

COMMITTEE A

FIRST MEETING

Monday, 20 May 2013, at 15:35

Chairman: Dr W.T. GWENIGALE (Liberia)

1. OPENING OF THE COMMITTEE: Item 10 of the Agenda

The CHAIRMAN welcomed participants and introduced the representatives of the Executive Board, Dr Joy St. John (Barbados), Dr Ren Minghui (China), Dr Jamsheed Mohamed (Maldives) and Mr Pascal Strupler (Switzerland),¹ who would report on the Board's consideration of the relevant items of the agenda. Accordingly, any views they expressed would be those of the Board, not of their respective governments.

Election of Vice-Chairmen and Rapporteur

The CHAIRMAN informed the Committee that Dr Lester Ross (Solomon Islands) and Dr Sania Nishtar (Pakistan) had been nominated as Vice-Chairmen and Dr Victor Cuba Oré (Peru) as Rapporteur.

Decision: Committee A elected Dr Lester Ross (Solomon Islands) and Dr Sania Nishtar (Pakistan) as Vice-Chairmen and Dr Victor Cuba Oré (Peru) as Rapporteur.²

2. ORGANIZATION OF WORK

The CHAIRMAN said that, in view of the full agenda, delegates should limit their statements to three minutes. As at previous sessions, the traffic light system would be used to enforce that limit. If a delegate spoke on behalf of a group of countries, delegates from other countries within that group should limit the length of their statements.

It was so agreed.

Ms HAGERTY (Ireland), speaking on behalf of the Member States of the European Union, recalled that, following an agreement between WHO and the European Commission in 2000, the European Union had participated in the World Health Assembly as an observer. She requested that it should also be invited to participate as an observer, without vote, in meetings of subcommittees and other subdivisions of the Health Assembly dealing with matters within the competence of the European Union.

¹ Participating by virtue of Rules 42 and 43 of the Rules of Procedure of the World Health Assembly.

² Decision WHA66(5).

It was so agreed.

3. NONCOMMUNICABLE DISEASES: Item 13 of the Agenda

Draft comprehensive global monitoring framework and targets for the prevention and control of noncommunicable diseases: Item 13.1 of the Agenda (Documents A66/8 and A66/8 Add.1)

Draft action plan for the prevention and control of noncommunicable diseases 2013–2020: Item 13.2 of the Agenda (Documents A66/9 and A66/9 Corr. 1)

The CHAIRMAN proposed that subitem 13.1 on a draft comprehensive global monitoring framework and targets for the prevention and control of noncommunicable diseases and subitem 13.2 on a draft action plan for the prevention and control of noncommunicable diseases 2013–2020 should be considered together as they were closely associated.

It was so agreed.

Dr ST. JOHN (Barbados, representative of the Executive Board), referring to subitem 13.1, said that the Board, at its 132nd session, had decided to forward the report contained in document A66/8 to the Sixty-sixth World Health Assembly for adoption. She recalled the strong recommendation made at the formal meeting of Member States in November 2012 that the Health Assembly should consider adopting the global monitoring framework for noncommunicable diseases, including 25 indicators and a set of nine voluntary global targets, without reopening discussion on them. Turning to subitem 13.2, she recalled that the Board had considered a previous draft version of the global action plan for the prevention and control of noncommunicable diseases, taking into account that countries were at different stages of development and therefore had different priorities. Some Board members had called for greater flexibility in the draft action plan and others had argued for more prescriptive actions geared to achieving the nine voluntary targets. The Board had therefore decided to agree to a further round of informal consultations in March 2013 with a view to preparing a final draft action plan for consideration by the Sixty-sixth World Health Assembly.

The CHAIRMAN noted that in response to the Board's request the Secretariat had convened a round of informal consultations in March 2013, following which document A66/9 had been produced. The round of informal consultations had included an informal consultation for Member States and organizations of the United Nations system on the development of the action plan, which had taken place from 11 to 13 March in Geneva. He invited one of the co-chairs of the informal consultation to provide an update on the outcome of the discussions.

Mr McIFF (United States of America), in response, said that participants in the informal consultation had reviewed a revised draft action plan and had benefited from the views of a number of nongovernmental organizations and selected private-sector entities. They had commended the improvements made to the draft action plan, including a new Appendix 3 on policy options and cost-effective interventions. The discussions had also covered WHO's leadership and coordination role in relation to the work of other United Nations organizations on noncommunicable diseases, and ways of establishing a United Nations Task Force on Noncommunicable Diseases to support implementation of the action plan. The Secretariat had proposed establishing a global coordination mechanism for noncommunicable diseases. Most participants in the informal consultation had felt that the scope and purpose, as well as the terms of reference, of such a mechanism should be developed with the full participation of Member States through a separate intergovernmental process which could

take place between June and November 2013, after the action plan had been endorsed by the Sixty-sixth World Health Assembly.

Member States had also discussed the reporting cycles to the governing bodies on the progress made in implementing the action plan and achieving the nine voluntary global targets. Discussions had focused on the progress reports on implementation of the actions recommended in the action plan. Several Member States wished the Secretariat to prepare a small set of process indicators to enrich the content of the progress reports before their submission to the Health Assembly. Such indicators would enable the Secretariat to report on progress made by Member States in relation to the policy options under the action plan. They could be designed by the Secretariat, with the full collaboration of Member States, in the context of a separate intergovernmental exercise that could also take place between June and November 2013.

A series of informal hearings, attended by more than 30 Member States, had taken place between 7 and 15 May 2013 in order to facilitate finalization of the draft action plan. The outcomes of the hearings had been made available as a non-paper in all official languages. Participants had focused on the global action plan contained in the Annex to document A66/9 as the basis of further work, before turning to the draft resolution in the same document.

Should Committee A decide to establish a drafting group, it might wish to consider taking a similar approach. He drew attention to a draft resolution on follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, which was proposed by 15 delegations, including his own. The text of the draft resolution read:

The Sixty-sixth World Health Assembly,

PP1 Having considered the reports on A66/8 and A66/9 to the Sixty-sixth World Health Assembly on noncommunicable diseases;

PP2 Recalling the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases,¹ which acknowledges that the global burden and threat of noncommunicable diseases constitutes one of the major challenges for development in the twenty-first century and recognizes the primary role and responsibility of Governments in responding to the challenges of noncommunicable diseases and which also requests the development of a comprehensive global monitoring framework, including a set of indicators, calls for recommendations on a set of voluntary global targets, and requests options for strengthening and facilitating multisectoral action for the prevention and control of noncommunicable diseases through effective partnership; [A/RES/66/2, PP1, PP3, OP61, 62, 64]

PP3 Welcoming the outcome document of the United Nations Conference on Sustainable Development (Rio de Janeiro, 20–22 June 2012), entitled “The future we want” (resolution A/RES/66/288), which commits to strengthen health systems towards the provision of equitable, universal health coverage and promote affordable access to prevention, treatment, care and support related to noncommunicable diseases, especially cancer, cardiovascular diseases, chronic respiratory diseases and diabetes, and commits to establish or strengthen multisectoral national policies for the prevention and control of noncommunicable diseases; [A/RES/66/288, OP141]

PP4 Acknowledging the Moscow Declaration adopted by the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control (Moscow, 28–29 April 2011), endorsed by the Sixty-fourth World Health Assembly (resolution WHA64.11), which requests the Director-General to develop, together with relevant United Nations agencies and entities, an implementation and follow-up plan for the outcomes of the Conference and the High-level Meeting of the United Nations General Assembly on the Prevention and Control of

¹ United Nations General Assembly resolution 66/2.

Non-communicable Diseases (New York, 19–20 September 2011) for submission to the Sixty-sixth World Health Assembly; [WHA64.11, OP3.4]

PP5 Acknowledging also the Rio Political Declaration on Social Determinants of Health adopted by the World Conference on Social Determinants of Health (Rio de Janeiro, 19–21 October 2011), endorsed by the Sixty-fifth World Health Assembly (resolution WHA 65.8), which recognizes that health equity is a shared goal and responsibility and requires the engagement of all sectors of government, all segments of society, and all members of the international community, in “all-for-equity” and “health-for-all” global action; [PP2 of the Rio Political Declaration on Social Determinants of Health]

PP6 Recalling resolution EB130.R7, which requests the Director-General to develop, in a consultative manner, a WHO global action plan for the prevention and control of noncommunicable diseases for 2013–2020 and decision WHA65(8)¹ and its historic decision to adopt a global target of a 25% reduction in premature mortality from noncommunicable diseases by 2025; [WHA65(8), OP2 and OP8.5]

PP7 Reaffirming the leading role of the World Health Organization as the primary specialized agency for health, including its roles and functions with regard to health policy in accordance with its mandate, and reaffirming its leadership and coordination role in promoting and monitoring global action against noncommunicable diseases in relation to the work of other relevant United Nations agencies, development banks and other regional and international organizations in addressing noncommunicable diseases in a coordinated manner; [A/RES/66/2, PP13]

PP8 Acknowledging the contribution of international cooperation and assistance in the prevention and control of noncommunicable diseases, and in this regard, stressing the importance of North–South, South–South and triangular cooperation in the prevention and control of noncommunicable diseases, bearing in mind that South–South cooperation is not a substitute for, but rather a complement to, North–South cooperation; [A/RES/66/2, OP48, OP50]

PP9 Noting that noncommunicable diseases are often associated with mental disorders and that mental disorders often coexist with other medical and social factors [WHA65.4] and that, therefore, the implementation of the WHO action plan for the prevention and control of noncommunicable diseases 2013–2020 is expected to be implemented coherently and in close coordination with the WHO global mental health action plan 2013–2020 at all levels;

PP10 Welcoming the overarching principles and approaches of the global action plan (FOOTNOTE: as detailed in paragraph 18 of document A66/9) and calling for their application in the implementation of all actions to prevent and control noncommunicable diseases;

PP11 Recognizing that the United Nations Secretary-General, in collaboration with Member States, the World Health Organization and relevant funds, programmes and specialized agencies of the United Nations system is to present to the United Nations General Assembly at its sixty-eighth session a report on the progress achieved in realizing the commitments made in Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases, in preparation for a comprehensive review and assessment in 2014 of the progress achieved in the prevention and control of noncommunicable diseases, [A/RES/66/2, OP65]

DECIDES:

OP1. to endorse the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020;

¹ Decision WHA65(8), WHA65/2012/REC1.

OP2. to adopt the comprehensive global monitoring framework for the prevention and control of noncommunicable diseases, including the set of 25 indicators capable of application across regional and country settings to monitor trends and to assess progress made in the implementation of national strategies and plans on noncommunicable diseases, as detailed in Appendix I of document A66/8; [in response to A/RES/66/2, OP61]

OP3. to adopt the set of nine voluntary global targets for the prevention and control of noncommunicable diseases, as detailed in Appendix II of document A66/8, noting that the target related to a 25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases concerns premature mortality from noncommunicable diseases between ages 30 and 70, in accordance the corresponding indicator; [in response to A/RES/66/2, OP62].

OP4. URGES Member States [FOOTNOTE: And, where applicable, regional economic integration organizations]:

(1) to continue to implement the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases and strengthen national efforts to address the burden of noncommunicable diseases; [EB130.7 OP1.1, WHA61.14, OP2.1]

(2) to implement, as appropriate, the action plan and the proposed objectives and actions contained therein, by taking steps to implement such policies and plans, including through multisectoral national policies and plans for the prevention and control of noncommunicable diseases;

(3) to accelerate full Parties' implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC), including through adopted technical guidelines, as well as to give high priority to the implementation of the Global Strategy on Diet, Physical Activity and Health (WHA57.17), the Global Strategy to Reduce the Harmful Use of Alcohol (WHA63.13), and the Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children (WHA63.14), as integral to making progress towards the voluntary global targets and realizing the commitments made in the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases; [Based on WHA60.23, PP2 and WHA61.14, OP2.5]

(4) to promote, establish, support and strengthen engagement or collaborative partnerships, including with non-health and non-state actors, such as civil society and the private sector, at the national, subnational and/or local levels for the prevention and control of noncommunicable diseases, as appropriate to country circumstances, with a broad multisectoral approach, while safeguarding public health interests from undue influence by any form of real, perceived or potential conflict of interest;

(5) to consider the development of national noncommunicable disease monitoring frameworks, with indicators based on national situations, and voluntary national targets as appropriate to national circumstances, taking into consideration, the comprehensive global monitoring framework, including the 25 indicators and the set of nine voluntary global targets, building on guidance provided by the World Health Organization, to focus on efforts to prevent and address the impacts of noncommunicable diseases, to support scaling up effective noncommunicable disease actions and policies, including technical and financial aspects, and to assess the progress made in the prevention and control of noncommunicable diseases and their risk factors and determinants; [updated from A/RES/66/2, OP63]

(6) to establish and strengthen, as appropriate, a national surveillance and monitoring system to enable reporting including against the 25 indicators of the comprehensive

global monitoring framework, the nine voluntary global targets and any additional regional or national targets and indicators for noncommunicable diseases;

(7) to recommend the United Nations Economic and Social Council to consider the proposal for a United Nations Task Force on Noncommunicable Diseases, before the end of 2013, which would be convened and led by WHO and report to ECOSOC, incorporating the work of the United Nations Ad Hoc Interagency Task Force on Tobacco Control while ensuring tobacco control is appropriately reflected in the new Task Force mandate;

(8) to support the work of the Secretariat to prevent and control noncommunicable diseases, including the implementation of the actions for the Secretariat included in the action plan, in particular through funding relevant work included in the Programme Budget 2014–2015; [based on WHA61.14, OP2.4]

(9) to continue to explore the provision of adequate, predictable and sustained resources, through domestic, bilateral, regional and multilateral channels, including traditional and voluntary innovative financing mechanisms and to increase, as appropriate, resources for national programmes for prevention and control of noncommunicable diseases; [A/RES/66/2, OP45.d and WHA60.23, OP4]

OP5. REQUESTS the Director-General:

(1) to submit detailed and disaggregated information on resource requirements necessary to implement the actions for the Secretariat included in the WHO global action plan 2013–2020, including financial implications for the establishment of a global coordination mechanism for the prevention and control of noncommunicable diseases, to a first financing dialogue convened by the Director-General and facilitated by the Chairman of the Programme, Budget and Administration Committee, on the financing of the proposed programme budget 2014–2015, with a view to ensuring that all partners have clear information on the specific funding needs, available resources and funding shortfalls of the actions for the Secretariat included in the action plan at the project or activity level; [based on EB132(16) and Annex]

(2) to develop terms of reference for a global coordination mechanism, pursuant to the principles and provisions outlined in paragraphs 14–15 of the WHO NCD Global Action Plan 2013–2020, aimed at coordinating implementation of recommended actions for international partners [FOOTNOTE: international partners are defined for this purpose as public health agencies with an international mandate, international development agencies, intergovernmental organizations (IGOs) including other United Nations organizations and Global Health Initiatives, international financial institutions (IFIs) including the World Bank, foundations, and nongovernmental organizations] included in the Global Action Plan, while safeguarding WHO and public health interests from undue influence by any form of real, perceived or potential conflict of interest, to be integrated into the work of WHO including leadership, convening authority and secretariat functions of the new mechanism, with an arrangement that is proportionate to the scope of its agreed objectives;

(3) to develop the terms of reference requested in OP5(2) through a structured Member State [FOOTNOTE: And, where applicable, regional economic integration organizations] consultation process, including regional committees, in collaboration with United Nations agencies, funds and programmes and other relevant intergovernmental organizations, and through engagement with nongovernmental organizations and private sector entities, and submit the draft terms of reference to the Sixty-seventh World Health Assembly, through the Executive Board for approval;

(4) to develop, in consultation with Member States and other relevant partners, a limited set of process indicators based on feasibility, current availability of data, best available knowledge and evidence and capable of application across the six objectives of

the action plan, to assess progress made in 2016, 2018 and 2021 in the implementation of policy options for Member States, recommended actions for international partners, and actions for the Secretariat included in the action plan, and submit the draft set of process indicators to the Sixty-seventh World Health Assembly, through the Executive Board for approval;

(5) to work together with other United Nations funds, programmes and agencies to conclude the work, before the end of October 2013, on a division of labour for United Nations Funds, Programmes and Agencies and other international organizations besides WHO contained in Appendix 4 of the action plan;

(6) to provide technical support to Member States, as required, to support the implementation of the WHO global action plan for the prevention and control of noncommunicable diseases;

(7) to provide technical support to Member States, as required, to establish or strengthen national surveillance and monitoring systems for noncommunicable diseases to support reporting under the global monitoring framework for noncommunicable diseases.

(8) to provide technical support to Member States, as required, to engage/cooperate with non-health government sectors and, in accordance with principles for engagement, with non-State actors [FOOTNOTE: Without prejudice to ongoing discussions on WHO engagement with non-State actors], in the prevention and control of noncommunicable diseases; [based on A/RES/66/2, PP3, OP39]

(9) To submit reports on progress made in implementing the action plan, through the Executive Board, to the Health Assembly in 2016, 2018 (FOOTNOTE) and 2021 (FOOTNOTE), and reports on progress achieved in attaining the nine voluntary global targets in 2016, 2021 and 2026.

(FOOTNOTE: The progress reports in 2018 and 2021 should include the outcomes of independent evaluation of the implementation of the global action plan conducted in 2017 and 2020.)

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

1. Resolution: Follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases	
2. Linkage to the Programme budget 2012–2013 (see document A64/7 http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_7-en.pdf)	
Strategic objective(s): 3, 6 and 9	Organization-wide expected result(s): 3.1, 3.2, 3.3, 3.4, 3.6, 6.1, 6.2, 6.3, 6.4, 6.5, 9.1, 9.3 and 9.4
How would this resolution contribute to the achievement of the Organization-wide expected result(s)?	
The WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020 includes a comprehensive set of policy options and actions for all stakeholders. These are presented under six objectives that, if effectively implemented, will: prevent and reduce disease, disability and premature death (Organization-wide expected result 3); promote health and development, and prevent or reduce risk factors (Organization-wide expected result 6); and improve nutrition, throughout the life-course, and support public health and sustainable development (Organization-wide expected result 9).	
Does the Programme budget already include the products or services requested in this resolution? (Yes/no)	
Yes.	

3. Estimated cost and staffing implications in relation to the Programme budget**(a) Total cost**

Indicate (i) the lifespan of the resolution during which the Secretariat's activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US\$ 10 000).

(i) Eight years, covering the period 2013–2020

(ii) US\$ 75 million (2013), US\$ 192 million (2014–2015), US\$ 230 million (2016–2017), US\$ 276 million (2018–2019) and US\$ 165 million (2020)

(b) Cost for the biennium 2012–2013

Indicate how much of the cost indicated in 3 (a) is for the biennium 2012–2013 (estimated to the nearest US\$ 10 000).

US\$ 75 million (US\$ 45 million for staff and US\$ 30 million for activities)

Indicate at which levels of the Organization the costs would be incurred, identifying specific regions where relevant.

At the three levels of the Organization.

Is the estimated cost fully included within the approved Programme budget 2012–2013? (Yes/no)

Yes.

If “no”, indicate how much is not included.

(c) Staffing implications

Could the resolution be implemented by existing staff? (Yes/no)

No.

If “no” indicate how many additional staff – full-time equivalents – would be required, identifying specific regions and noting the necessary skills profile(s), where relevant.

Staffing at the three levels of the Organization needs to be scaled up. Posts that are currently vacant need to be filled.

4. Funding

Is the estimated cost for the biennium 2012–2013 indicated in 3 (b) fully funded? (Yes/no)

No.

If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

US\$ 30 million would be required to complete continuing activities for the full implementation of the action plan for the global strategy for the prevention and control of noncommunicable diseases (endorsed by the Health Assembly in resolution WHA61.14), covering the period 2008–2013. This figure includes US\$ 10 million for critical work in 2013 to enable the Organization to start delivering the activities included in the global action plan for the prevention and control of noncommunicable diseases 2013–2020.

Dr EL OAKLEY (Libya) said that the draft resolution proposed by the delegations of Australia, Canada, China, Colombia, Costa Rica, Finland, Libya, Malaysia, Mexico, Monaco, Norway, Russian Federation, Singapore, Uruguay and the United States of America was an omnibus text that built on the draft resolutions contained in documents A66/8 and A66/9.

He suggested that a drafting group should be tasked with reaching consensus on a final text for consideration by the Committee. The group would need to devote considerable attention to several sensitive issues touched upon in the draft resolution, including those relating to future reporting and the preparation of terms of reference for a global coordination mechanism. Nevertheless, he was confident that the political will existed to fulfil the mandate entrusted to WHO by the Political

Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases.

Mr KULIKOV (Russian Federation) said that in recent years Member States had made significant progress in implementing the provisions of both the Moscow Declaration on Healthy Lifestyles and Noncommunicable Disease Control and the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. He endorsed the global monitoring framework and targets for the prevention and control of noncommunicable diseases and the draft action plan for the prevention and control of noncommunicable diseases 2013–2020, contained in documents A66/8 and A66/9, respectively. He supported the establishment of a drafting group to harmonize the text of the proposed draft resolution on follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and proposed the delegate of the United States of America as its chairman.

Ms LANTERI (Monaco) expressed support for the establishment of a drafting group with Mr McIff (United States of America) as its chairman.

Mr WANGDI (Bhutan), speaking on behalf of the Member States of the South-East Asia Region and drawing attention to the severe impact of noncommunicable diseases on those Member States, thanked the Secretariat for facilitating the preparation of the draft comprehensive global monitoring framework and the draft action plan for the prevention and control of noncommunicable diseases. He also expressed appreciation to the Member States and international agencies that had contributed to that work through formal, informal and web-based consultations. He observed that the voluntary global targets set out in the comprehensive global monitoring framework were very ambitious, particularly for low- and middle-income countries. Nevertheless, at the technical consultation in February 2013, the Member States of the Region had agreed to integrate the global targets into regional targets, and had been urged to prepare voluntary national targets and indicators and to strengthen their surveillance and information systems. As baseline data and monitoring frameworks were not available in many countries, it had been agreed that the voluntary targets and indicators would be revisited before the end of 2015. Setting up national targets, drawing up and strengthening national action plans for the prevention and control of noncommunicable diseases, and strengthening monitoring and surveillance systems required technical capacity. He therefore requested the Secretariat to continue mobilizing resources to meet the demands of developing countries in particular. Prevention and control of noncommunicable diseases needed to be included in the post-2015 development agenda.

Professor BAGGOLEY (Australia) strongly supported adoption of the global monitoring framework and a set of voluntary global targets as agreed at the formal meeting of Member States in 2012. He called on the Secretariat to support Member States at regional and country levels in undertaking implementation and in reporting on progress against the established indicators and targets. He particularly welcomed the focus on equity in the monitoring framework as a prerequisite for achieving the global goal of reducing poverty. He commended the outcomes of the consultations with Member States and other actors in preparing the draft action plan and said that he would support the addition of specific actions on palliative care and end-of-life issues. The draft action plan for 2013–2020 provided a vision for future action on noncommunicable diseases that built on the achievements of the 2008–2013 action plan. He looked forward to its adoption by the Health Assembly.

He expressed approval of the clear linkages between the draft action plan and draft global monitoring framework and existing strategies on tobacco, alcohol, diet and physical activity, and he particularly supported the element of flexibility in the action plan that would allow Member States to select activities that were best suited to national circumstances. The clearly defined role of non-State actors in the plan would contribute to WHO's work in delivering a comprehensive global response to

noncommunicable diseases. As a sponsor of the proposed draft resolution under consideration, Australia supported the establishment of a formal drafting group to be chaired by the delegate of the United States of America, Mr McIff.

Ms GRØNVOLD (Norway) noted with satisfaction the comprehensive follow-up work that had been carried out since the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases in September 2011 and, in particular, that WHO was on track to fulfil the commitments undertaken. Recalling the agreement reached at the formal meeting of Member States, in November 2012, on the comprehensive global monitoring framework, including 25 indicators and nine voluntary targets, she urged the Health Assembly to adopt the proposed framework contained in document A66/8, without amendment, as part of the draft action plan for the prevention and control of noncommunicable diseases 2013–2020, which provided a point of departure for further discussions. She supported the proposal to establish a drafting group and strongly urged delegates to participate in the negotiations with the clear intention of agreeing on a text.

Dr NGOC KHUE LUONG (Viet Nam) welcomed the comprehensive draft action plan contained in document A66/9 but suggested that there be a sharper focus on certain key elements, such as supporting developing countries in reducing the burden posed by cardiovascular diseases. With regard to objective 2 in the Annex to the document, developing countries should be given guidance in preparing a comprehensive multisectoral plan for dealing with all noncommunicable disease risk factors. Turning to objective 3, he suggested that the second priority risk factor for noncommunicable disease, after tobacco use, be identified as high salt/sodium intake. Under objective 6, Member States should identify national institutions with responsibility for coordinating noncommunicable disease surveillance, in order to reduce duplication of activities.

Mr ISLAM (Bangladesh) said that the draft global monitoring framework and voluntary targets and indicators provided a clear picture of noncommunicable disease risk factors and their global impact, but many countries lacked the ability to measure the indicators. Moreover, voluntary targets provided an excuse for some countries not to adopt and implement the framework. He therefore requested the Secretariat to mobilize additional resources, carry out strong policy advocacy, particularly in developing countries, and provide technical support in order to enable effective noncommunicable disease surveillance systems to be established. Member States of the South-East Asia Region had agreed to work towards setting common targets, indicators and monitoring frameworks, for which adequate technical support would be needed. Such support was also needed to strengthen the existing national disease and risk factor surveillance system and the national health information system in Bangladesh.

Dr SEAKGOSING (Botswana), speaking on behalf of the Member States of the African Region, noted that the overwhelming burden of infectious diseases was preventing many African countries from devoting sufficient attention to the increasing incidence of chronic noncommunicable diseases, with the result that progress in socioeconomic and human development in Africa remained highly constrained. He therefore welcomed the emphasis placed in the draft action plan on the operationalization and implementation of the various commitments undertaken. Differences between countries in the levels of socioeconomic development and prevention and control of noncommunicable diseases called for the framework set out in the action plan to be adapted to specific regional and national situations, legislation and priorities.

Bearing in mind the impact of noncommunicable diseases on areas other than health, he highlighted the role of international partners in enabling Member States to achieve the targets and indicators included in the framework, and urged WHO and other organizations of the United Nations system to provide technical support in order to ensure a whole-of-society, a health-in-all-policies and a whole-of-government approach to prevention and control efforts. Noting that some countries were still lagging behind in the implementation of the 2008–2013 action plan for the global strategy for the

prevention and control of noncommunicable diseases, he called for support to be provided for evaluating existing strategies and devising new ones in line with the draft action plan for the prevention and control of noncommunicable diseases 2013–2020. Although implementation of the draft action plan would bring undoubted benefits, he expressed concern at the informal nature of the consultation process and requested that a drafting group be set up to review the draft resolution contained in document A66/9.

Dr KESKINKILIÇ (Turkey) welcomed the draft resolution on follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. The choice of indicators contained in Appendix 1 to document A66/8 appeared to be a judicious one, but it should be recognized that the relevant criteria could be affected by future scientific developments. More emphasis should be placed on targets as effective tools for improving the quality of life globally. Highlighting the importance of universal coverage, he said that programmes for controlling chronic diseases needed to include health promotion, protection and early diagnosis. Health systems should provide improved coverage for effective treatment, management of complications and palliative therapy. Referring to the target of reducing premature mortality from noncommunicable diseases and its indicator in relation to data on life expectancy contained in *The world health report 2012*, he warned against admitting failure before work had begun.

Professor COLL SECK (Senegal) said that the draft comprehensive global monitoring framework and set of 25 indicators would be useful tools for making comparisons between countries. She stressed, however, that the indicators should be region- and country-specific. Although the targets were both necessary and relevant, in some cases financial and technical support would be needed to strengthen noncommunicable disease monitoring systems as a prerequisite for the establishment of a comprehensive global monitoring framework. She welcomed most aspects of the draft global action plan but said that it should place particular emphasis on the promotion of local production, wider access to affordable medicines, public–private partnerships, training of human resources and support to low-income countries. Further discussions on the global monitoring framework should be conducted in a more collaborative and inclusive manner.

Dr ALHAJERI (Bahrain) said that, together with health promotion, noncommunicable diseases were treated as a priority in Bahrain's health strategy and that its widely supported national plan of action for combating those diseases, which was essentially based on WHO's action plan for the global strategy for the prevention and control of noncommunicable diseases, stemmed from its commitment to implementation of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. Composed of relevant stakeholders, a national committee on noncommunicable diseases had been formed in 2012 and the national action plan and its indicators were currently being aligned with WHO's draft action plan for 2013–2020. Given the growing prevalence of noncommunicable diseases and their risk factors, efforts had been made to strengthen the health system, in particular at the primary health care level, including through the establishment of a monitoring and detection system and the facilitation of universal access to medical care, without discrimination. Committed as it was to applying the highest standards with respect to early detection and treatment, the prevention of complications, and patient rehabilitation, Bahrain would pursue those efforts with a view to attaining the performance indicators suggested in the global monitoring framework. He supported adoption of both the draft action plan and the draft comprehensive global monitoring framework and targets for the prevention and control of noncommunicable diseases, and called for the development of a mechanism for evaluating Member States' progress in implementing the Political Declaration.

Dr SADRIZADEH (Islamic Republic of Iran), speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the draft global action plan for the prevention and control of noncommunicable diseases 2013–2020, whose aim was to operationalize the commitments set out in

the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. Since current resource constraints could hamper implementation of the plan, a set of priority actions for countries at different levels of development should be identified. In view of the fact that effective noncommunicable disease prevention and control depended on able leadership and strong multisectoral involvement, WHO's guidance and support would be needed in scaling up whole-of-government and health-in-all-policies approaches. The Regional Committee for the Eastern Mediterranean had recently adopted resolution EM/RC59/R.2, which included a regional framework for action that focused on scaling up implementation of the commitments set out in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. The draft action plan contained in document A66/9 would provide support for implementation of the regional resolution and framework. In that context, greater emphasis should be placed on: enhancing national capacities; strengthening noncommunicable surveillance systems and facilitating their integration in national health information systems; establishing a multisectoral action plan for prevention and control of noncommunicable diseases; preparing cost-effective, evidence-based preventive interventions; prioritizing primary health care-based approaches to the management and screening of noncommunicable diseases; and devising a "best-practice" model for primary health care.

He urged the Secretariat to provide technical support to Member States to enable them to implement the global action plan. Particular attention should be paid to establishing and strengthening national surveillance systems and engaging with non-health sectors in accordance with the relevant principles of engagement.

Dr DEVLIN (Ireland), speaking on behalf of the European Union and its Member States, emphasized the need for a systemic, whole-of-government approach to dealing with noncommunicable diseases and their risk factors. WHO should also take an integrated approach to implementation of the draft global action plan, the global strategy to reduce the harmful use of alcohol, the global strategy on diet, physical activity and health, and the recommendations on the marketing of foods and non-alcoholic beverages to children. In order to ensure systematic and comprehensive reporting, a single progress report that included data on the WHO Framework Convention on Tobacco Control should be produced through a streamlined process. The Secretariat should devise a means of measuring progress towards achieving the global voluntary targets that focused on policy measures and actions and used existing data. The proposed incorporation of the mandate of the United Nations Ad Hoc Interagency Task Force on Tobacco Control into a United Nations Task Force on Noncommunicable Diseases would be helpful in coordinating the efforts of different United Nations agencies.

The terms of reference of the proposed global coordination mechanism could specify that WHO should convene, host and lead a light process that would be guided by the principles that applied to participation in WHO's work by non-State actors. Future actions in that area should form part of a transparent and structured process. The European Union would participate constructively in the work of the proposed drafting group.

Dr USHIO (Japan) said that, following web consultations and formal meetings on the issue, the Health Assembly should be in a position to adopt the draft comprehensive global monitoring framework. He encouraged the Secretariat and Member States to step up their efforts to achieve the targets under the draft action plan for the prevention and control of noncommunicable diseases by 2025. In particular, the Secretariat should endeavour to standardize data collection methods and improve data accuracy, with due regard for feasibility and the financial and administrative burden on each country. Japan stood ready to provide support for the implementation of the draft action plan in collaboration with other international partners.

Dr MARTINEZ DE CUELLAR (Paraguay) strongly supported the indicators and targets for the global comprehensive monitoring framework, as they were essential to the development of a global strategy and global and regional action plans. Paraguay was in the process of developing a national action plan taking into account the global framework and attached high priority to enhanced monitoring of noncommunicable diseases.

Ms EVLEGSUREN (Mongolia) said that, once the draft global monitoring framework was adopted, Member States would be required to produce comprehensive progress reports, by revising existing programmes and data collection tools and strengthening national surveillance systems and national capacities to analyse data and translate the results into policy recommendations. Mongolia was already reporting on 17 of the 25 proposed indicators, and another two were in the process of being added to the system. However, technical and financial support from WHO was needed to improve data quality. Although Mongolia was willing to adopt the nine voluntary global targets for the prevention and control of noncommunicable diseases, some of them were extremely ambitious. The draft action plan represented a unique opportunity for countries to reflect global objectives in their national policies, and her country was revising its current action plan in the light of the global action plan. Regarding policy options under the plan, Mongolia considered the harmful use of alcohol to be a priority topic and she requested that it be placed on the agenda of the Sixty-seventh World Health Assembly as a separate item, requiring efforts as strong as those for tobacco control.

Dr HARVEY (United Kingdom of Great Britain and Northern Ireland) said that greater efforts were required to tackle noncommunicable diseases through multisectoral and multi-stakeholder activities. Although it was important to guard against conflicts of interest, Member States should not be deterred from mobilizing all resources that could produce positive results. Action was needed in all areas, including primary prevention, early detection and intervention, compassionate treatment and high-quality palliative care. It was important to address the risk factors for noncommunicable diseases, while supporting people already suffering from such diseases. Her country was taking steps to reduce salt and calorie intake and introduce a system of health checks to help to manage vascular risks. She fully supported the adoption of the draft global monitoring framework and targets and the draft action plan. In general, using process measures to monitor progress was a positive approach, but such measures should use existing mechanisms so as not to place additional burdens on Member States and the Secretariat.

Dr NYARKO (Ghana) said that the countries of the African Region, recognizing the major burden of noncommunicable diseases, had met in Nairobi in 2012 to review the draft global monitoring framework on the basis of experience in the African setting. Concerns had been raised about the lack of baseline data for indicators related to alcohol, fat and salt intake, availability of medicines for noncommunicable diseases and vaccination against human papillomavirus. Moreover, additional indicators had been proposed in relation to specialized treatments such as radiotherapy and psychological care. At the Sixth Conference of African Union Ministers of Health (Addis Ababa, 22–26 April 2013), it had been agreed that the high cost of managing noncommunicable diseases meant that prevention was the most viable option for tackling risk factors such as tobacco use, alcohol consumption, reduced physical exercise and unhealthy diet. Health system strengthening, resource mobilization, appropriate legislation and the adoption of a multisectoral approach had been identified as key ways of moving the noncommunicable disease agenda forward. The draft framework would be an important tool for monitoring progress in the implementation of prevention and control activities. The monitoring of indicators should be guided by the key dimensions of equity, including gender, age and socioeconomic status, as well as key social determinants such as income level and education. The African Region faced a number of challenges in its efforts to prevent and control noncommunicable diseases, including in particular the lack of human, material and financial resources and a low level of interest in the issue among development partners. To address those challenges, it would be necessary to develop a good surveillance system for noncommunicable diseases, increase functional partnerships

with development partners and build the capacity of health professionals to prevent and control such diseases.

Dr KOH (United States of America) endorsed the draft global monitoring framework, which should be adopted without amendment. In developing that framework, WHO had fulfilled the first of its responsibilities under the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable diseases. He welcomed the progress made in refining a global action plan for the prevention and control of noncommunicable diseases through a collaborative, multi-stakeholder process. The draft action plan provided a strong basis for action to reduce disability, morbidity and premature mortality resulting from noncommunicable diseases. Adding a limited number of process indicators to the global monitoring framework would further strengthen monitoring of implementation of the action plan. He encouraged the Secretariat to provide support to Member States in evaluating interventions on the basis of the best current knowledge, including relevant WHO tools adapted to national contexts. The draft action plan should be sufficiently flexible to incorporate new scientific evidence during the course of its implementation. Multisectoral action was crucial for the prevention and control of noncommunicable diseases, and WHO should play a leading role in a global mechanism to promote engagement, international cooperation and collaboration among relevant stakeholders, a mechanism organized around outcomes rather than the functional gaps referred to in document A66/9.

Mr THAUFEEQ (Maldives) said that the prevention and control of noncommunicable diseases required a holistic, rational and cost-effective approach. For his country, overcoming geographical constraints and providing access to diagnostics and services for noncommunicable diseases remained key challenges. Tobacco control was one of the most cost-effective strategies to reduce the burden of noncommunicable diseases, and there was growing public support for the enforcement of tobacco legislation in Maldives, despite obstacles raised by the tobacco industry. Regional and international collaboration was crucial to meeting the proposed targets, including through collective action against advertisements for harmful goods, the harmonization of tobacco taxes and the strengthening of anti-smuggling measures. Small countries with limited markets should also join together to explore the benefits of pooled procurement of essential medicines. He called for more collaboration and research into the cost-effectiveness of current interventions, together with the exchange of information on best practices.

The CHAIRMAN called on the Legal Counsel to provide guidance on the constitution of a drafting group to refine the draft resolution on follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases.

Mr SOLOMON (Office of the Legal Counsel) explained that documents A66/8 and A66/9 contained skeleton resolutions which had been drafted by the Secretariat in response to requests from the Executive Board at its 132nd session. A non-paper, which was the product of informal consultations, was also available in all official languages. The Committee might wish to establish a drafting group to consider the draft resolution tabled by the United States of America and other countries in conjunction with the texts in documents A66/8 and A66/9 that would take into account, as appropriate, the non-paper and any other suggestions or proposals from Member States.

Dr SAEEDI (Saudi Arabia) proposed that Dr Nishtar of Pakistan should co-chair the drafting group.

Dr DIXON (Jamaica) said that the member countries of the Caribbean Community had been instrumental in having noncommunicable diseases placed on the agenda of the United Nations General Assembly. The High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable diseases had given direction to WHO to fulfil a number of requirements and Member

States, including members of the Caribbean Community, had contributed to the drafting of decision WHA65(8) on prevention and control of noncommunicable diseases: follow-up to the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, which had set a global target of a 25% reduction in premature mortality from noncommunicable diseases by 2025. She welcomed the establishment of a drafting group, the membership of which should include a representative of the Caribbean Community.

The CHAIRMAN said that it was his understanding that Mr McIff of the United States of America and Dr Nishtar of Pakistan had been nominated as possible chairs of the drafting group.

Mr CORRALES (Panama) expressed concern that a decision was being taken that affected the delegation from Pakistan, even though they were not present in the room at that time.

Mrs ESCOREL DE MORÃES (Brazil) requested confirmation that the drafting group would have two co-chairs. In addition, she requested that the group should start its work as soon as possible.

Dr ARMSTRONG (Secretary) confirmed that there would be two co-chairs: Mr McIff of the United States of America and Dr Nishtar of Pakistan. The delegation of Pakistan had been consulted on the issue and was in full agreement. However, for logistical reasons, it would not be possible for the drafting group to start its work before the evening of the next day.

Mrs ESCOREL DE MORÃES (Brazil) requested clarification on the mandate of the drafting group. She understood that the group would review the draft action plan for the prevention and control of noncommunicable diseases 2013–2020 and the draft resolution. The draft action plan would be one of the most important outcomes of the Sixty-sixth World Health Assembly and should therefore be the subject of thorough and unhurried discussion.

Dr ARMSTRONG (Secretary) said that the mandate of the drafting group would be to review the draft resolution and address any outstanding issues in relation to the draft action plan.

Dr NABEEL (Pakistan) confirmed that the head of his delegation was willing to co-chair the drafting group.

The CHAIRMAN took it that the Committee wished to establish a drafting group to review the draft resolution and address any outstanding issues in relation to the draft action plan.

It was so agreed.

Dr MAHIPALA (Sri Lanka) said that the rapid spread of noncommunicable diseases throughout the world was becoming an obstacle to national development. In Sri Lanka, noncommunicable diseases were particularly prevalent as a result of physical inactivity, poor eating habits, smoking and alcohol consumption; national strategies had therefore been initiated to prevent and control the spread of such diseases. They included a programme launched in April 2012 that focused on the importance of alleviating malnutrition and developing health-conscious infrastructure throughout the country, for example through the building of special walkways and jogging lanes to encourage healthier lifestyles. The draft global monitoring framework would help to strengthen national capacities and reduce the burden of noncommunicable diseases throughout the world. However, it was important that the framework was considered in relation to national situations, initiatives, targets and indicators in order to be an effective tool for Member States. He highlighted the importance of placing noncommunicable diseases on the post-2015 development agenda.

Dr FEISUL IDZWAN MUSTAPHA (Malaysia) observed that it would be a challenge for even fast-developing countries such as Malaysia to strengthen their systems for monitoring the indicators provided for in the draft global monitoring framework. Funding should therefore be specifically allocated to strengthening surveillance of noncommunicable diseases, and the Secretariat should ensure that adequate resources were allocated to Member States requiring assistance in that regard. Malaysia welcomed the proposed WHO global coordination mechanism on noncommunicable diseases and the development of a set of process indicators. He urged all Member States to participate in the work of the drafting group.

Dr RAMOKGOPA (South Africa) said that, instead of a voluntary approach to monitoring and reporting, emphasis should be placed on the need to strengthen WHO as a multilateral forum that helped countries in their coordination and monitoring efforts. With regard to risk factors, the globalized nature of industry meant that Member States and the Secretariat should work together to ensure that poorer countries did not receive lower quality products, particularly dumped food and medicines. In addition, the scope of current surveillance mechanisms and treatment approaches for noncommunicable diseases needed to be expanded to include children and adolescents; programmes would be greatly enhanced if more was known about risk behaviour, as such behaviour often started early in life.

Ms ORRATHAI WALEEWONG (Thailand) said that translating global commitments into concrete actions and positive outcomes would be a major challenge in relation to the comprehensive global monitoring framework and the draft global action plan. Targets needed to be developed at the subnational, national and regional levels, together with effective implementation strategies. WHO would play a vital leadership and support role in that regard, particularly for developing countries. It was important for countries to establish baseline data and set up national monitoring and surveillance mechanisms. WHO should provide guidance on national targets, standard definitions for each indicator and target, and indicators for global reporting. A mechanism for reporting and information sharing between Member States should also be developed. Although multisectoral collaboration was vital for the prevention and control of noncommunicable diseases, it was important to ensure that such collaboration was free from conflicts of interest and that public health interests were safeguarded. The rules governing conflict of interest should apply to both the private and public sectors.

Dr AL LAMKI (Oman) welcomed inclusion of the 25 indicators and the set of nine voluntary global targets in the draft comprehensive global monitoring framework; the framework was realistic, as was the draft action plan. He supported the adoption of both those tools and also strongly endorsed the report of the Formal Meeting of Member States, annexed to document A66/8.

Dr WAIHENYA (Kenya) said that he had concerns about the dearth of baseline data for some indicators and risk factors. Moreover, the lack of adequate resources and relevant policies would make it difficult for some countries to fulfil their reporting requirements. Continued technical support was required in that regard, particularly for regular surveys. He expressed support for the establishment of a global coordination mechanism since the implementation of strategies geared to prevention and control would require a coordinated approach.

Dr PRIMA YOSEPHINE (Indonesia) said that it was extremely important to monitor epidemiological trends with regard to noncommunicable diseases and to assess the impact and cost of prevention and control strategies at all levels. Some of the proposed targets and indicators in the draft global monitoring framework needed further refinement with a view to developing effective and efficient programmes. As one of the largest archipelagic countries in the world, Indonesia was uniquely placed to evaluate the effect of factors such as geographical location, population distribution and access to health care for the prevention and control of noncommunicable diseases. Any action plan should be dynamic and adjustable to national situations. The draft global monitoring framework would

provide a good basis for the development of national frameworks that used country-specific indicators and targets that were achievable and easy to monitor.

Dr DA COSTA (Panama) said that his country was working hard to produce a plan on noncommunicable diseases and welcomed the draft global monitoring framework. However, he was concerned about the indicator relating to access to palliative care, as the use of death from cancer as a measure could be confusing and lead people to believe that palliative care was only available to those suffering from cancer. It was important to refine and improve that indicator.

(For continuation of the discussion, see the summary record of the eleventh meeting, section 2.)

The meeting rose at 17:40.