

PROVISIONAL SUMMARY RECORD OF THE NINTH MEETING

**WHO headquarters, Geneva
Thursday, 2 February 2023, scheduled at 18:00**

Chair: Dr K. V. PETRIČ (Slovenia)

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NINTH MEETING

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Chair: Dr K. V. PETRIČ (Slovenia)

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

1. STRENGTHENING REHABILITATION IN HEALTH SYSTEMS: Item 8 of the agenda (document EB152/8) (continued)

The representative of CHINA said that rehabilitation was key to the achievement of target 3.8 of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). He suggested increasing national commitments to rehabilitation services and defining country-specific development targets and activities; providing countries with WHO technical guidance to accelerate training of professionals; establishing more rehabilitation institutions through greater international cooperation, including by encouraging social actors and institutions to provide more rehabilitation beds and services; enhancing the capacities of medical rehabilitation services by helping Member States to comply with relevant guidelines, better regulate rehabilitation practices and improve rehabilitation capacities; and supporting Member States in promoting high-quality scientific research on rehabilitation. His Government was willing to cooperate with stakeholders to develop innovative and diversified rehabilitation service models.

The representative of the UNITED STATES OF AMERICA said that the focus on rehabilitation services was particularly relevant in the light of WHO's work in conflict settings. The draft decision represented an opportunity to raise awareness and enhance concrete actions with a view to strengthening and integrating rehabilitation services throughout health care systems. While the initial achievements of the WHO Rehabilitation 2030 initiative were encouraging, significant gaps remained in ensuring access to rehabilitation services, affecting not only health and functioning outcomes but also the participation and inclusion of individuals in family and community life. Assistive technology services should be integrated into comprehensive rehabilitation services. She welcomed WHO's leadership in supporting countries to accelerate integration of rehabilitation services into national health systems. Where appropriate, the Secretariat and Member States should coordinate increased financing for rehabilitation and engage with other organizations to increase their technical competencies.

The representative of ETHIOPIA said that her Government wished to be added to the list of sponsors of the draft decision. Speaking on behalf of the Member States of the African Region, she said that unmet rehabilitation needs were rising as a consequence of epidemiological and demographic shifts and health emergencies. She expressed appreciation for the Secretariat's efforts to spearhead global efforts to strengthen rehabilitation in health systems and ensure that rehabilitation was recognized as integral to universal health coverage, including through the integration of rehabilitation interventions into the WHO UHC Compendium, the launch of the World Rehabilitation Alliance and increased collaboration among stakeholders.

She underscored the importance of raising awareness among health decision makers of the value of rehabilitation across the life course; strengthening workforce capacities and financing mechanisms for rehabilitation services across the health care system; ensuring the availability, accessibility and affordability of high-quality, timely rehabilitation services; producing assistive products locally;

securing increased support from stakeholders to address disparities in access; engaging local communities to support implementation and reach underserved and hard-to-reach areas; building capacities of primary community-level health workers to provide simple assistive products safely and effectively; enhancing routine health information systems to collect relevant information to promote high-quality rehabilitation research; and improving rehabilitation governance and the meaningful engagement of civil society organizations in planning and decision-making. She supported efforts to ensure the timely integration of rehabilitation into emergency preparedness and response. She welcomed WHO's work to strengthen rehabilitation in health systems in African countries and called for increased support to augment national efforts. Policy-makers should advocate for rehabilitation services when setting health priorities.

The representative of AFGHANISTAN said that despite the increasing need for rehabilitation, the topic was being neglected and resource limitations remained, particularly in countries affected by protracted conflicts and weak, fragmented and donor-dependent health systems. He highlighted the burden that the absence of rehabilitation services placed on families and societies, its psychosocial consequences and the disability-adjusted life years lost, and provided figures and case studies from his country to illustrate the importance of rehabilitation, in particular in humanitarian settings. Policies on rehabilitation services must be developed to ensure that the required resources could be allocated as part of a contextualized, integrated health services package addressing institutional and human capital development needs. Cultural interventions were also needed to mitigate social stigma. The funding of rehabilitation services should not be perceived as a cost but an investment in happier lives for all.

The representative of the RUSSIAN FEDERATION supported the draft decision. Strengthening rehabilitation within health systems would require political commitment and improved legislation, and the rehabilitation workforce should be strengthened and expanded to meet demand. The Secretariat should play its role by supporting experience-sharing among countries on the implementation of cost-effective, evidence-based and comprehensive approaches to strengthening health care systems.

The representative of SLOVAKIA said that the draft decision provided a current, evidence-based perspective on rehabilitation and would help to strengthen the global health architecture and support the attainment of the Sustainable Development Goals, technological innovation and training of health workers. He called on the Secretariat to help countries to identify how best to implement rehabilitation services in line with local contexts; specifically, WHO country offices should engage more visibly in facilitating dialogue among relevant stakeholders to identify needs and seek solutions to ensure holistic access to rehabilitation, including through mapping activities.

The representative of COLOMBIA said that the draft decision would help to further strengthen health systems to respond to growing rehabilitation needs. She welcomed the publication of the first Global report on assistive technology, which should be translated into the official languages of WHO and widely circulated, accompanied by technical support aimed at Member States. Other instruments referred to in the document must also be translated into the official languages and circulated for the benefit of developing countries; in particular, the Priority Assistive Products List would help countries to include those technologies in health benefit plans. To support countries in strengthening rehabilitation in health systems, the Secretariat should communicate the contact details, communication channels and procedure to be used by Member States to access technical support from the Secretariat.

The representative of INDIA said that rehabilitation must be an integral part of health services at primary, secondary and tertiary levels, stressing the need to strengthen national capacities to ensure the availability of community-based rehabilitation services. Mainstreaming community-based rehabilitation based on inclusion, participation, sustainability, empowerment, destigmatization and advocacy in primary care could do much to address gaps in rehabilitation services. The Secretariat should support

Member States in strengthening such services, including through the establishment of a transdisciplinary rehabilitation task force and strategic plans for implementation. Rehabilitation should be included in medical training courses to strengthen rehabilitation at the primary health care level, and capacity-building and employment opportunities for health workers should be promoted, including through the use of digital platforms. Policies should be developed to address disparities concerning gender equality and finances.

To improve access to safe, high-quality assistive technologies, comprehensive, sustainable and multisectoral approaches should be developed and communication strategies involving non-State actors should be prioritized to increase awareness of the potential of such technologies. WHO should encourage investment in affordable, universally acceptable assistive technologies, and local manufacturing should be encouraged in order to boost the economy and address affordability in rural areas and among marginalized populations.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the integration of rehabilitation was essential for the delivery of universal health coverage, effective emergency preparedness and attainment of the Sustainable Development Goals. The number of individuals without access to comprehensive rehabilitation services was concerning, and while work was under way to strengthen rehabilitation in health systems, much remained to be done. She endorsed the statement made by the representative of Denmark on sexual and reproductive health and rights.

The representative of ISRAEL¹, speaking also on behalf of Argentina, Brazil, Colombia, Croatia, Kenya, Morocco, Rwanda and Slovakia, said that rehabilitation was an essential health strategy for improving health, well-being and quality of life, delaying the need for long-term care and empowering persons to achieve their full potential. Rehabilitation was important throughout the life course and to all countries in all regions. The first step in strengthening rehabilitation was to acknowledge its importance and ensure its availability within health services to enable people to live longer and better lives. It must also be recognized, however, that rehabilitation services often involved out-of-pocket expenses and must therefore be integrated into universal health coverage and the continuum of care. The critical role of the rehabilitation workforce must also be acknowledged. Rehabilitation needs were constantly increasing because of epidemiological and demographic shifts and increasing physical and mental health challenges, and many people who could benefit from rehabilitation did not receive it, especially in low- and middle-income countries.

WHO must set a high standard in promoting access to rehabilitation services for all populations in need and in making rehabilitation a health policy priority. He encouraged WHO to send a strong message on the need to expand the integration of rehabilitation services into health systems. The ambitious draft decision set out a clear path for WHO's work on the topic for the years ahead. Acknowledging the strong support demonstrated by civil society organizations in its development, he thanked all Member States that had engaged with a constructive spirit in the negotiation process and the Secretariat for its guidance, support and commitment.

The representative of THAILAND¹ said that integrating rehabilitation into health systems required an appropriately trained health workforce. Rehabilitation and assistive technology should be an integral, fully funded part of universal health coverage benefit packages. He highlighted the importance of home- and community-based rehabilitation services, which were less costly and more accessible to a larger population than institution-based services. Low- and middle-income countries

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

should engage in research and development to manufacture affordable and effective assistive technologies. He supported the draft decision.

The representative of ARGENTINA¹ stressed the urgency of establishing and strengthening rehabilitation services within health systems through a rights- and gender-based approach since certain vulnerable population groups often encountered greater barriers to access to rehabilitation and, as a consequence, to the enjoyment of their rights and their full participation in society.

The representative of ECUADOR¹ noted that rehabilitation was not an element of primary health care in most countries and called on Member States to devote greater attention to the topic; to that end, he recommended including rehabilitation as an indicator to measure progress towards universal health coverage. Countries should implement community-based rehabilitation strategies with support from the Secretariat, involving all relevant institutions. Such strategies could include expanding orthotics and prosthetics services at health institutions and reusing specialist devices.

The representative of NAMIBIA¹ commended the Secretariat's efforts to support countries in strengthening rehabilitation within health systems. To reduce gaps in access to rehabilitation, the Secretariat should support local production of assistive technologies by working closely with key stakeholders such as academic institutions and regional economic organizations. He urged the Secretariat to embark on community engagement, especially with religious and political leaders according to country contexts, to ensure effective implementation of rehabilitation services in remote and underserved areas.

The representative of AUSTRALIA¹ welcomed the Secretariat's efforts to support Member States in embedding rehabilitation in health systems. She acknowledged the importance of addressing the unmet need for rehabilitation, especially among marginalized groups, and of adequately integrating rehabilitation services into primary health care and universal health coverage.

The representative of the UNITED REPUBLIC OF TANZANIA¹ highlighted the inequality in access to rehabilitation, which particularly affected poor populations and low- and middle-income countries. Those countries were also facing the double burden of noncommunicable and infectious diseases and should therefore be prioritized in the Secretariat's work. Rehabilitation services should be integrated into primary health care for physical disabilities, particularly for stroke patients and patients with chronic diseases. She called for functional rehabilitation for children, especially those with autism, Down syndrome and other chronic diseases. She supported the draft decision.

The representative of HANDICAP INTERNATIONAL FEDERATION, speaking at the invitation of the CHAIR, called for specific commitments to be made on the integration of rehabilitation at all levels of the health system; expanded financial coverage of rehabilitation services and assistive technology; the strengthening of the interdisciplinary rehabilitation workforce and rehabilitation knowledge among health workers at all levels; and the definition of feasible goals and targets to ensure accountability.

The representative of CBM CHRISTOFFEL-BLINDENMISSION CHRISTIAN BLIND MISSION E.V., speaking at the invitation of the CHAIR, called for community support systems and services to be strengthened to support community-based rehabilitation and disability-inclusive, human rights-based and gender-sensitive support and care systems, which must be included in social protection mechanisms. All services should be developed in consultation with professionals, community

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

representatives and representatives of persons with disabilities to ensure sustainable access to rehabilitation for all.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that WHO should identify and address government actions that caused disabilities requiring rehabilitation, including actions concerning the impact of natural disasters, lack of medications, medical neglect caused by staffing shortages, lack of funding for rehabilitation services and military conflict. The report had not mentioned caregivers, the impact of rehabilitation on patients' and caregivers' mental health or the impact of austerity on health care policies and services. WHO should provide guidance on how, beyond distributing assistive products, the public sector could improve rehabilitation systems.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIR, called for policy-makers to include rehabilitation in essential health services under universal health coverage. A service delivery model combining rehabilitation and palliative care could create significant workforce and cost efficiencies in care for individuals with both noncommunicable diseases and disabilities and should therefore be considered by Member States as a policy option.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR, applauded the Secretariat for its leadership in strengthening rehabilitation services for individuals with noncommunicable diseases. He highlighted the importance of cardiac rehabilitation to the management of heart conditions and the reduction of cardiovascular morbidity and mortality. Member States should integrate rehabilitation services into universal health coverage, primary health care and emergency preparedness plans.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, said that pharmacists were well equipped to support rehabilitation by optimizing medication therapy and prescribing at all levels of health care. WHO and Member States should therefore leverage pharmacists to optimize medication therapy in conjunction with rehabilitation to ensure continuous and integrated care in health systems worldwide.

The ASSISTANT DIRECTOR-GENERAL AD INTERIM (Universal Health Coverage/Communicable and Noncommunicable Diseases) thanked Member States for their support for the first-ever draft decision on rehabilitation and acknowledged the leadership of the Government of Israel in its development. Despite progress in some countries in recent years, rehabilitation needs continued to be unmet and access remained limited in most parts of the world, with devastating and long-term consequences for individuals and their families, societies and economies. Depriving individuals of rehabilitation exposed them to a high risk of poverty, marginalization and vulnerability to disease. The draft decision would provide key pathways for accelerated actions and contribute to addressing the needs and improving the well-being of more than 2 billion people. The Secretariat would work to develop feasible global targets and indicators of effective coverage of rehabilitation services for 2030 to support Member States in implementing the Rehabilitation 2030 initiative in line with national contexts. A meeting on that initiative would take place in July 2023.

The Secretariat would also continue to work on integrating rehabilitation and assistive technologies into emergency preparedness and response; disseminating technical tools, including a basic rehabilitation package for primary care, of which mental health was a central part; and addressing rehabilitation needs, including those associated with coronavirus disease (COVID-19) and other diseases, as well as the needs of marginalized groups and people in areas affected by conflict, disaster and emergency situations. She welcomed the statement made by the representative of Denmark regarding the need to address physical and mental health conditions, including sexual functioning,

through rehabilitation. She recognized the need to strengthen engagement with the research workforce, civil society and communities and support professional training, including by translating key guidance and policies into all official languages of the Organization. She noted the request for greater focus on rehabilitation across all three levels of WHO, which was fully aligned with the WHO vision and strategic priorities.

The CHAIR took it that the Board wished to note the report contained in document EB152/8.

The Board noted the report.

The CHAIR took it that the Board wished to adopt the draft decision on strengthening rehabilitation in health systems.

The decision was adopted.¹

2. POLITICAL DECLARATION OF THE THIRD HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY ON THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES, AND MENTAL HEALTH: Item 6 of the agenda (continued)

- **Draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases** (documents EB152/6 and EB152/6 Add.1) (continued)

The representative of ETHIOPIA welcomed the draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases and called on the Secretariat to consider including other important interventions, especially regarding pre-hospital care, since complications of noncommunicable diseases often arose in those settings.

The representative of SINGAPORE² said that high-impact noncommunicable disease interventions required a whole-of-government, whole-of-society response, with health systems reoriented towards prevention and the gravity of care shifted away from hospitals and into the community. Such interventions should be evidence-based and cost-effective to optimize use of resources. He welcomed the draft updated menu of policy options and said that there was also a place for well thought-out innovations complemented by evaluation frameworks to collect evidence. The Secretariat should look more closely at policy options involving collaboration with industry, except the tobacco industry.

The representative of ARGENTINA² thanked the Secretariat for the draft updated menu of policy options and outlined a number of interventions implemented by her Government to tackle noncommunicable diseases, focusing in particular on mental health. Her country would host the fifth Global Ministerial Mental Health Summit in 2023, which would strengthen mental health promotion and access to treatment for people with mental health needs at the regional and global levels.

The representative of THAILAND² said that interference from the tobacco and alcohol industries and manufacturers of unhealthy foods in policy-making represented a major challenge for governments

¹ Decision EB152(10).

² Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

that must be tackled not only through health interventions but also strong political leadership and good governance. Addressing noncommunicable disease risk factors required governments to develop regulations on tobacco-free environments, raise tax, ban advertisements and foster multisectoral efforts to promote enabling actions. He expressed support for the draft updated menu of policy options.

The representative of MEXICO¹ welcomed the draft updated menu of policy options. However, in future updates, the Secretariat might wish to consider including: references to relevant WHO initiatives such as the MPOWER tobacco control measures; interventions to tackle the consumption of novel and emerging tobacco and nicotine products; and non-financial interventions to raise awareness of cancer, such as an integrated early cancer detection package targeted at women.

The representative of NORWAY,¹ speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, thanked the Secretariat for the updated menu of policy options. Introducing low-cost and effective, evidence-based measures to prevent and control noncommunicable diseases would contribute to reducing the otherwise inevitable increase in the disease burden on low- and middle-income countries. However, fully incorporating evidence-based interventions on mental health and air pollution would strengthen the impact of the menu of policy options. To reduce the prevalence of, and premature mortality from, noncommunicable diseases, governments must adopt policies to reduce risk factors, address the determinants of health, create healthy options and strengthen health systems with community- and human-centred comprehensive primary health care focused on noncommunicable disease prevention and control. He welcomed the Secretariat's work to improve the capacity of Member States' health services in the prevention, detection and management of common noncommunicable diseases.

He could support the draft decision as proposed by the Secretariat. However, he recalled that when the menu of policy options – then called “best buys” – was first adopted, it was decided that they should be considered by the Health Assembly together with a global action plan. As the menu of policy options was now a standard component of WHO's normative guidance on noncommunicable diseases, it would be more appropriate for future updates to be the sole responsibility of the Secretariat, without the need for adoption by the governing bodies.

The representative of NAMIBIA¹ expressed concern at the increase in the proportion of deaths from noncommunicable diseases and the lack of resources allocated to mental health, particularly in low-income countries. The COVID-19 pandemic had provided a stark reminder of the urgent need to strengthen health systems by prioritizing primary health care, of which noncommunicable disease control and mental health care were vital components. He underscored the importance of reducing financial hardship and out-of-pocket payments through health system strengthening and universal health coverage, as well as the need to support countries in strengthening the mental health workforce. He welcomed the draft updated menu of policy options and supported the draft decision.

The representative of FIJI¹ said that the draft updated menu of policy options did not provide sufficient guidance on measures affecting the taxation, marketing and availability of alcohol. She therefore suggested adding a footnote to the section on the harmful use of alcohol reading: “interventions relating to excise taxes, marketing and availability of alcohol should take into account the beverage type in addition to alcohol strength”.

The representative of NEW ZEALAND¹ expressed concern at the lack of progress in global noncommunicable disease control. The top-down approach taken to the mobilization of disease-based initiatives, while helpful for advocacy and resourcing, must not undermine the cohesive, integrated

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

delivery of noncommunicable disease patient care at the primary care level. To address the persistent challenge of inadequate resourcing, the Secretariat could visualize the funding gap in future reporting to emphasize the importance of targeted resourcing. While the expansion and evidence-based revision of the draft updated menu of policy options was welcome, Member States must be able to easily implement the increased number of interventions. In that connection, the Secretariat might wish to consider implementing the original set of best buy interventions. She welcomed the proposed development of a web-based tool for countries to visualize potential gains from interventions and suggested that the Secretariat could consider providing examples of policy packages created from the draft updated menu of policy options to assist Member States in domestic planning.

The representative of URUGUAY¹ expressed support for WHO's efforts to address noncommunicable diseases and shared information about measures being implemented in her country. It would be crucial to have clear guidelines on identifying and tackling conflicts of interest in the development of public policies.

The representative of ITALY¹ welcomed the fact that the draft updated menu of policy options had been prepared in consultation with Member States and in consideration of the views of other stakeholders, an inclusive and transparent approach that should be ensured for any future updates. He highlighted the importance of robust scientific evidence in its development and the need for Member States to be able to select those most consistent with their national contexts. Promoting a balanced, healthy and sustainable diet and enhancing education and information campaigns were the only ways to address nutrition-related noncommunicable diseases. He also stressed the importance of mental health.

The representative of TÜRKİYE¹ said that the international community should continue to respond to noncommunicable diseases and prepare for future disruptions. Major noncommunicable disease risk factors must be addressed through investment in proven, cost-effective interventions. One of the most significant deficits in noncommunicable disease prevention and control was the lack of a global noncommunicable disease management mechanism. He therefore called for the development of a more resilient, effective and flexible mechanism to support the achievement of global targets and for a new, stronger approach to noncommunicable diseases grounded in medical, ethical, economic and public health perspectives.

The representative of BELGIUM¹ expressed concern that no country was on track to achieve the nine voluntary targets of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030 by 2025. The best buy interventions were critical to efforts to tackle the main risk factors of noncommunicable diseases. She commended WHO's leadership in the promotion of a "health and environment in all policies" approach to address the devastating impact of environmental pollution and climate change on human health. Best buy interventions relating to mental health, such as preventive policies in the workplace, should be developed. She supported the draft decision and echoed the suggestion made by the representative of Norway that future updates to the menu of policy options could be left to the Secretariat.

The representative of FINLAND¹ said that there must be a clear barrier between the provision of normative guidance by the Secretariat and governance by Member States. As the menu of policy options was undoubtedly normative guidance, he asked the Secretariat to explain how and when the Health Assembly could take a decision on whether future updates could become the sole responsibility of the Secretariat.

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

The representative of ECUADOR¹ expressed support for the draft updated menu of policy options and described his Government's efforts to tackle noncommunicable diseases in his country.

The representative of SOUTH AFRICA¹ supported the draft decision and urged the Secretariat to support Member States to implement appropriate policy options. The failure of health systems to keep up with noncommunicable disease prevention and control during the COVID-19 pandemic had shown the need to build resilient health infrastructure to deal with noncommunicable diseases, including by strengthening legislative and regulatory measures. The pandemic had also increased mental health challenges and associated costs; mental health should therefore be prioritized.

The representative of the UNITED REPUBLIC OF TANZANIA¹ expressed appreciation to the Secretariat for its support in noncommunicable disease prevention and control. Low- and middle-income countries were particularly affected by noncommunicable diseases, but investment was still not in keeping with that burden. She urged the Secretariat to prioritize mental health; early diagnosis of rheumatic fever and rheumatic diseases; improved availability of high-quality, effective medicines for noncommunicable diseases, particularly hypertension and diabetes, through local production; and cancer prevention, including through screening and greater access to vaccines. She supported the draft updated menu of policy options.

The representative of the DOMINICAN REPUBLIC¹ expressed support for the draft updated menu of policy options but called on the Secretariat to explore further options, focusing in particular on mental health disorders. The economic consequences of the COVID-19 pandemic and armed conflict were challenging for mental health services, which were facing growing demand yet diminished resources. Greater public, private, national and international investment and commitment from the international community was needed to make mental health an international priority, particularly in efforts to combat stigma and discrimination. WHO must develop mental health strategies and initiatives, and mental health should be a standalone item on the agendas of its governing bodies.

The representative of BANGLADESH¹ expressed concern that progress continued to fall short of the targets in WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030. Gains from investment in noncommunicable disease prevention and control in low- and lower-middle-income countries suggested that further country-level investment would be justified; WHO technical support to prioritize noncommunicable disease interventions in policy and strategy would be useful in that regard. To reduce tobacco use, Member States should incorporate stringent normative measures into national policies and strategies; include lessons on the harmful impact of tobacco in national curricula; and develop public awareness-raising programmes. To improve the state of mental health, he recommended developing policy measures to promote healthy lifestyles. He supported the draft updated menu of policy options.

The Observer of PALESTINE highlighted the importance of addressing mental health. He provided information about the situation concerning noncommunicable diseases in the occupied Palestinian territory (the West Bank, including east Jerusalem, and the Gaza Strip) and thanked WHO for its close cooperation with the Palestinian authorities, which should be strengthened in order to improve the health system in the occupied Palestinian territory and enhance noncommunicable disease control. He called in particular for further technical support to strengthen mental health programmes that had deteriorated because of repeated Israeli military operations.

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

The representative of HELPAGE INTERNATIONAL, speaking at the invitation of the CHAIR, called on WHO and Member States to mainstream ageing, disability and noncommunicable diseases into universal health coverage and primary health care packages and leverage synergies; accelerate investment in holistic age-, gender- and disability-responsive primary and community-based services and strengthen referral systems; engage people with noncommunicable diseases in the design and delivery of services; remove upper-age caps in noncommunicable disease data systems; and collect and use age-, sex- and disability-disaggregated data on people of all ages.

The representative of the INTERNATIONAL AGENCY FOR THE PREVENTION OF BLINDNESS, speaking at the invitation of the CHAIR, said that noncommunicable eye conditions affected an increasing number of people and posed a significant challenge to health systems. She supported the adoption of the draft updated menu of policy options and called for specific commitments to the implementation of interventions for diabetic retinopathy and the integration of eye care services.

The representative of the MEDICINES PATENT POOL FOUNDATION, speaking at the invitation of the CHAIR, noted that one of the actions suggested in the draft updated menu of policy options was to improve the availability of affordable essential medicines for noncommunicable diseases. In that connection, she reaffirmed her organization's commitment to working with the Secretariat and Member States to identify priorities and create a favourable environment for licensing to improve access to essential medicines.

The representative of the INTERNATIONAL SOCIETY OF NEPHROLOGY, speaking at the invitation of the CHAIR, expressed regret that the draft updated menu of policy options made no mention of strengthening kidney disease prevention despite the global challenges posed by kidney dysfunction. He called on Member States to routinely assess kidney function and albuminuria in people with cardiovascular disease, hypertension and diabetes to improve diagnosis and promote early treatment.

The representative of INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR, expressed support for the draft updated menu of policy options. Noncommunicable diseases should be a cornerstone of discussions at the second high-level meeting of the General Assembly on universal health coverage, to be held in September 2023.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIR, said that noncommunicable disease control depended on high-quality health care systems providing services across the continuum of care, including palliative care, a cost-effective intervention that improved quality of life. Member States should emphasize the inclusion of palliative care as a best buy intervention in policy options for noncommunicable disease control.

The representative of ALZHEIMER'S DISEASE INTERNATIONAL, speaking at the invitation of the CHAIR, expressed disappointment at the absence of any reference to dementia in the document. Dementia continued to be excluded from national strategies and frameworks on noncommunicable diseases owing to ageism and poor awareness of the disease. His organization wished to work with the Secretariat and Member States during preparations for the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases to develop reportable, dementia-specific targets aligned with risk reduction and best buy interventions.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR and also on behalf of the International Baby Food Action

Network, said that the emphasis on the cost-effectiveness of noncommunicable disease interventions prioritized minimum packages and neglected addressing structural drivers, risking institutionalizing coping mechanisms as the new minimum standard of care. Corporate actors contributing to the noncommunicable disease burden should be regulated. The cost of noncommunicable disease treatment required more attention: for example, there was little reference in the document to structural reforms to address the high cost of therapeutics. WHO should pay greater attention to the development of appropriate indicators to track and improve progress on mental health, particularly with regard to policies and financing.

The representative of THE ROYAL COMMONWEALTH SOCIETY FOR THE BLIND – SIGHTSAVERS, speaking at the invitation of the CHAIR, said that persons with disabilities were at much greater risk from noncommunicable diseases owing to underlying health conditions, unmet health needs, greater levels of poverty, discrimination and barriers to accessing services. Furthermore, many faced multiple intersecting forms of disadvantage or discrimination. Noncommunicable disease and mental health services should meet differing needs and protect against discrimination, coercion and violations of the right to health for groups that were further marginalized, including individuals with autism and intellectual impairments. She called for the prioritization of inclusive, person-centred care and equitable access to those services for persons with disabilities.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR and also on behalf of the NCD Alliance, noted with concern the insufficient progress in the coverage of essential noncommunicable disease services. The best buy interventions were a valuable resource to drive action. She encouraged Member States to: use tools such as the WHO-IARC Cancer Costing and Planning Tool to support dialogue and evidence-based selection of interventions, engaging civil society organizations in the prioritization process; include noncommunicable disease services in universal health coverage benefit packages and financial protection mechanisms; ensure people-centred care across the life course, including for vulnerable groups; and support the Secretariat in updating the best buy interventions.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had stalled efforts to prevent and control noncommunicable diseases. The root causes lay in underfinanced and poorly governed health systems, resulting in an overburdened health workforce and slow integration of noncommunicable disease prevention and care into universal health coverage benefit packages. To achieve targets on noncommunicable diseases, Member States should: advance policies and actions to provide the continuum of care for people with such diseases in line with universal health coverage principles, focusing on integrated primary health care; promote a whole-of-government and whole-of-society approach to noncommunicable diseases; and strengthen the health workforce and infrastructure.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR, said that the targets of WHO's global action plan on the prevention and control of noncommunicable diseases 2013–2030 and target 3.4 of the Sustainable Development Goals could still be achieved through the implementation of measures to strengthen health systems. He urged Member States to adopt the draft updated menu of policy options with a view to reducing the burden of cardiovascular disease and its risk factors and to request the Secretariat to revise it on an ongoing basis.

The representative of FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIR and also on behalf of the International Association for Dental Research, said that implementing a range of population-wide noncommunicable disease policies and services would increase the universal health coverage service coverage index for noncommunicable diseases and contribute to the achievement of global noncommunicable disease targets and new oral health targets. Member States

should adopt the draft decision and contribute to the menu of cost-effective interventions for oral health and the comprehensive report on progress envisaged in the draft global oral health action plan (2023–2030).

The representative of MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR, said that the flawed concept of the “harmful use of alcohol” in the draft updated menu of policy options should be replaced with more accurate terms, since strong evidence showed that there was no healthy or safe level of alcohol use. The current update represented a missed opportunity to improve alcohol policy best buy interventions and better support Member States in using the most cost-effective interventions, such as age limit increases.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIR and also on behalf of the International Diabetes Federation, welcomed the draft updated menu of policy options and the expansion of cost-effectiveness analyses to new interventions. However, he noted the absence of obesity-oriented actions aimed at tackling comorbidities such as diabetes. Weight management and treatment should be included in future updates. The Secretariat should develop periodic and inclusive mechanisms concerning updates to the menu of policy options to protect against undue influence from health-harming industries. The term “best buy” should be retained as it was well recognized by policy-makers.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, INC., speaking at the invitation of the CHAIR, noted the shocking inequality in access to effective cancer and rare disease treatments, which disproportionately affected low- and middle-income countries. The Secretariat should help Member States to understand their options regarding exceptions in exclusive patent rights for gene and cell therapies. The WHO Model List of Essential Medicines should include a category for medically important treatments that should be available “if available at affordable prices.” The Global Observatory on Health Research and Development should collect and publish information on clinical trial costs for determining the safety and efficacy of treatments and undertake other measures to implement resolution WHA72.8 (2019) on improving the transparency of markets for medicines, vaccines and other health products.

The representative of IAEA said that her organization was working with partners such as WHO and IARC to integrate nuclear medicine, radiotherapy and dosimetry services into comprehensive cancer control plans. Its Rays of Hope initiative, launched in 2022, had stepped up the global response, galvanizing stakeholders to support countries in procuring equipment and knowledge. Her organization would continue its longstanding collaboration on the noncommunicable disease agenda, including by supporting countries in combating malnutrition and cardiovascular diseases.

The DEPUTY DIRECTOR-GENERAL said that the increasing noncommunicable disease burden threatened sustainable development by increasing health care costs and reducing productivity, and people living with those diseases had more adverse health outcomes during emergencies. Coordination on noncommunicable diseases across the three levels of the Organization was strong and focused on reorienting health systems to include noncommunicable diseases in primary health care and on efforts to achieve universal health coverage by strengthening equity and preparedness for humanitarian emergencies.

To support the preparatory process towards the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases in 2025, governments of small island developing States had recently met to discuss strategies to accelerate implementation of cost-effective noncommunicable disease interventions and would meet again in June 2023 at the SIDS ministerial conference on the prevention and control of noncommunicable diseases and mental health. Member States in the Western Pacific Region had endorsed a regional action framework for

noncommunicable disease prevention and control and a regional framework for the future of mental health, while in the South-East Asia Region, Member States had endorsed an implementation road map for accelerating prevention and control of noncommunicable diseases. The Regional Office for Africa was supporting Member States in implementing a regional strategy to address severe noncommunicable diseases at first-level referral facilities and a regional framework to strengthen implementation of the comprehensive mental health action plan 2013–2030. While emergencies had affected the capacity of countries, territories and areas in the Eastern Mediterranean Region to prevent and control noncommunicable diseases, several had introduced new policies and were now focusing on improving noncommunicable disease management in emergency contexts. The Regional Office for the Eastern Mediterranean was also supporting countries, territories and areas in scaling up cancer prevention and care. In the European Region, guidance had been developed on the harms of novel tobacco products; countries were moving fast towards eliminating trans-fats and tracking data on the noncommunicable disease burden; and signature initiatives had been launched to reduce inequalities in the prevalence of cardiovascular disease and hypertension.

Those regional frameworks and initiatives aligned with the call in WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030 for governments to implement evidence-based, cost-effective policies to counter the threat of noncommunicable diseases. The draft updated menu of policy options would invigorate implementation of the global action plan and regional frameworks. Regional offices would continue to support countries in implementing best buy interventions by adopting innovative, context-specific approaches that had been proven to work and by facilitating knowledge and experience exchange.

The ASSISTANT DIRECTOR-GENERAL AD INTERIM (Universal Health Coverage/Communicable and Noncommunicable Diseases) acknowledged the broad support from Member States on the Secretariat's efforts to develop evidence-based guidance to support countries to accelerate progress towards target 3.4 of the Sustainable Development Goals. The noncommunicable diseases and mental health packages were not just aspirational but achievable. Key pathways had been agreed on and were being delivered to accelerate action on various noncommunicable diseases and their risk factors, and the Secretariat would support Member States in implementation in close collaboration with partners.

Efforts to achieve universal health coverage should not focus solely on the time-bound elimination of priority diseases but also on health and well-being for all. Noncommunicable diseases and mental health should be included in primary health care and universal health coverage not just to ensure equity and leave no one behind, but also to increase financial protection and contribute to the preparedness and health security agenda. The Secretariat would continue providing tailored support to meet diabetes targets through the Global Diabetes Compact, and more countries would receive support in addressing the cardiovascular disease burden through context-specific implementation of the HEARTS technical package. The Secretariat had recently launched the Global Breast Cancer Initiative Implementation Framework, which joined other global cancer initiatives such as the Cervical Cancer Elimination Initiative and the Global Initiative for Childhood Cancer. In that regard, she thanked the Government of Slovakia for its close collaboration on childhood cancer. She highlighted the need to explore all possible approaches to ensure affordable and high-quality medicines and technologies for noncommunicable disease prevention and control, including the WHO prequalification programme and private sector engagement.

Advocacy was required to ensure that mental health would continue to be prioritized and to reduce the treatment gap. The growing demand for mental health support from Member States and partner agencies prompted increased action on mental health. Given the close link between mental health, public health and socioeconomic development, transforming mental health policy and practice would deliver substantive benefits for individuals and communities.

In response to suggestions from a number of Member States regarding the procedure for approving future updates to the menu of policy options, she explained that the Secretariat had been

mandated to submit the updated draft menu of policy options to the Board according to decision WHA72(11) (2019). The document would be continually updated on the basis of the latest knowledge and scientific evidence in close collaboration with Member States, the research community and academia. The menu of policy options was to be implemented in alignment with global strategies and policy interventions on mental health and air pollution, the “5 x 5 NCD agenda” and oral health. Answers to many of the technical questions raised, including on the methodology and evidence base underpinning the selection of the interventions, could be found on the dedicated online platform. Member States should define lists of priority interventions considered good value for money according to their national contexts. In that connection, a number of Member States had highlighted the need to contextualize the recommended interventions and their potential impact in terms of equity, in particular on priority populations, during country-level implementation. The potential impact of implementing policy options would be measured according to the Global Monitoring Framework for noncommunicable diseases, the Sustainable Development Goals and the indicators set out in the Thirteenth General Programme of Work, 2019–2025. The WHO OneHealth Tool could help countries to cost specific interventions according to their national contexts. The Secretariat was also developing an interactive, web-based tool for countries to use.

The fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases would provide an opportunity to adopt a new political declaration on noncommunicable diseases and accelerate progress. The Secretariat would continue working closely with countries in advance of that important event and with the Government of Argentina in the run-up to the fifth Global Ministerial Mental Health Summit. Activities concerning air pollution, mental health, climate change, biodiversity and health and social determinants of health would also contribute to the development of recommendations.

The CHAIR took it that the Board wished to note the report contained in document EB152/6.

The Board noted the report.

The CHAIR took it that the Board wished to adopt the draft decision contained in document EB152/6.

The decision was adopted.¹

The meeting rose at 20.15.

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¹ Decision EB152(11).