paragraph 3(d).

The representative of GHANA expressed support for the draft decision and commended the Secretariat for its leadership on the issue of noncommunicable diseases and for providing a forum for countries to share progress in that respect.

The representative of ZAMBIA, noting the insufficient progress made to date towards achievement of Sustainable Development Goal target 3.4, said that his Government was committed to implementing measures at all levels to reduce the risk of premature death and disability from noncommunicable diseases. Achievement of the Sustainable Development Goals was contingent on scaled-up multistakeholder and multisectoral activities aimed at preventing and controlling noncommunicable diseases, which had high economic costs that stretched beyond health care expenses.

He applauded the expanded scope of the 5 x 5 NCD agenda and urged the Secretariat to provide technical support to Member States to help them accelerate their fulfilment of the commitments to reduce air pollution and promote mental health and well-being over the coming five years. He supported the draft decision.

The representative of the UNITED REPUBLIC OF TANZANIA, endorsing the outcomes of the third High-level Meeting, said that investment in the fight against noncommunicable diseases would reduce the risk of premature death and disability and improve health and well-being, thereby favouring economic growth. She expressed support for the Secretariat's proposal to develop a delivery plan to help Member States fulfil their commitments under the 2018 Political Declaration and its plan to assess the achievement of indicators using scorecards.

The representative of GERMANY said that the Global action plan on physical activity 2018–2030 provided a useful framework for the promotion of physical activity – an important risk factor for the development of noncommunicable diseases – prevention of such diseases and achievement of the Sustainable Development Goals. Her Government would work to raise awareness of the importance of physical activity and would seek the support of the WHO Collaborating Centre on Physical Activity and Public Health at Friedrich-Alexander University Erlangen-Nuremberg to that end. She thanked the Secretariat for coordinating the “Walk the Talk” event held on Sunday, 19 May 2019.

The representative of SLOVAKIA said that the Secretariat had provided his country with technical support to strengthen whole-of-society actions, cost-effective decision-making and health promotion measures such as health literacy through the creation of a national coalition of partners.

The representative of ETHIOPIA, observing the slow speed of progress towards the achievement of most of the voluntary global targets for 2025 for the prevention and control of noncommunicable diseases, with the exception of obesity and diabetes, expressed appreciation for the Secretariat's efforts to provide technical support to countries to accelerate their response, including the development of a technical package for the establishment of multistakeholder dialogue mechanisms, and commended the implementation of the four special initiatives to fast-track specific health outcomes in selected countries. She expressed support for the draft decision.

The representative of SINGAPORE welcomed calls to action at international platforms such as the eighth session of the Conference of the Parties on the WHO Framework Convention on Tobacco Control, and the commitment of the third high-level meeting to invite the private sector to contribute more towards the prevention of noncommunicable diseases. Her Government recognized the need for international collaboration and novel methods, and looked forward to receiving innovative ideas from other Member States for noncommunicable disease prevention.

The representative of PARAGUAY reaffirmed his Government's commitment to the 2018 Political Declaration. After outlining the situation in respect of noncommunicable diseases in his country, he said that his Government would pursue its efforts to meet the relevant objectives, notably by initiating the process for ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products by 2024, when the Director-General was to submit a progress report to the United Nations General Assembly.

The representative of BELGIUM, while welcoming the commitment to promote mental health and well-being as part of the 5 x 5 NCD agenda, said that it was only the first step towards the development of a global policy on mental health, which should be included in draft programmes on universal health coverage. Prevention and early detection initiatives should be promoted and carried out

for all target populations. Psychosocial rehabilitation models should be promoted and considered the baseline for new practices, irrespective of the target group.

The representative of NORWAY said that it was crucial to accelerate implementation of the WHO-recommended cost-effective interventions listed in Appendix 3 to the global action plan. Her Government was currently drafting a strategy to integrate noncommunicable diseases into development aid, so as to assist low-income countries in that respect. Noting that the recent report of the Bloomberg task force on fiscal policy for health added to evidence that taxation of tobacco, alcohol and sugary drinks was a cost-effective means of reducing consumption, she urged the Secretariat to continue updating Member States on scientific developments, a key function of the Organization's normative role. She expressed support for the draft decision as initially presented and underlined that Annex 3 to the global action plan should be updated only on the basis of WHO's normative mandate.

The representative of CANADA said that Member States should build on the momentum from the third High-level Meeting to support efforts to achieve Sustainable Development Goal target 3.4. She welcomed further dialogue on implementation of the commitments for action towards that target and expressed support for the promotion of mental health and environmental risk factors of noncommunicable diseases within the broader framework for noncommunicable diseases. She also endorsed the plan to extend the global action plan and the comprehensive mental health action plan to 2030. Her Government would continue to share best practices and lessons learned with other stakeholders and looked forward to hearing about their experiences. She expressed support for the draft decision as initially presented.

The representative of BRAZIL said that policy recommendations should be the outcome of proper consultations with Member States and other relevant stakeholders, and based on the Secretariat's reviews of research and scientific evidence. She encouraged the Secretariat to engage in consultations with Member States to ensure their full participation in the fight against noncommunicable diseases, and expressed support for the draft decision as initially presented.

The representative of NAMIBIA asked the Secretariat to confirm that 9 per cent of deaths in the African Region in 2016 had resulted from noncommunicable diseases, as indicated in Table 2 of the Director-General's report, as that seemed to be an underestimate, especially given that only 41% of countries in the Region had noncommunicable disease surveillance and monitoring systems in place. Assistance should be provided as a priority for the development and implementation of such systems at country level, in order to enhance the reliability and accuracy of data. The universal health coverage index of essential service coverage should be taken into account in the global monitoring framework for prevention and control of noncommunicable diseases, to prevent duplicate reporting.

The representative of BAHRAIN applauded the broader scope of commitments under the 5 x 5 NCD agenda and reaffirmed her Government's support for monitoring progress towards the global action plan targets; the achievement of the Sustainable Development Goals; the strengthening of national capacities and health systems; universal health coverage; and taxation of tobacco, alcoholic beverages and sugar-sweetened beverages. Member States should be assisted to meet their commitments and step up interventions to enhance control of noncommunicable diseases and risk factors.

The representative of SPAIN said that it was essential to work towards universal health coverage and overcome the challenge of noncommunicable diseases by establishing a quality health system that integrated all departments and was predicated on primary health care. To respond to the challenge posed by noncommunicable diseases, policies should be established that took patients' expectations and conditions into account, and emphasized promotion, prevention and adequate provision of rehabilitation. Civil society involvement and resource mobilization were essential to that end.

The representative of PERU said that it was indispensable to reduce the risk factors associated with noncommunicable diseases using an integrated and multisectoral approach that involved civil society and the private sector. He expressed support for the draft decision as approved by the 144th session of the Executive Board, notably the request that the Director-General should develop policy options to promote mental health and well-being and reduce the number of premature deaths from noncommunicable diseases attributed to air pollution.

The representative of ALGERIA noted that noncommunicable diseases constituted not only a health problem but also an economic challenge, compromising progress towards the Sustainable Development Goals. It was vital to identify obstacles and opportunities when addressing noncommunicable diseases within the framework of universal health coverage. A multisectoral approach was called for, given that essential preventive measures did not necessarily fall under the ambit of the health authorities. The 2018 Political Declaration was an important tool in that regard.

The representative of VIET NAM, welcoming the commitments to reduce air pollution and promote mental health and well-being, asked WHO to provide guidance on the prioritization and adaptation of the list of best buys and “accelerators”, tailored to the country context. She expressed support for the proposed amendment to paragraph 3(d) of the draft decision.

The representative of SURINAME, sharing the concern expressed earlier about the sale of alcohol in the WHO canteen, observed that certain interpretations of studies on alcohol use had led some health professionals to advocate alcohol consumption, while others warned people of the negative effects. Although the damaging effects on health of tobacco use had been acknowledged, the same stance had not been adopted in relation to alcohol. She proposed that the availability of alcohol should be regulated in national health organizations and offices. Alcohol use was often not recognized as harmful until it had become an addiction.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND agreed with the Director-General’s report that multisectoral collaboration was needed to meet Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). Obesity was a serious and growing issue on every continent, and obesity rates would only be reduced if all effective tools were used, including fiscal policies. He welcomed the greater prominence given to mental health and the mounting political will to drive the issue up the international health agenda. He backed the draft decision as initially presented.

The representative of the ISLAMIC REPUBLIC OF IRAN agreed with previous speakers on the need for an integrated multisectoral approach and community engagement. After reviewing the steps taken by her country to prevent noncommunicable diseases, she recommended that the Secretariat should provide assistance enabling Member States to strengthen resource mobilization at national and regional levels, establish a special fund for the prevention and control of noncommunicable diseases, and furnish technical support for the integration of noncommunicable diseases into primary health care. She expressed support for the draft decision and for the proposed amendment to paragraph 3(d), which should be further amended to specify that the two delegates from each region should be selected by the relevant regional director.

The representative of the PHILIPPINES said that broader action was required to meet Sustainable Development Goal target 3.4. The Secretariat and Member States should lend their support in a range of areas, including the management of cases of noncommunicable diseases at the primary care level. His Government strongly supported the proposed amendment to paragraph 3(d) of the draft decision.

The representative of PAKISTAN said that prevention and control of noncommunicable diseases required broad changes to public health operations, and that a concerted effort must be made at all levels to reduce their impact on health systems and economic development. His Government welcomed the expanded scope of commitments under the 5 x 5 NCD agenda and the Secretariat's support for reducing morbidity and mortality associated with noncommunicable diseases.

The representative of CHILE summarized her Government's efforts to prevent and control noncommunicable diseases.

The representative of ITALY said that her Government attached great importance to intersectoral noncommunicable disease prevention strategies. It supported the draft decision, but not the proposed amendment thereto.

The representative of INDONESIA said that, in order to prevent and control noncommunicable diseases, the Secretariat should urge other United Nations agencies to incorporate health in all policies, while continuing to provide technical support to Member States and working closely with partners. His Government supported the draft decision with the amendment proposed to paragraph 3(d).

The representative of BOTSWANA, noting that noncommunicable diseases undermined social and economic development, asked for the Secretariat's technical support with regard to target-setting and noncommunicable disease surveillance systems. He endorsed the recommendations contained in the Director-General's report.

The representative of EGYPT, after reviewing his country's efforts to combat noncommunicable diseases, said that Member States should exchange experiences so as to consolidate noncommunicable disease prevention efforts and advance towards achievement of Sustainable Development Goal 3.

The representative of SOUTH AFRICA noted the need for more aggressive global action that addressed the commercial determinants of health. The cost of diagnostic tests, vaccines and medicines for noncommunicable diseases should be reduced, and greater policy cohesion introduced at all levels. Health must be included in all policies as a matter of urgency. Her Government welcomed the 5 x 5 NCD agenda and the Secretariat's initiatives to accelerate progress by Member States.

The representative of BARBADOS urged the Director-General to address childhood obesity specifically and to create strong links between the universal health coverage and noncommunicable disease agendas; both areas were vital to achievement of the Sustainable Development Goals. His Government wished to highlight the influence of global trade policies on fragile economies and the need for enhanced data collection and reporting on indicators and targets.

The representative of KAZAKHSTAN said that her Government supported the WHO global action plan and the initiative to introduce noncommunicable disease accelerators and innovative fiscal policies for health. Strong primary health care would help Member States manage noncommunicable diseases.

The representative of BANGLADESH expressed support for the draft decision and the proposed amendment to paragraph 3(d). His Government appreciated the leadership role played by WHO in obtaining further commitments at the third high-level meeting, the outcome of which would guide countries on the prevention and control of noncommunicable diseases.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that pharmacists should be empowered to reduce the noncommunicable disease burden through a wide range of services, including interdisciplinary collaborative practices. She urged policymakers to ensure that new noncommunicable disease technologies and services were accessible and appropriately remunerated.

The representative of the WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS, speaking at the invitation of the CHAIRMAN, said that while his Federation welcomed the 2018 Political Declaration, it was concerned at the emphasis on prevention. A significant number of noncommunicable diseases were not preventable, making diagnosis and treatment critical.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIRMAN, welcomed the 2018 Political Declaration and WHO's commitment to taxes on sugar-sweetened beverages, which must extend to fruit juices and flavoured milks. Member States that had taken the lead on that issue should evaluate their policies so that others could follow suit.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that a strong and balanced health workforce had a pivotal role to play in achievement of Sustainable Development Goal 3. Health systems should therefore be strengthened by tackling the shortage of health professionals and fostering safe working conditions. She called on the Secretariat and Member States to take into account that many countries needed funding to carry out that work.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN and on behalf of the International Association for Dental Research, expressed support for the Director-General's recommendation that Member States levy taxes on all sugar-sweetened beverages. Member States should go beyond the scorecard indicators set out in Annex 6 of the Director-General's report by developing national policies to reduce sugar consumption. They should implement the WHO guidelines on sugar intake for adults and children, consult her Federation's guidance on sugar and dental caries, and integrate oral health into national noncommunicable disease action plans with time-bound targets.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, called on Member States to levy taxes on tobacco, alcohol and sugar-sweetened beverages. All stakeholders were urged to facilitate access to health care, healthy food and sustainable city planning, adopt a life course approach to healthy lifestyles and strengthen primary health care systems. She urged the international community to include young health professionals at all levels of decision-making.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, called on Member States to recognize the relationship between chronic disease and mental health and ensure adequate funding for interventions in that regard; to enable nurses to work to their full scope of practice and to support the development of specialized roles; and to include nurses at all levels of noncommunicable disease policy- and decision-making, and recognize the key role nurses played in the prevention and control of such diseases.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN and noting that nutrition had been consistently under-financed, said that the next Global Nutrition Summit, to be hosted by the Japanese Government alongside the Olympics in 2020, presented

an important opportunity to make progress on the Sustainable Development Goals and end malnutrition in all its forms.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, observed that the promotion of pharmacy services could help to address gaps in health care, especially in low-resource settings. She therefore called for noncommunicable disease action plans and policies to integrate pharmacists as key health care providers in order to promote better outcomes.

The representative of IOGT INTERNATIONAL, speaking at the invitation of the CHAIRMAN and noting that health-harmful industries presented a major obstacle to implementation of the “best buys”, expressed concern about the annual dialogue with the alcohol industry. If the alcohol industry failed to implement the recommendations of the 2018 Political Declaration, those dialogues should be terminated. She called on the Secretariat to better respond to Member States' requests for technical support and to include alcohol harm as a standalone item on the agendas of the WHO governing bodies in 2020.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, requested Member States to acknowledge additional chronic conditions such as psoriasis, arthritis, sickle cell disease and trauma in the 5 x 5 NCD agenda and to implement the WHO “best buys” interventions. In that regard, governments should enhance international, regional and national cooperation; improve financial risk protections; expand social protection schemes; and explore multisectoral solutions and public-private partnerships.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that the international community must tackle the power of corporations, support small farmers, provide biodiverse and culturally appropriate foods, and prevent soil depletion, deforestation and land grabbing. WHO should examine internal conflicts of interest. Its work on misleading baby food marketing and conflicts of interest in that area set a good example.

The representative of the INTERNATIONAL UNION FOR HEALTH PROMOTION AND EDUCATION, speaking at the invitation of the CHAIRMAN and observing that the challenges related to noncommunicable diseases required a systemic response to strengthen health promotion and primary prevention efforts, recommended developing, delivering and implementing robust plans and actions through political commitment; implementing sustainable financing and strong leadership; and ensuring dedicated health promotion institutions, a competent health promotion workforce and effective mechanisms for cross-sector collaboration.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, asked the Secretariat to publicize how it had exercised particular caution when engaging with the private sector, as required under the Framework of Engagement with Non-State Actors, and to implement WHA67.21 (2014) requesting the Director-General to convene WHO's Expert Committee on Biological Standardization to update the 2009 guidelines on evaluation of similar biotherapeutic products.

The representative of CORPORATE ACCOUNTABILITY, speaking at the invitation of the CHAIRMAN and noting that private sector entities were undermining efforts to eradicate noncommunicable diseases, said that governments must protect public health policies from corporate influence. He therefore recommended that they implement Article 5.3 of the WHO Framework

Convention on Tobacco Control and extend its application to the food and alcohol industries; implement Article 19 of the Convention to recoup the health care costs associated with the tobacco epidemic; and eliminate abusive industry practices. Given the inherent conflicting interests with public health, he urged WHO to cease engagement with the food and alcohol industries.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN and on behalf of the Union for International Cancer Control and World Cancer Research Fund International, called on Member States to adopt the draft decision; secure and increase sustainable financing for WHO and national noncommunicable disease responses; end subsidies that were harmful to health; ensure the meaningful involvement of people living with noncommunicable diseases and marginalized populations; implement cost-effective interventions for noncommunicable diseases; exercise caution when engaging with the private sector; and pay greater attention to potential conflicts of interest. She called on WHO to ensure managerial accountability for the delivery of the global action plan; address data gaps; allocate human and financial resources at the country level to meet demand for technical assistance and support the roll-out of technical packages; and identify a more comprehensive package of evidence-based interventions to progress towards Sustainable Development Goal target 3.4.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN and on behalf of the International Society of Nephrology and Alzheimer's Disease International, urged the Secretariat and Member States to address noncommunicable diseases that were not in the five main disease groups, which were not included in current plans; deliver people-centred and integrated care for all noncommunicable diseases; secure sustainable human and financial resources to ensure a comprehensive response; and ensure that all noncommunicable diseases were covered at the upcoming high-level meeting of the United Nations General Assembly on universal health coverage.

The representative of the SECRETARIAT OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL noted that more and more countries had an operational policy, strategy or action plan to reduce the burden of tobacco use in line with the WHO Framework Convention on Tobacco Control. The Convention required Parties to implement a comprehensive series of tobacco control measures at all levels of government using a multisectoral approach. He was pleased to note that five of those measures had been included in the outline of the report to the United Nations General Assembly in 2024. The Convention Secretariat had been working closely with WHO on the global noncommunicable disease agenda, and hoped that due attention would be given in that regard to strengthening the governance of global noncommunicable disease actions and safeguarding the relevant global financing mechanisms from tobacco industry interference. The Convention Secretariat was committed to its role within the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases and would continue to encourage greater coordination within the thematic group on tobacco control. He called on all Member States that had not yet done so to ratify the Convention and the Protocol to Eliminate Illicit Trade in Tobacco Products.

The meeting rose at 13:20.

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