



# WORLD HEALTH ORGANIZATION

FIFTY-THIRD WORLD HEALTH ASSEMBLY

(Draft) A53/41  
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## Second report of Committee A

(Draft)

Committee A held its fourth, fifth and sixth meetings on 18 and 19 May 2000 under the chairmanship of Professor S.M. Ali (Bangladesh). The seventh meeting was held on 19 May 2000 under the chairmanship of Professor S.M. Ali (Bangladesh) and Mr J.A. Chowdhury (India), who was designated Vice-Chairman *ad interim*, consistent with Rule 37 of the Rules of Procedure of the Health Assembly.

It was decided to recommend to the Fifty-third World Health Assembly the adoption of the attached resolutions and decision relating to the following agenda item:

12. Technical and health matters

One resolution entitled:

- HIV/AIDS: confronting the epidemic

One resolution entitled:

- Food safety

One decision entitled:

- Infant and young child nutrition

One resolution entitled:

- Framework convention on tobacco control

One resolution entitled:

- Prevention and control of noncommunicable diseases

## Agenda item 12.2

### **HIV/AIDS: confronting the epidemic**

The Fifty-third World Health Assembly,

Having considered the report by the Director-General on HIV/AIDS;

Noting with deep concern that nearly 34 million people worldwide are currently living with HIV/AIDS, and 95% are in developing countries; and that the development gains of the past 50 years, including the increase in child survival and in life expectancy, are being reversed by the HIV/AIDS epidemic;

Further noting that in sub-Saharan Africa, where over 23 million people are infected, HIV/AIDS is the leading cause of death, and where more women are now infected than men; and that HIV infection is increasing rapidly in Asia, particularly in south and south-east Asia, where 6 million people are infected;

Recalling resolution WHA52.19 which *inter alia* requests the Director-General:

*to cooperate with Member States, at their request, and with international organizations in monitoring and analysing the pharmaceutical and public health implications of relevant international agreements, including trade agreements, so that Member States can effectively assess and subsequently develop pharmaceutical and health policies and regulatory measures that address their concerns and priorities, and are able to maximize the positive and mitigate the negative impact of those agreements;*

Recognizing that poverty and inequality between men and women are driving the epidemic; and that denial, discrimination and stigma continue to be major obstacles to an effective response to the epidemic;

Underlining the need to advocate respect for human rights in the implementation of all measures to respond to the epidemic;

Acknowledging that political commitment is essential to deal with a problem of this magnitude;

Recognizing that resources devoted to combating the epidemic both at national and international levels are not commensurate with the magnitude of the problem;

Recalling United Nations Economic and Social Council resolution 1999/36 on human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), which stresses, *inter alia*, governments' responsibility to intensify all efforts in combating AIDS through multisectoral action;

Recalling the recent session of the United Nations Security Council devoted to the HIV/AIDS crisis in Africa, in which the Security Council recognized that HIV/AIDS is a unique modern-day plague that threatens the political, economic and social stability of sub-Saharan Africa and Asia,

1. URGES Member States:

- (1) to match their political commitment, as demonstrated in several recent initiatives of political leaders of Member States, to the magnitude of the problem by allocating an appropriate national and donor budget for HIV/AIDS prevention as well as for care and support of the infected and affected;
- (2) to establish programmes to combat poverty with the support of donors, implement them in a rigorous and transparent manner, and advocate:
  - cancellation of debt in order to free resources for, *inter alia*, HIV/AIDS prevention and care, as proposed by the G8 Summit at Cologne,
  - improvement of the living conditions of populations,
  - reduction of unemployment,
  - improvement of the standard of public health;
- (3) to provide increased support for UNAIDS, and WHO as one of its cosponsors, in their efforts against AIDS, including efforts in the context of the International Partnership against AIDS in Africa;
- (4) to strengthen public education on HIV/AIDS and to pay particular attention to national strategic plans directed at reducing the vulnerability of women, children and adolescents, bearing in mind that public education and national campaigns should place emphasis on prevention, on reducing discrimination and stigmatization, and on promoting healthy environments to prevent and alleviate AIDS problems;
- (5) to take all necessary measures to protect children infected and/or affected by HIV/AIDS from all forms of discrimination, stigma, abuse and neglect, in particular protecting their access to health, education and social services;
- (6) to apply experiences and lessons learned and the growing body of scientific knowledge regarding proven effective interventions for prevention and care in order to reduce the spread of HIV/AIDS and to increase the quality and length of life of those infected;
- (7) to ensure that blood transfusion services do not constitute an HIV risk factor by ensuring that all individuals have access to safe blood and blood products that are accessible and adequate to meet their needs, are obtained from voluntary, nonremunerated blood donors, are transfused only when necessary, and are provided as part of a sustainable blood transfusion programme within the existing health care system;
- (8) to build and strengthen partnerships between health providers and the community, including nongovernmental organizations, in order to direct community resources towards proven effective interventions;
- (9) to implement key strategies for HIV/AIDS prevention, in particular management of sexually transmitted infections and promotion of safer sex, including by ensuring availability of male and female condoms;

- (10) to strengthen health systems that ensure adequate and skilled human resources, supply systems and financing schemes in order to address the needs for HIV/AIDS care and prevention;
- (11) to take steps to reduce use of illicit substances and to protect injecting drug users and their sexual partners against HIV infection;
- (12) to increase access to, and quality of, care in order to improve quality of life, assure the dignity of the individual, and meet the medical and psychosocial needs of people living with HIV/AIDS, including treatment and prevention of HIV-related illnesses and provision of a continuum of care, with efficient referral mechanisms between home, clinic, hospital and institution;
- (13) to reaffirm their commitment to previous resolutions on the revised drug strategy and to ensure the necessary actions within their national drug policies to guarantee public health interests and equitable access to care, including medicines;
- (14) to make use of indicators developed by WHO to monitor progress;
- (15) to collaborate with the WHO Secretariat and other international agencies to regularly update existing databases in order to provide Member States with information on prices of essential drugs including HIV-related drugs;
- (16) to increase access to treatment and prophylaxis of HIV-related illnesses through measures such as ensuring the provision and affordability of drugs, including a reliable distribution and delivery system; implementation of a strong generic drug policy; bulk purchasing; negotiation with pharmaceutical companies; appropriate financing systems; and encouragement of local manufacturing and import practices consistent with national laws and international agreements acceded to;
- (17) to define and affirm their role and, where appropriate, engage in partnerships and solidarity initiatives to make prophylactic and therapeutic drugs accessible, affordable and safely and effectively used, whether intended for prevention of mother-to-child transmission, prevention and treatment of opportunistic diseases, or antiretroviral treatment for patients;
- (18) to establish or to expand counselling services and voluntary confidential HIV-testing in order to encourage health-seeking behaviour and to act as an entry point for prevention and care;
- (19) to continue research on the prevention of mother-to-child transmission of HIV and to integrate interventions for it into primary health care, including reproductive health services, as part of comprehensive care for HIV-infected pregnant women and postnatal follow-up for them and for their families, ensuring that such research is free from interests that might bias the results and that commercial involvement should be clearly disclosed;
- (20) to promote research on behaviour change and cultural factors that influence sexual behaviour;
- (21) to establish and strengthen monitoring and evaluation systems, including epidemiological and behavioural surveillance and assessment of the response of health systems to the epidemics of HIV/AIDS and sexually transmitted infections, with the promotion of intercountry subregional collaboration;

2. REQUESTS the Director-General:

- (1) to continue strengthening the involvement of WHO, as a cosponsor of UNAIDS, in the United Nations system-wide response to HIV/AIDS, including at country level;
- (2) to develop a global health-sector strategy for responding to the epidemics of HIV/AIDS and sexually transmitted infections as part of the United Nations system's strategic plan for HIV/AIDS for 2001-2005, and to report on progress in development of the strategy to the Executive Board at its 107th session;
- (3) to give priority in WHO's regular budget to the prevention and control of HIV/AIDS, and to engage the Organization as an active partner in the implementation of a transparent and joint resource mobilization strategy in support of the unified budget and work plan of the UNAIDS Secretariat and its cosponsors, and to actively encourage the donor community to increase support for regional and country-level interventions;
- (4) to further mobilize funds in support of national HIV/AIDS prevention and control programmes and for care and support given through the home and community-level programmes;
- (5) to further support the implementation of drug price monitoring systems in Member States, at their request, with a view to the promotion of equitable access to care, including essential drugs;
- (6) to strengthen Member States' capacity for the implementation of drug monitoring systems in order to better identify adverse reactions and misuse of drugs within health systems, thus promoting a rational use of drugs;
- (7) to continue the development of methods and support for monitoring the pharmaceutical and public health implications of trade agreements;
- (8) to involve WHO fully in the International Partnership against AIDS in Africa, particularly at country level, within the context of national strategic plans;
- (9) to cooperate with Member States in organizing nationally coordinated blood-transfusion services;
- (10) to collaborate with Member States in strengthening the capacity of health systems both to respond to the epidemics through integrated prevention of HIV/AIDS and sexually transmitted infections and care for infected people and to promote health systems research to frame policy on health systems' response to HIV/AIDS and sexually transmitted infections;
- (11) to advocate respect for human rights in the implementation of all measures responding to the epidemic;
- (12) to intensify the support of national efforts against HIV/AIDS, aimed at providing assistance to children infected or affected by the epidemic, focusing particularly in the worst-hit regions of the world and where the epidemic is severely setting back national development gains;

(13) to appeal to the international community, relevant United Nations agencies, donor agencies and programmes, and intergovernmental and nongovernmental organizations to also give importance to the treatment and rehabilitation of children infected with HIV/AIDS, to invite them to consider further involving the private sector;

(14) to ensure that WHO, together with the UNAIDS Secretariat and other interested UNAIDS cosponsors, pursue proactively and effectively its dialogue with the pharmaceutical industry, in conjunction with Member States and associations of persons living with HIV/AIDS, to make HIV/AIDS-related drugs increasingly accessible to developing countries through drug development, cost reduction, and strengthening of reliable distribution systems;

(15) to reinforce, promote, and explore partnerships both to make HIV/AIDS-related drugs accessible through affordable prices, appropriate financing systems, and effective health care systems and to ensure that drugs are safely and effectively used;

(16) to cooperate with governments, at their request, and other international organizations on possible options under relevant international agreements, including trade agreements, to improve access to HIV/AIDS-related drugs;

(17) to promote, encourage and support research and development on: vaccines appropriate for strains of HIV found in both developed and developing countries; diagnostic tools and antimicrobial drugs for other sexually transmitted infections; and treatment for HIV/AIDS, including traditional medicine;

(18) to intensify efforts to prevent HIV and sexually transmitted infections in women, including promotion of research on and development of microbicides and affordable female condoms to provide women and girls with female-initiated protection methods;

(19) to continue, in the context of efforts under way with UNICEF, UNFPA and the UNAIDS Secretariat, to provide technical support to Member States for implementation of strategies and programmes to prevent mother-to-child transmission of HIV, and to improve capacity for intersectoral collaboration;

(20) to provide support to Member States for collecting and analysing information on the epidemics of HIV/AIDS and sexually transmitted infections, developing methodologies for behavioural surveillance, and producing periodic updates;

(21) to provide increased support to Member States for the prevention of HIV transmission in injecting drug users in order to avoid an explosive spread of HIV/AIDS in that vulnerable population;

(22) to advocate for research on nutrition in relation to HIV/AIDS;

(23) to advise Member States on the appropriate treatment regimen for HIV/AIDS in collaboration with other relevant international organizations and to advise on the management, legal and regulatory issues to improve affordability and accessibility;

(24) to appeal to bilateral and multilateral partners to simplify the procedures for the allocation of resources.

## Agenda item 12.3

### Food safety

The Fifty-third World Health Assembly,

Deeply concerned that foodborne illnesses associated with microbial pathogens, biotoxins and chemical contaminants in food represent a serious threat to the health of millions of people in the world;

Recognizing that foodborne diseases significantly affect people's health and well-being and have economic consequences for individuals, families, communities, businesses, and countries;

Acknowledging the importance of all services – including public health services – responsible for food safety, in ensuring the safety of food and in harmonizing the efforts of all stakeholders throughout the food chain;

Aware of the increased concern of consumers about the safety of food, particularly after recent foodborne-disease outbreaks of international and global scope and the emergence of new food products derived from biotechnology;

Recognizing the importance of the standards, guidelines and other recommendations of the Codex Alimentarius Commission for protecting the health of consumers and assuring fair trading practices;

Noting the need for surveillance systems for assessment of the burden of foodborne disease and the development of evidence-based national and international control strategies;

Mindful that food safety systems must take account of the trend towards integration of agriculture and the food industry and of ensuing changes in farming, production, and marketing practices and consumer habits in both developed and developing countries;

Mindful of the growing importance of microbiological agents in foodborne-disease outbreaks at international level and of the increasing resistance of some foodborne bacteria to common therapies, particularly because of the widespread use of antimicrobials in agriculture and in clinical practice;

Aware of the improvements in public health protection and in the development of sustainable food and agricultural sectors that could result from the enhancement of WHO's food safety activities;

Recognizing that developing countries rely for their food supply primarily on traditional agriculture and small- and medium-sized food industry, and that in most developing countries, the food safety systems remain weak,

1. URGES Member States:

- (1) to integrate food safety as one of their essential public health and public nutrition functions and to provide adequate resources to establish and strengthen their food safety

programmes in close collaboration with their applied nutrition and epidemiological surveillance programmes;

(2) to develop and implement systematic and sustainable preventive measures aimed at reducing significantly the occurrence of foodborne illnesses;

(3) to develop and maintain national, and where appropriate, regional means for surveillance of foodborne diseases and for monitoring and controlling relevant microorganisms and chemicals in food; to reinforce the principal responsibility of producers, manufacturers, and traders for food safety; and to increase the capacity of laboratories, especially in developing countries;

(4) to integrate measures in their food safety policies aimed at preventing the development of microbial agents that are resistant to antibiotics;

(5) to support the development of science in the assessment of risks related to food, including the analysis of risk factors relevant to foodborne disease;

(6) to integrate food safety matters into health and nutrition education and information programmes for consumers, particularly within primary and secondary school curricula, and to initiate culture-specific health and nutrition education programmes for food handlers, consumers, farmers, producers and agro-food industry personnel;

(7) to develop outreach programmes for the private sector that can improve food safety at the consumer level, with emphasis on hazard prevention and orientation for good manufacturing practices, especially in urban food markets, taking into account the specific needs and characteristics of micro- and small-food industries, and to explore opportunities for cooperation with the food industry and consumer associations in order to raise awareness regarding the use of good and ecologically safe farming and good hygienic and manufacturing practices;

(8) to coordinate the food safety activities of all relevant national sectors concerned with food safety matters, particularly those related to the risk assessment of foodborne hazards, including the influence of packaging, storage and handling;

(9) to participate actively in the work of the Codex Alimentarius Commission and its committees, including activities in the emerging area of food-safety risk analysis;

(10) to ensure appropriate, full and accurate disclosure in labelling of food products, including warnings and best-before dates where relevant;

(11) to legislate for control of the reuse of containers for food products and for the prohibition of false claims;

## 2. REQUESTS the Director-General:

(1) to give greater emphasis to food safety, in view of WHO's global leadership in public health, and in collaboration and coordination with other international organizations, notably the Food and Agriculture Organization of the United Nations (FAO), and within the Codex Alimentarius Commission, and to work towards integrating food safety as one of WHO's essential public health functions, with the goal of developing sustainable, integrated food safety



systems for the reduction of health risk along the entire food chain, from the primary producer to the consumer;

(2) to support Member States in the identification of food-related diseases and the assessment of foodborne hazards, and storage, packaging and handling issues;

(2 bis) to provide developing countries with support for the training of their staff, taking into account the technological context of production in these countries;

(3) to focus on emerging problems related to the development of antimicrobial-resistant microorganisms stemming from the use of antimicrobials in food production and clinical practice;

(4) to put in place a global strategy for the surveillance of foodborne diseases and for the efficient gathering and exchange of information in and between countries and regions, taking into account the current revision of the International Health Regulations;

(5) to convene, as soon as practicable, an initial strategic planning meeting of food safety experts from Member States, international organizations, and nongovernmental organizations with an interest in food safety issues;

(6) to provide, in close collaboration with other international organizations active in this area, particularly FAO and the International Office of Epizootics (OIE), technical support to developing countries in assessing the burden on health and prioritizing disease-control strategies through the development of laboratory-based surveillance systems for major foodborne pathogens, including antimicrobial-resistant bacteria, and in monitoring contaminants in food;

(7) in collaboration with FAO and other bodies as appropriate, to strengthen the application of science in the assessment of acute and long-term health risks related to food, and specifically to support the establishment of an expert advisory body on microbiological risk assessment and to strengthen the expert advisory bodies that provide scientific guidance on food safety issues related to chemicals, and to maintain an updated databank of this scientific evidence to support Member States in making health-related decisions in these matters;

(8) to ensure that the procedures for designating experts and preparing scientific opinions are such as to guarantee the transparency, excellence and independence of the opinions delivered;

(9) to encourage research to support evidence-based strategies for the control of foodborne diseases, particularly research on risk factors related to emergence and increase of foodborne diseases and on simple methods for the management and control of health risks related to food;

(10) to examine the current working relationship between WHO and FAO, with a view to increasing the involvement and support of WHO in the work of the Codex Alimentarius Commission and its committees;

(11) to support Member States in providing the scientific basis for health-related decisions regarding genetically modified foods;

(12) to support the inclusion of health considerations in international trade in food and food donations;

(13) to make the largest possible use of information from developing countries in risk assessment for international standard-setting, and to strengthen technical training in developing countries by providing them with a comprehensive document in WHO working languages, to the extent possible;

(14) to proactively pursue action, on behalf of developing countries, so that the level of technological development in developing countries is taken into account in the adoption and application of international standards on food safety;

(15) to respond immediately to international and national food safety emergencies and to assist countries in crisis management;

(16) to call upon all stakeholders – especially the private sector – to take their responsibility for the quality and safety of food production, including environmental protection awareness throughout the food chain;

(17) to support capacity building in Member States, especially those from the developing world, and facilitate their full participation in the work of the Codex Alimentarius Commission and its different committees, including activities in food safety risk analysis processes.

## **Agenda item 12.4**

### **Infant and young child nutrition**

The Fifty-third World Health Assembly,

- (1) REAFFIRMS the importance attributed by Member States to WHO activities related to infant and young child nutrition;
- (2) WELCOMES the draft resolution proposed by the delegation of Brazil, contained in document A53/A/Conf.Paper No.3, as well as the various amendments to this draft presented by delegations during their wide-ranging debate on item 12.4, Infant and young child nutrition;
- (3) REQUESTS the Director-General to include in the agenda for the 107th session of the Executive Board an item on infant and young child nutrition and asks the Secretariat to include the draft resolution and amendments in the background documentation made available to the Board;
- (4) REQUESTS the Executive Board to establish during its session a drafting group on infant and young child nutrition, open to participation by all Member States, which will prepare a resolution for consideration by the Executive Board on the basis of the aforementioned draft and amendments with a view towards its adoption by the Fifty-fourth World Health Assembly;
- (5) ENCOURAGES discussions at the regional level, including through the upcoming regional committees, on the draft and amendments, with a view towards gathering the broadest possible inputs for consideration of this important item by the next World Health Assembly.

## **Agenda item 12.10**

### **Framework convention on tobacco control**

The Fifty-third World Health Assembly,

Recalling and reaffirming resolution WHA52.18 which established both an intergovernmental negotiating body to draft and negotiate the proposed WHO framework convention on tobacco control and possible related protocols and a working group to prepare proposed draft elements of the framework convention and report on progress;

Having considered the report to the Health Assembly on the framework convention on tobacco control,<sup>1</sup>

1. TAKES NOTE of the significant progress made, as reported in documents A53/12 and A53/12 Corr.1, and expresses its appreciation for the work of the working group, its Bureau and the Secretariat;
2. RECOGNIZES that the report contained in documents A53/12 and A53/12 Corr.1, including the proposed draft elements for a framework convention, establishes a comprehensive basis for initiating the negotiations by the Intergovernmental Negotiating Body (INB);
3. RECOGNIZES that the success of the FCTC depends on broad participation by WHO Member States and organizations referred to in paragraph 1(3) of resolution WHA52.18;
4. CALLS ON the Negotiating Body:
  - (1) to elect at its first session a chairman, three vice-chairmen and two rapporteurs, and to consider the applicability of an extended bureau;
  - (2) to commence its negotiations with an initial focus on the draft framework convention, without prejudice to future discussions on possible related protocols;
  - (3) to report on the progress of its work to the Fifty-fourth World Health Assembly;
  - (4) to examine the question of an extended participation, as observers, of nongovernmental organizations according to criteria to be established by the Negotiating Body;
5. REQUESTS the Director-General:
  - (1) to convene the first session of the Negotiating Body in October 2000;
  - (2) to draw up, for consideration by the Negotiating Body at its first session, a draft timetable for the process, with information on costs related to the sessions of the Negotiating Body and the availability of funds to cover them, giving special consideration to securing the participation of delegates from developing countries.

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<sup>1</sup> Documents A53/12 and A53/12 Corr.1.

## Agenda item 12.11

### **Prevention and control of noncommunicable diseases**

The Fifty-third World Health Assembly,

Recalling resolution WHA51.18 on noncommunicable disease prevention and control requesting the Director-General to formulate a global strategy for the prevention and control of noncommunicable diseases and to submit the proposed global strategy and a plan for implementation to the Executive Board and Health Assembly;

Recognizing the enormous human suffering caused by noncommunicable diseases such as cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, and the threat they pose to the economies of many Member States, leading to increasing health inequalities between countries and populations;

Noting that the conditions in which people live and their lifestyles influence their health and quality of life, and that the most prominent noncommunicable diseases are linked to common risk factors, namely, tobacco use, alcohol abuse, unhealthy diet, physical inactivity, environmental carcinogens and being aware that these risk factors have economic, social, gender, political, behavioural and environmental determinants;

Reaffirming that the global strategy for the prevention and control of noncommunicable diseases and the ensuing implementation plan are directed at reducing premature mortality and improving quality of life;

Recognizing the leadership role that WHO should play in promoting global action against noncommunicable diseases and its contribution to global health based on its advantages compared to other organizations,

1. URGES Member States:

(1) to develop a national policy framework taking into account several policy instruments such as healthy public policies creating a conducive environment for healthy lifestyles; fiscal and taxation policies towards healthy and unhealthy goods and services; and public media policies empowering the community;

(2) to establish programmes, at national or any other appropriate level, in the framework of the global strategy for the prevention and control of major noncommunicable diseases, and specifically:

(a) to develop a mechanism to provide evidence-based information for policy-making, advocacy, programme monitoring and evaluation;

(b) to assess and monitor mortality and morbidity attributable to noncommunicable disease, and the level of exposure to risk factors and their determinants in the population, by strengthening the health information system;

(c) to continue pursuit of intersectoral and cross-cutting health goals required for prevention and control of noncommunicable diseases by according noncommunicable diseases priority on the public health agenda;

(d) to emphasize the key role of governmental functions, including regulatory functions, when combating noncommunicable diseases, such as development of nutrition policy, control of tobacco products, prevention of alcohol abuse and policies to encourage physical activity;

(e) to promote community-based initiatives for prevention of noncommunicable diseases, based on a comprehensive risk-factor approach;

(f) based on available evidence, to support the development of clinical guidelines for cost-effective screening, diagnosis and treatment of common noncommunicable diseases;

(g) appropriate health promotion strategies be included in school health programmes and in programmes geared to youth.

(3) to promote the effectiveness of secondary and tertiary prevention, including rehabilitation and long-term care, and to ensure that health care systems are responsive to chronic noncommunicable diseases and that their management is based on cost-effective health care interventions and equitable access;

(4) to share their national experiences and to build the capacity at regional, national and community levels for the development, implementation and evaluation of programmes for the prevention and control of noncommunicable diseases;

2. REQUESTS the Director-General:

(1) to continue giving priority to the prevention and control of noncommunicable diseases, with special emphasis on developing countries and other deprived populations;

(2) to ensure that the leadership provided by WHO in combating noncommunicable diseases and their risk factors is based on the best available evidence, and thus to facilitate, with international partners, capacity building and establishment of a global network of information systems;

(3) to provide technical support and appropriate guidance to Member States in assessing their needs, developing effective health promotion programmes, adapting their health care systems, and addressing gender issues related to the growing epidemic of noncommunicable diseases;

(4) to strengthen existing partnerships and develop new ones, notably with specialized national and international nongovernmental organizations, with a view to sharing responsibilities for implementation of the global strategy based on each partner's expertise;

(5) to coordinate, in collaboration with the international community, global partnerships and alliances for resource mobilization, advocacy, capacity building and collaborative research;

(6) to promote the adoption of international intersectoral policies, regulations and other appropriate measures that minimize the effect of the major risk factors of noncommunicable diseases;

(7) to promote and initiate collaborative research on noncommunicable diseases, including research on behavioural determinants and to strengthen the role of WHO collaborating centres in supporting implementation of the global prevention and control strategy;

(8) to pursue dialogue with the pharmaceutical industry, with a view to improving accessibility to drugs to collectively treat major noncommunicable diseases and their determinants.

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