

PROVISIONAL SUMMARY RECORD OF THE EIGHTH MEETING

**WHO headquarters, Geneva
Thursday, 21 January 2021, scheduled at 14:00**

Chair: Dr H. VARDHAN (India)

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EIGHTH MEETING

Thursday, 21 January 2021, at 14:15

Chair: Dr H. VARDHAN (India)

PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE (continued)

POLITICAL DECLARATION OF THE THIRD HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY ON PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES: Item 6 of the agenda (documents EB148/7, EB148/7 Add.1, EB148/7 Add.2)

- **Oral Health** (document EB148/8)

The CHAIR drew attention to the draft decision on addressing diabetes as a public health problem proposed by Canada, Costa Rica, Eswatini, France, Indonesia, Jamaica, Norway, Qatar, Russian Federation, Sudan, Uruguay and Vanuatu, which read:

(PP1) The Executive Board, having considered the report on the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases;¹

(PP2) Expressing deep concern at the lack of progress in addressing diabetes as a public health problem and recognizing that necessary efforts for the prevention and control of diabetes are hampered by, inter alia, lack of universal access to quality, safe, effective, affordable essential health services, medicines, diagnostics and health technologies, as well as a global shortage of qualified health workers;²

(PP3) Noting with deep concern that the effectiveness of efforts to reduce, halt and reverse the main risk factors for diabetes (tobacco use, unhealthy diet, overweight and obesity, and physical inactivity), included in the global action plan for the prevention and control of noncommunicable diseases 2013–2020, have been insufficient and not uniform;

(PP4) Noting also that more than 422 million people were living with diabetes worldwide in 2014,³ and that this number is estimated to rise to 570 million by 2030,⁴ and 700 million by 2045,⁵ and that diabetes was among the top 10 causes of death in 2019, following a significant

¹ Document EB148/7.

² United Nations General Assembly resolution 75/130.

³ WHO fact sheet. Diabetes, 8 June 2020 (available at <https://www.who.int/news-room/fact-sheets/detail/diabetes#:~:text=Key%20facts,in%20premature%20mortality%20from%20diabetes>, accessed 18 January 2021).

⁴ Wild S, Roglic G, Green A, Sicree R, King S. Global prevalence of diabetes. *Diabetes Care*. 2004;27(5):1047–53. doi 10.2337/diacare.27.5.1047.

⁵ International Diabetes Federation. About diabetes: diabetes facts and figures (available at <https://www.idf.org/aboutdiabetes/what-is-diabetes/facts-figures.html#:~:text=Diabetes%20facts%20%26%20figures,-Last%20update%3A%2012&text=In%202019%2C,low%2D%20and%20middle%2Dincome%20countries>, accessed 18 January 2021).

increase of 70% since 2000,¹ and alarmed that the probability of dying from diabetes between the ages of 30 and 70 years increased by 5% between 2000 and 2016;²

(PP5) Recognizing that people living with diabetes are at higher risk of developing severe COVID-19 symptoms and are among those most impacted by the pandemic;³

(PP6) Recognizing also the centenary of the discovery of insulin and acknowledging the significant health gains made possible through research and innovation, decided:

(OP1) to urge Member States⁴ to intensify, where appropriate, efforts to address the prevention and control of diabetes as a public health problem as part of universal health coverage, by advancing comprehensive approaches on prevention, management, including its complications, and integrated service delivery, while emphasizing the importance of early and childhood prevention and ensuring that no one is left behind, within the framework of the global action plan for the prevention and control of noncommunicable diseases 2013–2020;

(OP2) to encourage Member States⁴ and the Secretariat to recognize and to celebrate in 2021, as appropriate, including in the margins of the Seventy-fourth World Health Assembly, the centenary of the discovery of insulin, and to update public awareness and education campaigns about diabetes prevention and treatment and associated risk factors;

(OP3) to request the Director-General to update the report to be submitted for consideration to the Seventy-fourth World Health Assembly by adding an annex on major obstacles to achieving the diabetes-related targets in the global action plan;

(OP4) to request the Director-General to ensure the efficient implementation of diabetes-related objectives of the global action plan and to report on progress as part of the consolidated reporting on noncommunicable diseases.

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

Decision: Addressing diabetes as a public health problem	
A. Link to the approved Programme budget 2020–2021	
1. Output(s) in the approved Programme budget 2020–2021 to which this draft decision would contribute if adopted:	
1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results	
3.2.1. Countries enabled to develop and implement technical packages to address risk factors through multisectoral action	
2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:	
Not applicable.	

¹ WHO fact sheet. The top 10 causes of death, 9 December 2020 (available at <https://www.who.int/news-room/fact-sheets/detail/the-top-10-causes-of-death>, accessed 18 January 2021).

² World health statistics 2020: monitoring health for the SDGs. Geneva: World Health Organization; 2020 (available at <https://www.who.int/data/gho/publications/world-health-statistics>, accessed 18 January 2021).

³ United Nations General Assembly resolution 74/306.

⁴ And, where applicable, regional economic integration organizations.

<p>3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:</p> <p>Not applicable.</p>
<p>4. Estimated time frame (in years or months) to implement the decision:</p> <p>Development of a workplan 2021–2023 to promote and monitor global action on the implementation of the diabetes-related objectives in WHO’s global action plan for the prevention and control of noncommunicable diseases 2013–2030 and promote the implementation of the workplan (three years).</p> <p>Development of an annex to the Director-General’s report to be submitted to the Seventy-fourth World Health Assembly on the follow-up to the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, setting out major obstacles in meeting the diabetes-related targets in WHO’s global action plan for the prevention and control of noncommunicable diseases 2013–2030 (three months).</p>
<p>B. Resource implications for the Secretariat for implementation of the decision</p>
<p>1. Total resource requirements to implement the decision, in US\$ millions:</p> <p>US\$ 76.0 million (staff US\$ 38.0 million, activities US\$ 38.0 million).</p>
<p>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:</p> <p>US\$ 32.0 million (staff US\$ 16.0 million, activities US\$ 16.0 million).</p>
<p>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:</p> <p>Not applicable.</p>
<p>3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:</p> <p>US\$ 44.0 million (staff US\$ 22.0 million, activities US\$ 22.0 million).</p>
<p>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</p> <p>Not applicable.</p>
<p>5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</p> <ul style="list-style-type: none"> – Resources available to fund the decision in the current biennium: US\$ 16.0 million. – Remaining financing gap in the current biennium: US\$ 16.0 million.
<ul style="list-style-type: none"> – Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium: Not applicable.

Table. Breakdown of estimated resource requirements (in US\$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	2.2	1.8	2.2	1.8	2.2	1.8	4.0	16.0
	Activities	2.0	2.0	2.0	2.0	2.0	2.0	4.0	16.0
	Total	4.2	3.8	4.2	3.8	4.2	3.8	8.0	32.0
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	3.3	2.7	3.3	2.7	3.3	2.7	4.0	22.0
	Activities	3.0	3.0	3.0	3.0	3.0	3.0	4.0	22.0
	Total	6.3	5.7	6.3	5.7	6.3	5.7	8.0	44.0
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The CHAIR drew attention to the draft decision on the follow-up of the political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases proposed by Costa Rica, Eswatini, Jamaica, Norway, Qatar, Russian Federation, Sudan and Uruguay, which read:

The Executive Board, having considered the report on the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases¹ and its annexes on the mid-point evaluation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2030² and the final evaluation of the global coordination mechanism on the prevention and control of noncommunicable diseases,³ decided to recommend to the Seventy-fourth World Health Assembly the adoption of the following decision:

The Seventy-fourth World Health Assembly, having considered the report on the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and its annexes on the mid-point evaluation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2030 and the final evaluation of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases, decided:

(OP1) to request the Director-General to present, in response to the global action plan for the prevention and control of noncommunicable diseases 2013–2030 and the recommendations of the mid-term evaluation of the global action plan, an implementation roadmap 2023–2030 for the global action plan through the Executive Board at its 150th

¹ Document EB148/7.

² Document EB148/7 Addendum 1.

³ Document EB148/7 Addendum 2.

session, and subsequent consultations with Member States¹ and relevant stakeholders, for consideration by the Seventy-fifth World Health Assembly;
(OP2) to request the Director-General, in response to the recommendations of the final evaluation of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases, to develop, in consultation with Member States⁴ and relevant stakeholders, an options paper on the global coordination mechanism, for further guidance by the Seventy-fourth World Health Assembly

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

Decision: Follow-up of the Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases	
A. Link to the approved Programme budget 2020–2021	
1. Output(s) in the approved Programme budget 2020–2021 to which this draft decision would contribute if adopted:	<p>1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results</p> <p>3.2.1. Countries enabled to develop and implement technical packages to address risk factors reduced through multisectoral action</p>
2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:	Not applicable.
3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:	Not applicable.
4. Estimated time frame (in years or months) to implement the decision:	<p>14 months.</p> <p>Development of a road map 2023–2030 for the WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030 (February 2021–May 2022).</p> <p>Development of an options paper for the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases (February–December 2021).</p>
B. Resource implications for the Secretariat for implementation of the decision	
1. Total resource requirements to implement the decision, in US\$ millions:	US\$ 2.2 million (staff US\$ 1.15 million, activities US\$ 1.05 million).
2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:	US\$ 2.1 million (staff US\$ 1.1 million, activities US\$ 1.0 million).
2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:	Not applicable.

¹ Regional Economic Integration Organizations.

3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:
US\$ 0.1 million.
4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:
Not applicable.
5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions
– Resources available to fund the decision in the current biennium:
US\$ 2.1 million.
– Remaining financing gap in the current biennium:
Zero.
– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:
Not applicable.

Table. Breakdown of estimated resource requirements (in US\$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	0.15	0.10	0.10	0.10	0.15	0.10	0.40	1.10
	Activities	0.10	0.10	0.10	0.10	0.10	0.10	0.40	1.00
	Total	0.25	0.20	0.20	0.20	0.25	0.20	0.80	2.10
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	–	–	–	–	–	–	0.05	0.05
	Activities	–	–	–	–	–	–	0.05	0.05
	Total	–	–	–	–	–	–	0.10	0.10
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The CHAIR drew attention to the draft resolution on oral health proposed by Bangladesh, Bhutan, Botswana, Eswatini, Indonesia, Israel, Jamaica, Japan, Kenya, Peru, Qatar, Sri Lanka, Thailand and the Member States of the European Union, which read:

The Executive Board,
Having considered the report on oral health,¹ ensuring basic oral health for all,

¹ Document EB148/8.

RECOMMENDS to the Seventy-fourth World Health Assembly the adoption of the following resolution:

The Seventy-fourth World Health Assembly,

(PP1) Having considered the report by the Director-General on oral health, ensuring basic oral health for all;

(PP2) Recalling resolutions WHA60.17 (2007) on oral health: action plan for promotion and integrated disease prevention, WHA69.3 (2016) on the global strategy and action plan on ageing and health 2016–2020: towards a world in which everyone can live a long and healthy life, WHA72.2 (2019) on primary health care; and decisions WHA72(11) (2019) on the follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases and WHA73(12) (2020) on the Decade of Healthy Ageing 2020–2030;

(PP3) Mindful of the 2030 Agenda for Sustainable Development, in particular Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages), and recognizing the important intersections between oral health and other Sustainable Development Goals, including Goal 1 (End poverty in all its forms and everywhere), Goal 2 (End hunger, achieve food security and improved nutrition and promote sustainable agriculture), Goal 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all) and Goal 12 (Ensure sustainable consumption and production patterns);

(PP4) Recalling the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (2011), recognizing that oral diseases pose a major challenge and could benefit from common responses to noncommunicable diseases;

(PP5) Recalling the political declaration of the high-level meeting on universal health coverage (2019), including the commitment therein to strengthen efforts to address oral health as part of universal health coverage;

(PP6) Mindful of the Minamata Convention on Mercury (2013), a global treaty to protect the human health and the environment from anthropogenic emissions and releases of mercury and mercury compounds, calling for phase-down of the use of dental amalgam taking into account domestic circumstances and relevant international guidance; and recognizing that a viable replacement material should be developed through focused research;

(PP7) Recognizing that oral diseases are highly prevalent, with more than 3.5 billion people suffering from them, and that oral diseases are closely linked to noncommunicable diseases, leading to a considerable health, social and economic burden,¹ and that while there have been notable improvements in some countries, the burden of poor oral health remains especially among the most vulnerable in society;

(PP8) Noting that untreated dental caries (tooth decay) in permanent teeth occurs in 2.3 billion people, more than 530 million children suffer from untreated dental caries of primary teeth (milk teeth) and 796 million people are affected by periodontal diseases,² and that early rates of childhood caries are highest among those in vulnerable situations; and aware that these conditions are largely preventable;

¹ Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. *Lancet* 2018; 392: 1789–8583 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6227754/>.

² Global Burden of Disease 2017 Oral Disorders Collaborators, Bernabe E, Marcenes W et. al. Global, regional, and national levels and trends in burden of oral conditions from 1990 to 2017: A systematic analysis for the Global Burden of Disease 2017 study. *J Dent Res*. 2020;99(4):362–373 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7088322/>.

(PP9) Noting that oral cancers are among the most prevalent cancers worldwide with 180 000 deaths each year,¹ and that in some countries they account for the most cancer-related deaths among men;

(PP10) Noting the economic burden due to poor oral health and that oral diseases worldwide account for US\$ 545 billion in direct and indirect costs,² ranking poor oral health among the most costly health domains like diabetes and cardiovascular diseases;

(PP11) Also taking into account that poor oral health apart from pain, discomfort and lack of well-being and quality of life, leads to absenteeism at school and the workplace,³ leading to shortfalls in learning and productivity losses;

(PP12) Concerned about the effect of poor oral health on the quality of life and healthy ageing in a physical and mental context; and noting that poor oral health is a regular cause for pneumonia for elderly people, particularly those living in care facilities, and for persons with disabilities;

(PP13) Aware that poor oral health is a major contributor to general health conditions, and noting that it has particular associations with cardiovascular diseases, diabetes, cancers, pneumonia, and premature birth;⁴

(PP14) Noting that Noma, a necrotizing disease starting in the mouth, is fatal for 90% of affected children in poor communities, mostly in some regions in Africa, and leads to lifelong disability and often social exclusion;

(PP15) Concerned that the burden of poor oral health reflects significant inequalities, between and within countries, disproportionally affecting low- and middle-income countries, mostly affecting people from lower socioeconomic backgrounds and other risk groups, such as persons who cannot maintain their oral hygiene on their own due to their age or disability;

(PP16) Acknowledging the many risk factors that oral diseases share with noncommunicable diseases, such as tobacco use, harmful use of alcohol, a high intake of free sugars, poor hygiene, and therefore the necessity to integrate strategies on oral health promotion, prevention and treatment into overall noncommunicable disease policies;

(PP17) Recognizing that adequate intake of fluoride plays an important role in the development of healthy teeth and in prevention of dental caries; and the need to mitigate the adverse effects of excessive fluoride in water sources to the development of teeth;⁵

(PP18) Concerned about the potential environmental impact caused by the use and disposal of mercury-containing dental amalgam, and the use of toxic chemicals for developing x-ray photographs;

(PP19) Concerned that oral health services are among the most affected essential health services because of the COVID-19 pandemic, with 77% of the countries reporting partial or complete disruption;

¹ <https://gco.iarc.fr/today/data/factsheets/cancers/1-Lip-oral-cavity-fact-sheet.pdf>.

² Righolt AJ, Jevdjevic M, Marcenes W, Listl S. Global-, regional-, and country-level economic impacts of dental diseases in 2015. *J Dent Res*. 2018;97(5):501-507.

³ Peres MA, Macpherson LMD, Weyant RJ, Daly B, Venturelli R, Mathur MR, Listl S, Celeste RK, Guarnizo-Herreño CC, Kearns C, Benzian H, Allison P, Watt RG. Oral diseases: a global public health challenge. *Lancet*. 2019 Jul 20;394(10194):249-260. Link: <https://pubmed.ncbi.nlm.nih.gov/31327369/>.

⁴ Seitz MW, Listl S, Bartols A, Schubert I, Blaschke K, Haux C, et al. Current Knowledge on Correlations Between Highly Prevalent Dental Conditions and Chronic Diseases: An Umbrella Review. *Prev Chronic Dis* 2019; 16:180641 https://www.cdc.gov/pcd/issues/2019/18_0641.htm.

⁵ Petersen PE, Lennon MA. Effective use of fluorides for the prevention of dental caries in the 21st century: the WHO approach. *Community Dent Oral Epidemiol* 2004; 32: 319-21 https://www.who.int/oral_health/media/en/orh_cdoe_319to321.pdf?ua=1.

(PP20) Highlighting the importance of oral health and interventions with a life course approach from the mother's gestation and the birth of the children and in addressing shared risk factors;

(PP21) Noting that a number of oral and dental conditions can act as indicators of neglect and abuse, especially among children, and that oral health professionals can contribute to the detection of child abuse and neglect,

(OP1) URGES Member States, taking into account their national circumstances:

- (1) to understand and address the key risk factors for poor oral health and associated burden of disease;
- (2) to foster the integration of oral health within their national policies, including through the promotion of articulated interministerial and intersectoral work;
- (3) to reorient the traditional curative approach, basically pathogenic, and move towards a preventive promotional approach with risk identification for timely, comprehensive and inclusive care, taking into account all stakeholders in contributing to the improvement of the oral health of the population with positive impact on overall health;
- (4) to promote the development and implementation of policies to promote efficient workforce models for oral health services;
- (5) to facilitate the development and implementation of effective surveillance, monitoring systems;
- (6) to map and track the concentration of fluoride in drinking water;
- (7) to strengthen the provision of oral health services delivery as part of the essential health services package that deliver universal health coverage;
- (8) to improve oral health worldwide by creating an oral health-friendly environment, reducing risk factors, strengthening a quality assured oral health care system and raising public awareness for the needs and benefits of a good dentition and a healthy mouth;

(OP2) CALLS ON Member States:

- (1) to frame oral health policies, plans and projects for the management of oral health care according to the vision and political agendas in health projected for 2030, in which oral health is considered as an integral part of general health, responding to the needs and demands of the public for good oral health;
- (2) to strengthen cross-sectoral collaboration across key settings, such as schools, communities and workplaces to promote habits and healthy lifestyles, integrating teachers and the family;
- (3) to enhance oral health professionals' capacities to detect potential cases of neglect and abuse, and provide them with the appropriate and effective means to report such cases to the relevant authority according to the national context;

(OP3) REQUESTS the Director-General:

- (OP3.1) to develop, by 2022 a draft global strategy, in consultation with Member States, on tackling oral diseases aligned with the Global action plan for the prevention and control of noncommunicable diseases 2013-2030 and pillars 1 and 3 of WHO's Thirteenth General Programme of Work, for consideration by the WHO governing bodies in 2022;
- (OP3.2) to translate this global strategy, by 2023, into an action plan for public oral health, including an framework for tracking progress with clear measurable targets to be achieved by 2030, encompassing control of tobacco use, betel quid and areca nut chewing, and alcohol use; community dentistry, health promotion and education,

prevention and basic curative care, providing a basis for a healthy mouth where no one is left behind; this action plan should also contain the use of provisions that modern digital technology provides in the field of telemedicine and teledentistry; (OP3.3) to develop technical guidance on environmentally friendly and less-invasive dentistry to support countries with their implementation of the Minamata Convention on Mercury, including supporting preventative programmes; (OP3.4) to continue to update technical guidance to ensure safe and uninterrupted dental services, including under circumstances of health emergencies; (OP3.5) to develop ‘best buys’ interventions on oral health, as part of an updated Appendix 3 of the WHO Global action plan on the prevention and control of noncommunicable diseases and integrated into the WHO UHC Intervention Compendium; (OP3.6) to include noma in the planned WHO 2023 review process to consider the classification of additional diseases within the road map for neglected tropical diseases 2021-2030; (OP3.7) to report back on progress and results until 2031 as part of the consolidated report on noncommunicable diseases, in accordance with paragraph 3(e) of decision WHA72(11).

The financial and administrative implications of the draft resolution for the Secretariat were:

Resolution: Oral health	
A. Link to the approved Programme budget 2020–2021	
1. Output(s) in the approved Programme budget 2020–2021 to which this draft resolution would contribute if adopted:	
1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages	
1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results	
1.3.2. Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems	
1.3.4. Research and development agenda defined and research coordinated in line with public health priorities	
3.1.2. Countries enabled to address environmental determinants of health, including climate change	
3.2.1. Countries enabled to develop and implement technical packages to address risk factors through multisectoral action	
2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2020–2021:	
Not applicable.	
3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:	
Not applicable.	
4. Estimated time frame (in years or months) to implement the resolution:	
Seven years.	

B. Resource implications for the Secretariat for implementation of the resolution	
1. Total resource requirements to implement the resolution, in US\$ millions:	<p>Biennium 2020–2021: US\$ 1.7 million.</p> <p>Biennium 2022–2023: US\$ 3.6 million.</p> <p>Period 2024–2027: US\$ 7.2 million.</p> <p>Total cost: US\$ 12.5 million over seven years.</p>
2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:	US\$ 1.7 million.
2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:	Zero.
3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:	US\$ 3.6 million.
4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:	US\$ 7.2 million.
5. Level of available resources to fund the implementation of the resolution in the current biennium, in US\$ millions	<p>– Resources available to fund the resolution in the current biennium: US\$ 1.05 million.</p> <p>– Remaining financing gap in the current biennium: US\$ 0.65 million.</p> <p>– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium: On course to raise US\$ 0.2 million in the current biennium.</p>

Table. Breakdown of estimated resource requirements (in US\$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	0.6	0.0	0.0	0.0	0.0	0.0	1.1	1.7
	Activities	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Total	0.6	0.0	0.0	0.0	0.0	0.0	1.1	1.7
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	0.6	0.0	0.4	0.0	0.4	0.0	1.4	2.8
	Activities	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.8
	Total	0.7	0.1	0.5	0.1	0.5	0.1	1.6	3.6
Future bienniums resources to be planned	Staff	1.2	0.0	0.8	0.0	0.8	0.0	2.8	5.6
	Activities	0.2	0.2	0.2	0.2	0.2	0.2	0.4	1.6
	Total	1.4	0.2	1.0	0.2	1.0	0.2	3.2	7.2

The representative of SRI LANKA¹ said that, despite being largely preventable, oral diseases, which shared many risk factors common to noncommunicable diseases, posed significant public health and economic challenges. There was an urgent need for political commitment to integrate oral health into primary health care as part of universal health coverage benefit packages and to develop a comprehensive and integrated global strategy on oral health. The draft resolution initiated by his Government, which had met with strong support, was an important cornerstone in achieving good oral health for all and he hoped that it would translate into global action with clear, measurable targets to be achieved by 2030.

The representative of the RUSSIAN FEDERATION said that the importance of improving noncommunicable disease management had been highlighted in the context of the pandemic of coronavirus disease (COVID-19). However, many national prevention and control efforts had been severely disrupted during the pandemic, and noncommunicable diseases must be made a priority to achieve progress in implementing the Global action plan for the prevention and control of noncommunicable diseases 2013–2030. His Government welcomed the evaluations of the Global action plan and of the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases. The worsening situation with regard to diabetes was a particular concern and he drew attention to the draft decision on that subject initiated by his Government. He supported the draft resolution on oral health.

The representative of AUSTRIA, speaking on behalf of the European Union and its Member States, said that North Macedonia, Montenegro, Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia, aligned themselves with her statement. The large global oral disease burden disproportionately affected marginalized and poor populations. However, oral diseases, which had many of the same risk factors as noncommunicable diseases, were largely preventable, and she highlighted the importance of good oral health. The European Union would continue to act in line with the Minamata Convention on Mercury.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of CHINA noted that overall progress on the prevention and control of noncommunicable diseases, particularly on mental health, remained insufficient. The Secretariat should make greater efforts to address persistent problems in financing for noncommunicable diseases and strengthen research efforts. It should also present an analysis of successful approaches to multisectoral action. She supported the Secretariat's efforts to update operational guidance for maintaining essential health services during an outbreak. Noting the importance of mental health in the context of COVID-19, she welcomed the adoption of the draft decision on promoting mental health preparedness and response for public health emergencies. She welcomed the results achieved by the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases and called for a comprehensive assessment to determine whether or not to keep that important platform operational. She welcomed the report on oral health.

The representative of MADAGASCAR, speaking on behalf of the Member States of the African Region, said that, despite initiatives such as the regional oral health strategy 2016–2025, only around 30% of countries in the Region had oral health policies. Failure to consider oral health in follow-up and monitoring systems made it difficult to develop evidence-based strategies. Member States should: prioritize oral health in national plans; ensure more financing for oral health; develop a normative framework on oral health in cooperation with academic partners and non-State actors with a focus on poor and marginalized populations; integrate oral health into other cross-cutting initiatives, including those on neglected tropical diseases; build human resources capacity in the area of oral health; and strengthen digital information systems and surveillance activities. Governments should be supported in implementing the Minamata Convention.

The representative of OMAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that, despite renewed commitments and new initiatives, progress on reducing premature mortality from noncommunicable diseases was inadequate. Since people living with noncommunicable diseases were at higher risk of severe complications from COVID-19, recovery from the pandemic must be accompanied by a dramatic acceleration in the implementation of the Global action plan for the prevention and control of noncommunicable diseases 2013–2030. Noting that the Eastern Mediterranean Region was facing multiple emergencies, he expressed support for the guidance set out in annex 9 of document EB148/7. Much more work was needed to treat people living with noncommunicable diseases and prevent and control their risk factors in humanitarian emergencies.

He supported the draft decision on addressing diabetes as a public health problem. A better understanding of the major obstacles to achieving diabetes-related objectives in the Global action plan for the prevention and control of noncommunicable diseases would be useful, as would the development of the global diabetes compact.

The Member States of the Eastern Mediterranean Region reaffirmed their commitment to the Salalah Declaration on Universal Health Coverage and renewed their call for decision-makers to establish a national vision towards achieving universal health coverage.

The representative of TONGA, speaking also on behalf of Fiji and the Pacific, said that oral health was an important part of clinical care and public health interventions, and should be integrated into other health programmes, including on noncommunicable diseases, school health and maternal and child health. Having outlined measures taken to improve oral health, she welcomed the WHO global oral health programme and looked forward to the launch of the global oral health report. Significant data gaps remained in her Region owing to the absence of national oral health plans in many countries.

The representative of INDIA said that his Government had taken all necessary measures to address the risks and challenges posed by noncommunicable diseases. Those measures included programmes to improve screening, prevention and management, as well as initiatives to strengthen infrastructure and human resource development and provide mental health services in a rights-based

manner. Health promotion and prevention, including lifestyle modifications, were critical to addressing the noncommunicable disease burden. There was a need for greater interaction and the sharing of experiences and knowledge on noncommunicable diseases. His Government wished to be added to the list of sponsors of the draft resolution on oral health.

The representative of BANGLADESH said that the findings of the evaluations of the Global action plan for the prevention and control of noncommunicable diseases 2013–2030 and of the Global Coordination Mechanism deserved special attention. It was concerning that the Global Coordination Mechanism had not been able to deliver on its stipulated functions and that the comparative successes achieved on noncommunicable diseases between 2015 and 2019 would be lost if resource mobilization limitations persisted. WHO should devise means to address challenges associated with noncommunicable diseases within its existing support system and resource base. Political commitment and concerted international efforts were required to address conflicts of interest, including with the tobacco and alcohol industries. WHO should look into the matter in the context of its transformation agenda.

It was concerning that oral health issues were not covered by primary health care. Creating public awareness of oral health in developing countries was challenging since a culture of negligence persisted. Policies and action plans to reduce smokeless tobacco demand and supply should be adopted, and affordable medical consumables, generic medicines and other equipment for oral disease management should be made available. All stakeholders should adopt the necessary policies for accelerated action on oral health as part of universal health coverage.

The representative of INDONESIA welcomed the statement made by the representative of the United States of America during the previous meeting, and hoped that further engagement with that country would strengthen multilateral cooperation. Recognizing the importance of oral health in the prevention of noncommunicable diseases and in achieving universal health coverage, she said that her Government wished to be added to the list of sponsors of the draft resolution.

Essential health services for diabetes must remain a priority, particularly during the current health crisis, and in the future. The disease not only affected health, but also caused substantial economic losses and was heavily concentrated in low- and middle-income countries. She outlined some of the actions being taken by her Government to reduce the diabetes burden and supported the draft decision on diabetes as a public health problem.

Surveillance, prevention and control efforts for noncommunicable diseases must be maintained and strengthened, including through the appropriate representation of all stakeholders. Her Government would welcome the development of an options paper on the Global Coordination Mechanism and wished to support and sponsor the draft decision pertaining to the follow-up of the political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases.

The representative of BOTSWANA welcomed the statement made by the representative of the United States of America at the previous meeting. Despite the major oral disease burden, oral health had not been prioritized, leading to a lack of resources, policies and actions at country level. Oral health services were among the most disrupted essential health services during the COVID-19 pandemic. Access to essential oral health services in Botswana remained a challenge because of limited oral health practitioners and other resources, and priorities included: integrating essential oral health indicators into the health information system, promoting good dietary and lifestyle habits, and investing in human resources for oral health. The Secretariat should allocate resources to strengthen national advocacy, leadership and partnerships for addressing oral diseases as part of work to tackle noncommunicable diseases through a multisectoral approach.

The representative of AUSTRALIA, noting the significant impact of COVID-19 on the prevention, detection and management of noncommunicable diseases, said that it was vital to maintain momentum in addressing the global burden of noncommunicable diseases, their underlying causes and risk factors. Mental health must also be at the forefront of disaster preparedness, response and recovery planning. Inadequate progress on premature deaths from noncommunicable diseases was a significant issue for the Western Pacific Region, and although the Secretariat had provided some technical guidance, greater joint action was required. Prevention was a key priority for her Government. Australia supported the proposed development of an implementation road map 2023–2030 for the Global action plan and emphasized that any future work on the Global Coordination Mechanism must clearly identify ways to support all Member States. She supported the development of best buys on oral health, as proposed in the draft resolution.

The representative of the UNITED STATES OF AMERICA supported the draft decisions before the Board, emphasizing that the implementation road map 2023–2030 should remain focused on achieving the objectives of the Global action plan. He welcomed WHO's efforts to include a more diverse set of stakeholders in the conversation about noncommunicable diseases and to develop partnerships. Despite being underutilized, the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases had already produced valuable results and should continue to add value as a neutral platform for all stakeholders to come together for better health outcomes. He welcomed intensified efforts to address the prevention and control of diabetes. He looked forward to receiving information at the Seventy-fourth World Health Assembly on the major obstacles in achieving diabetes-related targets in the Global action plan and to an updated public awareness and education campaign about diabetes prevention and treatment.

Expressing support for the draft resolution on oral health, he welcomed efforts to integrate oral health into the noncommunicable disease agenda. Best buy interventions should be presented as a non-exhaustive menu of options for Member States to consider in developing comprehensive strategies tailored to their national circumstances. Policy options must go beyond punitive measures and include positive approaches, such as health literacy plans. Human papillomavirus was a causative agent of oropharyngeal cancers and vaccination an evidence-based tool to prevent oropharyngeal cancer.

The representative of UNITED ARAB EMIRATES said that her Government had a high political commitment to noncommunicable diseases, and had adopted a range of measures, including a multisectoral national action plan that set out actions on mental health and air pollution. She outlined efforts made to ensure the continuity of essential services for noncommunicable disease patients during the COVID-19 pandemic. Her Government endorsed the draft resolution on oral health.

The representative of CHILE said that, despite significant progress in Chile on the important issue of oral health, challenges remained, including the high prevalence of oral disease and oral health inequalities. He emphasized the importance of reducing risk factors, strengthening the health system, improving surveillance and enhancing national and international partnerships in order to improve oral health. His Government wished to be added to the list of sponsors of the draft decision on the follow-up of the political declaration.

The representative of COLOMBIA said that her Government had been implementing some of the main aspects of the priorities of the WHO global oral health programme for the previous 20 years, and outlined some of the progress made. As those priorities were likely to generate more political commitment, support and resources for oral health, WHO should provide countries with support in transferring technical knowledge, building human resource capacities and improving infrastructure. Many countries, including her own, had made huge strides in oral health, and the report might include the progress made by governments in that regard in recent years. She welcomed the draft resolution and

trusted that a future global strategy would include a commitment to include oral health in the public policy agenda of countries by making it a priority in the context of noncommunicable diseases.

The representative of ISRAEL said that the process of integrating oral health into universal health coverage should build on existing noncommunicable disease programmes, and prevention and proper health education should be a focus from a young age. It was important to ensure that oral health interventions were not interrupted and were provided safely after the pandemic. He welcomed the publication of the guidance on considerations for the provision of essential oral health services in the context of COVID-19, which should be updated by the Secretariat as appropriate. The Secretariat should provide further information on the global oral health report to be launched later in the year, particularly on the scope and planned outcomes, and the involvement of Member States. Israel would also welcome more information on the joint WHO/ITU Be He@lthy, Be Mobile initiative, including on progress thus far as well as planned activities and timelines for 2021.

The representative of AUSTRIA said that health literacy, which was equally important for the prevention and management of noncommunicable diseases, should be a focus of health care systems. Patient-centred communication and adequate information should be provided to support proper self-management. Member States must urgently introduce prevention and control measures for noncommunicable diseases, including diabetes, and particular focus should be given to socioeconomic and commercial determinants, diagnostic practices and screening.

He welcomed the report on oral health contained in document EB148/8. In particular, his Government supported efforts to prevent noma, a disease that led to lifelong disability, and would welcome the development of a global strategy on tackling oral diseases.

The representative of OMAN said that, despite facing multiple challenges, his Government was committed to controlling the growing burden of noncommunicable diseases, including diabetes, and had worked on strengthening its primary health care facilities. During the COVID-19 pandemic, patients continued to receive their medication and were often given care at home.

The representative of JAPAN¹ said that her country would welcome the integration of oral health into universal health coverage. She highlighted the importance of: developing human resources and legal regulations for improving dental health; raising awareness of oral health behaviours; and promoting oral health throughout the life course. Japan looked forward to WHO's leadership to tackle the increasing global burden of oral cancer associated with the use of chewing tobacco. Noting the importance of noncommunicable disease prevention and management, she said that her Government shared the vision of the Regional Office for the Western Pacific on promoting multisectoral and integrated measures in that regard.

The representative of PAKISTAN¹ welcomed the report contained in document EB148/7. Noncommunicable diseases had overtaken infectious diseases as the world's leading cause of morbidity and mortality, and such a paradigm shift called for across-the-board changes in the working parameters of public health. He highlighted some of the actions taken by his Government to promote better access to health services, including for vulnerable populations. Inconsistent political commitment, lack of risk factor surveillance, failure to integrate health service delivery mechanisms, inadequate information systems for noncommunicable diseases and out-of-pocket spending constituted major difficulties in developing countries. A whole-of-government approach was imperative, and enhanced interest and investment by donors and partners could serve as a catalyst for progress.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of NORWAY¹ said that it was important to step up global efforts to prevent, diagnose and treat noncommunicable diseases. Mindful of the burden of noncommunicable diseases and the very low level of development funding for them, her Government had taken actions to tackle noncommunicable diseases in low-income countries, including by committing financial resources, and urged other donors to do the same. She supported the work of WHO on integrating noncommunicable diseases into primary health care, reducing risk factors and strengthening mental health efforts. Air pollution and mental health should be fully integrated in the follow-up to the evaluations of the Global action plan and the Global Coordination Mechanism. Action must also be taken on diabetes. It was unacceptable that half of those living with diabetes were unaware that they had the disease, and that only 50% of people who needed insulin had access to it.

The representative of BRAZIL¹ said that tackling noncommunicable diseases should be a priority and outlined some of the steps taken by his Government in that regard. Member States should take stock of achievements and gaps in the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases and provide guidance on the future of the Mechanism. Brazil supported the draft decision on the follow-up of the political declaration, as well as the draft decision on diabetes. Expressing support for the draft resolution on oral health, he said that Brazil would welcome the development, by 2022, of a global strategy aligned with the Global action plan for the prevention and control of noncommunicable diseases and the Thirteenth General Programme of Work, 2019–2023.

The representative of THAILAND¹ said that, although noncommunicable diseases had received plenty of political attention, action had clearly been inadequate, particularly for diabetes prevention and control. Insulin should be a common good available at an affordable price.

Member States should integrate the neglected areas of oral health promotion and prevention into basic essential health service packages. They should, in particular, encourage people to reduce their oral health risks by cutting down on sugary foods, tobacco and alcohol. Her Government supported the draft resolution on oral health, in particular the request that the Director-General develop cost-effective oral health interventions.

The representative of CANADA¹ supported the priorities and opportunities outlined in the report on oral health and looked forward to continued collaboration with WHO's global oral health programme in connection with the associated resolution.

She noted the ongoing work of WHO to address the health impact of air pollution globally in the context of noncommunicable diseases and beyond. Multisectoral action, including an expanded approach considering linkages between noncommunicable diseases and the environment-related targets of the Sustainable Development Goals, was important in that regard. The Global action plan for the prevention and control of noncommunicable diseases 2013–2030 remained a timely and relevant blueprint for action, and Canada welcomed the recommendations of the midpoint evaluation. A prioritization exercise could be useful to further guide Member States in concentrating effort and resources. Canada looked forward to the consultations on options for the Global Coordination Mechanism. Greater understanding of the Mechanism's funding model and of how it compared to the scientific and normative budget of the WHO technical units on noncommunicable diseases would be useful.

The representative of SPAIN¹ said that surgical care was an important element in the treatment and control of many noncommunicable diseases, including cancer, and should, along with anaesthesia, be considered an essential intervention to which all people should have access regardless of where they lived. Progress made in relation to resolution WHA68.15 (2015) on strengthening emergency and

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essential surgical care and anaesthesia as a component of universal health coverage should be included in future reports of the Director-General on noncommunicable diseases and in the Global action plan. The Secretariat should provide guidance to Member States, strengthen its emergency and essential surgical care programme, update data on surgical procedures carried out and on the availability of qualified personnel to ensure access to relevant services.

The representative of FRANCE¹ welcomed the decision of the United States of America to remain a Member State of WHO and participate in the COVID-19 response efforts. Having recalled the major global public health challenge of noncommunicable diseases, she said that statistics concerning diabetes were alarming. A strong, inclusive global response with an emphasis on efficacy, equity, prevention and care was required. Civil society and people living with noncommunicable diseases should be involved in the design of national strategies and guidelines. Although the centenary of the discovery of insulin marked an important milestone, many people throughout the world remained without access to insulin, diagnostic tools or other types of care. France reaffirmed its full commitment to that issue and welcomed the global diabetes compact to be launched in April 2021.

The representative of SLOVAKIA¹ welcomed efforts to prioritize oral health. Given the economic and social impact of oral diseases, accelerated action was needed to strengthen universal health coverage by including oral health. Action should be taken to reverse the decrease in the number of children and adults attending general and dental check-ups. She welcomed the guidance on considerations for the provision of essential oral health services in the context of COVID-19 and looked forward to the development of a draft global strategy. Effective prevention measures and reduced treatment costs were essential since good oral health could reduce the risk of developing serious complications from other diseases.

The representative of JAMAICA¹ gave details of a national programme for the prevention and control of noncommunicable diseases. Insufficient progress had been made in addressing diabetes as a global public health problem due in part to limited funding, and the centenary of the discovery of insulin provided an opportunity to give greater priority to diabetes. Her Government welcomed the opportunity to take stock of the implementation of the Global action plan for the prevention and control of noncommunicable diseases. It would support the development of an implementation road map 2023–2030 and of an options paper for the Global Coordination Mechanism, including the possibility of an extension. It would welcome the development of a global strategy on tackling oral diseases aligned with the Global action plan and its translation into an action plan for public oral health.

The representative of ZIMBABWE¹ said that progress in preventing and controlling premature death from noncommunicable diseases had been inadequate, and many countries were not on track to meet the related Sustainable Development Goals. She called for enhanced political and financial commitment to noncommunicable diseases. Diabetes was a particular concern as a public health problem, including in low- and middle-income countries, and she expressed support for the draft decision on diabetes.

The high prevalence of oral diseases and high out-of-pocket expenditures were worrying. Her Government called for increased mobilization of resources, especially flexible funds, including in the context of discussions on the draft proposed programme budget and sustainable financing. Oral health should be properly integrated into other relevant programmes. Training for the oral health workforce should be designed to foster integrated, people-centred health services, with the involvement of mid-level community health workers and the development of best buy interventions.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of the PHILIPPINES¹ said that actions to prevent and control modifiable and behavioural risk factors of noncommunicable diseases were crucial in ensuring better oral health. Highlighting the importance of strengthening interventions related to noncommunicable diseases, she said that her Government had taken a number of cost-effective measures to tackle noncommunicable diseases in the context of the COVID-19 pandemic, including issuing several interim guidelines. It was imperative to strengthen multisectoral collaboration on noncommunicable diseases with a view to providing services for all people of all ages, including prevention, management and long-term care.

The representative of MYANMAR,¹ noting the high levels of disruption of oral health services due to the COVID-19 pandemic, said that adequate protective equipment must be provided so that essential oral health services could resume. She called for efforts to prioritize the provision of effective oral health care services; implement appropriate programmes to address the lack of dental care; adopt a common risk factor approach to prevent noncommunicable diseases including oral cancer; use digitalization in oral health education programmes, routine data collection and aggregation processes; and develop a standard operating procedure for dental treatment including up-to-date information regarding the COVID-19 pandemic. Establishing or increasing oral health budgets would also support the provision of essential oral health services during the pandemic. Her Government welcomed the draft resolution on oral health and wished to be added to the list of sponsors.

The representative of SOUTH AFRICA¹ said that noncommunicable diseases remained a public health challenge, particularly in the context of the COVID-19 pandemic. She underscored the importance of sustainable and predictable funding for noncommunicable disease programmes, including at the country level, and called for efforts to strengthen implementation of a range of different initiatives, in particular for diabetes and hypertension. Greater attention should be given to expanding access to effective, affordable treatments for cancers and rare and orphan diseases. She supported the draft decisions.

The representative of URUGUAY¹ said that the international community must focus its efforts on achieving the Sustainable Development Goals, particularly the targets linked to noncommunicable diseases. Although such diseases were a major cause of premature death and disability in the Americas, they could be prevented and controlled through lifestyle changes, public policies and health interventions using an intersectoral and integrated approach. Her Government remained committed to working with the international community to tackle noncommunicable diseases.

The observer of PALESTINE supported the statement made by the representative of Oman on behalf of the Eastern Mediterranean Region. Mortality linked to noncommunicable diseases remained very high in Palestine despite initiatives to raise awareness of the population. He welcomed WHO's cooperation with Palestine's health authority and its reports and research on the matter. Further cooperation with the participation of all health partners was essential to strengthen institutional capacity.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIR, expressed concern at the slow progress made on diet-related noncommunicable diseases. Member States should recognize obesity as a disease, not a risk factor, and include its prevention, management and treatment as a priority in universal health coverage. WHO should review the implementation of the report of the Commission on Ending Childhood Obesity and develop a resolution on obesity. Evidence showing a close association between COVID-19 complications and obesity provided new urgency for global action.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, reaffirmed the urgent need for global multisectoral action on noncommunicable diseases, noting the important role that young people could play in prevention and control. She called on all stakeholders to recognize noncommunicable diseases as a major public health threat and commit to surveillance, prevention, control and management at all levels, meaningfully involving young people at every step of the process.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIR, said that it was concerning that many Member States were not on track to achieve the Sustainable Development Goals or the goals of the political declaration, particularly given the clear, actionable blueprints provided by relevant resolutions. Governments should prioritize investments in affordable, essential health services, fully integrate cancer into noncommunicable disease plans and universal health coverage packages, and take stronger prevention measures that addressed social, economic, environmental determinants. She welcomed efforts on health literacy, which empowered individuals to make informed, healthy choices.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed the report on oral health, particularly the sections on noma. WHO should recognize noma as a neglected tropical disease of the highest importance to raise awareness of its burden and trigger more action on prevention and detection. He would welcome the establishment of global targets for diabetes care based on the 90-90-90 targets used for HIV programming. Member States must support a resolution to make tools for diabetes care widely accessible and prioritize efforts to improve access to insulin.

The representative of the MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed the report on the political declaration but was deeply concerned about the lack of progress made towards the target on reducing alcohol use. Noting the potential of alcohol policy solutions in preventing noncommunicable diseases, he called on Member States to make alcohol policy a priority, implement the WHO SAFER technical package, and raise and allocate resources in an amount commensurate with the health and development burden of alcohol.

The representative of the INTERNATIONAL SOCIETY OF NEPHROLOGY, speaking at the invitation of the CHAIR, welcomed the report on oral health and supported the actions contained therein. People suffering from chronic kidney disease experienced complications that could contribute to poor oral health. Moreover, poor oral health could also contribute to increased morbidity and mortality in chronic kidney disease patients. The inclusion of oral health care in universal health care packages was vital to ensure equitable access to medical treatment. He called on WHO to take the recommended actions to tackle the global burden of oral diseases and increase access to primary oral health care as part of universal health coverage packages.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIR, welcomed the draft resolution on oral health. She called on Member States to: engage with oral health professionals and dental associations when developing national plans; integrate essential oral health services into benefit packages on universal health coverage, including community-based fluoridation programmes, and secure equitable access to affordable fluoridated toothpaste; prioritize research on viable material to replace dental amalgam; address cleft lip and palate to prevent long-term oral health issues; and allocate sufficient oral health budgets and improve oral health surveillance, data collection and monitoring.

The representative of the INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH, speaking at the invitation of the CHAIR, said that his association strongly supported the report and draft

resolution on oral health. Research must be prioritized to strengthen the evidence base for oral disease prevention and oral health promotion, and cleft lip and palate must be included in any comprehensive oral health plan. The automatic administration of fluoride should be expanded to drinking-water, salt and milk and affordable fluoride toothpaste should be made available. Financial resources must be adequate to meet the goals of the draft resolution on oral health.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR and on behalf of the International Diabetes Federation, the International Society of Nephrology and the World Stroke Organization, said that poor oral health was often connected with higher rates of cardiovascular and circulatory problems. Integrating oral health into agendas on noncommunicable diseases and universal health coverage was critical to the successful delivery of the Sustainable Development Goals. She welcomed the report set out in document EB148/8 and supported the draft resolution on oral health.

The representative of the WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIR and on behalf of the Union for International Cancer Control and World Obesity Federation, said that progress in ending malnutrition and preventing noncommunicable diseases was off-track. Although the leadership of WHO was commendable, the policy responses of Member States to obesity and diet-related noncommunicable diseases had been inadequate. Member States should: accelerate efforts to develop and implement policies for diet-related noncommunicable diseases; raise and allocate adequate resources to promote healthy diets and address obesity; include policies for diet-related noncommunicable diseases in the COVID-19 pandemic response; recognize and address actions by the food and beverage industry that undermined health; and engage civil society to strengthen action networks and monitor progress towards targets.

The representative of the INTERNATIONAL DIABETES FEDERATION, speaking at the invitation of the CHAIR and on behalf of the International Society of Nephrology, the World Heart Federation and the World Stroke Organization, said that efforts to prevent and control diabetes could have a positive impact on circulatory health. She therefore urged Member States to approve the draft decision on diabetes and develop a draft resolution, for consideration by the Seventy-fourth World Health Assembly, on strengthening efforts to address diabetes as a public health concern as part of universal health coverage.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA said that the Region was committed to preventing and controlling noncommunicable diseases, including by identifying and implementing high impact and cost-effective best buy interventions. Since 2014, the battle against noncommunicable diseases had been among the Region's flagship priorities, and had since been aligned with its "Sustain. Accelerate. Innovate" vision. Its efforts were consistent with the Thirteenth General Programme of Work, 2019–2023 and built on global momentum to tackle noncommunicable diseases.

In 2016, all Member States of the Region had adopted the Colombo Declaration on strengthening health systems to accelerate delivery of noncommunicable disease services at the primary health care level. By 2018, all Member States had begun implementing national multisectoral action plans to address what they unanimously agreed was an immense threat to health, well-being and sustainable development. The Region's 2019 update on monitoring progress on universal health coverage highlighted the continued efforts in collecting and monitoring high-quality data on noncommunicable diseases and providing services for their detection, treatment and control. Governments had developed and applied innovative service delivery models for noncommunicable disease care throughout the COVID-19 response, including the expansion of telemedicine and doorstep delivery of essential medical products. The Secretariat would continue to support all countries in identifying and implementing innovative ways to strengthen health systems and ensure that all people could access the services they needed for noncommunicable disease prevention and control.

The Region would focus increasingly on enhancing access to mental health services and welcomed the draft decision on promoting mental health preparedness and response for public health emergencies. It would continue cross-sectoral efforts to reduce the health impacts of indoor and ambient air pollution. All countries of the Region were committed to identifying and implementing population-based interventions that would improve the food environment and reduce the incidence of the four major noncommunicable diseases.

The Secretariat would continue to mobilize political commitment on issues that were often overlooked, such as oral health, and help Member States overcome remaining policy and implementation challenges. The Region looked forward to continuing to contribute to global monitoring and evaluation of noncommunicable diseases and to accelerating progress towards achieving its flagship priorities.

The DEPUTY DIRECTOR-GENERAL, thanking participants for their valuable guidance, said that the Secretariat had taken good note of all the issues raised. Noting that new global health estimates launched by WHO highlighting the leading causes of mortality and loss of health in all regions had shown noncommunicable diseases to be seven of the 10 leading causes of global mortality, she said that noncommunicable diseases and mental health constituted a priority for the Secretariat across all three levels of the Organization and across departments. An internal coordination mechanism had been established to ensure an integrated approach both horizontally and vertically.

Although progress had been made since the report on the political declaration set out in document EB148/7 had been finalized, work must be scaled up to achieve the Sustainable Development Goals and the targets of the Thirteenth General Programme of Work. Outlining some of the actions undertaken, she said that the Secretariat had launched the WHO Global strategy to accelerate the elimination of cervical cancer with the ambitious but achievable 90-70-90 targets, and had provided additional normative guidance for all the pillars and initiated country support. It had also announced the global diabetes compact and developed a new initiative for small island developing States covering issues including noncommunicable diseases. Efforts had also continued to develop tools and monitor air pollution. WHO had celebrated “The Big Event for Mental Health” as well as the milestone of three million people across 18 countries better protected from heart disease. The Secretariat had convened an informal consultation on people living with noncommunicable diseases. The United Nations General Assembly had adopted a resolution on global health and foreign policy: strengthening health system resilience through affordable health care for all, which noted with concern that people living with noncommunicable diseases were more susceptible to developing severe COVID-19 symptoms and recognized the numerous factors hampering necessary prevention and control efforts.

The evaluations of the Global action plan and Global Coordination Mechanism on the prevention and control of noncommunicable diseases provided an opportunity to innovate and develop a more strategic implementation plan. The implementation road map and the options paper were good ways forward, and the Secretariat would consult Member States in that regard.

In 2020, the negative effect of the COVID-19 pandemic on people’s mental health had become clear, as had the particular vulnerability of people living with noncommunicable diseases. It was therefore vital to ensure that screening and treatment programmes, including those for cancer, diabetes and heart diseases, were accessible to all whenever needed and to build preparedness for any new pandemic. The inclusion of noncommunicable diseases in the primary health care road map would be a major focus in 2021, and she highlighted the relevance of the new global diabetes compact and the “Commit to Quit” campaign in that regard. It had been 14 years since oral health had last been considered by the Executive Board, and the draft resolution provided a strategic opportunity to reposition oral health as part of the global health agenda in the context of universal health coverage.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases) said that financing for noncommunicable diseases had been a long-standing problem. Governments should provide more support to WHO and other relevant organizations

to support work on noncommunicable diseases, including mental health, especially in low-income countries, and he thanked Norway for its efforts in that regard. The Secretariat had done a great deal of work to develop an integrated approach to noncommunicable diseases. The various separate departments created under the WHO reform, including on HIV/AIDS, tuberculosis and malaria, were working together and preparing guidelines on the topic.

The great shortages in the health workforce, particularly in low- and middle-income countries, had particular implications for noncommunicable diseases. Urgent efforts were required to ensure the availability of sufficient health workers so that quality care could be delivered to people living with noncommunicable diseases, and thus avoid premature deaths.

The weaknesses in public health systems exposed by the COVID-19 pandemic must be addressed, and the prevention and control of noncommunicable diseases, including mental health, should be integrated into all response and recovery measures. The Secretariat had already issued guidance, including for maintaining essential health services during an outbreak, which would continue to be updated as the pandemic evolved. As the targets of the mental health action plan 2013–2020 had not been met, the plan would be extended to 2030. The Secretariat was also working on integrating oral health as part of universal health coverage benefit packages. The global oral health report would be released in the second quarter of 2021. The report would focus on oral health as a public health issue within the framework of noncommunicable diseases and universal health coverage, helping to pave the way for a renewed global oral health agenda for 2030. The Be He@lthy, Be Mobile digital initiative had been set up jointly by WHO and ITU in 2012 to provide important health information by text message to millions of people without internet access. The Secretariat considered digital health a priority and was scaling up the initiative to better support noncommunicable diseases and other important public health programmes.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations), thanking participants for their comments and support, said that noncommunicable diseases affected all aspects of health and were influenced by many factors, including environment, climate change and socioeconomic development. It was therefore important to tackle air pollution and accelerate access to clean energy. The Secretariat continued to work with partners on the Health and Energy Platform of Action. In relation to commercial determinants, the Secretariat recommended introducing regulatory measures such as fiscal policies, marketing controls and measures to provide information to consumers, including labelling. WHO fostered economic interests that were beneficial for health. In order to support Member States in addressing noncommunicable diseases using a comprehensive, multisectoral approach, the Secretariat had developed an implementation framework for pillar 3 of the triple billion goals, which would support social, behavioural, economic and environmental interventions for healthier populations, contributing to the prevention and control of noncommunicable diseases. Member States would be kept informed about the framework through relevant briefings.

The Secretariat had worked on guidelines and tools for improving diet, such as the action framework for developing and implementing public food procurement and service policies for a healthy diet. Obesity was listed as a disease under the International Classification of Diseases 11th Revision. The Secretariat would continue working with Member States to limit health inequities and address oral health, especially for the elderly, as a part of the Decade of Healthy Aging 2021–2030.

The specific needs of each country and region needed to be addressed to strengthen efforts for health promotion and prevention of noncommunicable diseases. The Secretariat was working to address the situation of small island developing States and was planning to hold a health summit for those States in June 2021 to address the interplay between noncommunicable diseases, climate change and nutrition.

The DIRECTOR (Noncommunicable Diseases), thanking participants for their important guidance on diabetes and noncommunicable diseases, said that the Secretariat was ready to tackle diabetes, which was turning into a global epidemic, in a more active way. Recalling that around 80 countries had reported complete or partial disruption to diabetes services during the COVID-19

pandemic, she said that health systems must be able to respond to noncommunicable diseases, including diabetes, to build preparedness. The Secretariat hoped to engage with those living with diabetes in low-income countries and humanitarian settings to create more appropriate solutions. She hoped that the global diabetes compact would lead to more innovative solutions. The Secretariat would advocate strongly for sufficient, appropriate and well-coordinated resources, and seek to avoid duplication in its engagement with non-State actors and organizations of the United Nations system. There was also a need to improve coordination in alignment with the WHO transformation at all levels and assist countries to ensure impact. Ensuring multistakeholder dialogues and accountability for all partners was important. The Secretariat had received clear guidance to focus on the prevention side of diabetes. In particular, it would work on reducing obesity in children and adolescents and supplement the implementation of the WHO guidelines on physical activity and sedentary behaviour to scale up prevention.

The DIRECTOR-GENERAL said that the draft resolution on oral health was a landmark document that set out the work of the Secretariat for many years to come, and welcomed the two draft decisions proposed. In November 2020, WHO had announced the development of the global diabetes compact, which would bring together in one package all WHO materials for the prevention and management of diabetes. On the prevention side, particular focus would be given to reducing obesity, especially among young people. On the treatment side, emphasis would be on improving access to diabetes medicines and technologies, particularly in low- and middle-income countries. Key to its success would be alignment and united action across the public, private and philanthropic sectors. It would be launched on 14 April 2021, and he invited all Member States to be part of the compact.

The CHAIR took it that the Board wished to note the reports contained in documents EB148/7, EB148/7 Add.1, EB148/7 Add.2, and EB148/8.

It was so agreed.

The CHAIR took it that the Board wished to adopt the draft decisions and the draft resolution.

The decisions^{1,2} and the resolution³ were adopted.

The meeting rose at 17:10.

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¹ Decision EB148(6).

² Decision EB148(7).

³ Resolution EB148.R1.