

Fourth report of Committee A

(Draft)

Committee A held its eighth and ninth meetings on 24 May 2019 under the chairmanship of Dr Yasuhiro Suzuki (Japan) and Dr Silvia Paula Valentim Lutucuta (Angola).

It was decided to recommend to the Seventy-second World Health Assembly the adoption of the attached two decisions relating to the following agenda items:

11. Strategic priority matters

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

One decision entitled:

- Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases

12. Other technical matters

12.1 Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits

One decision

Agenda item 11.8

Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases

The Seventy-second World Health Assembly, having considered the report on follow-up to the high-level meetings of the United Nations General Assembly on health-related issues: prevention and control of noncommunicable diseases,¹ describing the outcomes of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, decided:

- (1) to welcome the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases adopted by the United Nations General Assembly in resolution 73/2 (2018), and to request the Director-General to provide support Member States in its implementation;
- (2) to confirm the objectives of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2020 and WHO's comprehensive mental health action plan 2013–2020 as a contribution towards the achievement of Sustainable Development Goal target 3.4 (by 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being) and other noncommunicable disease-related goals and targets, and to extend the period of the action plans to 2030 in order to ensure their alignment with the 2030 Agenda for Sustainable Development;
- (3) to request the Director-General:
 - (a) to propose updates to the appendices of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2020 and WHO's comprehensive mental health action plan 2013–2020, as appropriate, in consultation with Member States and taking into account the views of other stakeholders,² ensuring that the action plans remain based on scientific evidence for the achievement of previous commitments for the prevention and control of noncommunicable diseases, including Sustainable Development Goal target 3.4 (by 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being) and other related goals and targets;
 - (b) building on the work already under way, to prepare and update, as appropriate, a menu of policy options and cost-effective interventions to support Member States in implementing the commitments included in the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (2018) to promote mental health and well-being, for consideration by the Health Assembly in 2020, through the Executive Board;
 - (c) building on the work already under way, to prepare a menu of policy options and cost-effective interventions to provide support to Member States in implementing the commitments included in the political declaration of the third high-level meeting of the

¹ Document A72/19.

² In accordance with WHO's Framework of Engagement with Non-State Actors.

General Assembly on the prevention and control of non-communicable diseases (2018) to reduce the number of premature deaths from noncommunicable diseases attributed to air pollution, while recognizing the importance of addressing all environmental determinants, for consideration by the Seventy-third World Health Assembly in 2020, through the Executive Board;

(d) to report to the Seventy-third World Health Assembly in 2020, through the Executive Board, on the implementation of WHO's global strategy to reduce the harmful use of alcohol during the first decade since its endorsement, and the way forward;

(e) to consolidate reporting on the progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health with an annual report to be submitted to the Health Assembly through the Executive Board, from 2021 to 2031, annexing reports on implementation of relevant resolutions, action plans and strategies,^{1,2} in line with existing reporting mandates and timelines;

(f) to provide further concrete guidance to Member States in order to strengthen health literacy through education programmes and population-wide targeted and mass- and social-media campaigns to reduce the impact of all risk factors and determinants of noncommunicable diseases, to be presented to the Seventy-fourth World Health Assembly in 2021;

(g) to present, in the consolidated report to the Seventy-fourth World Health Assembly in 2021, based on a review of international experiences, an analysis of successful approaches to multisectoral action for the prevention and control of noncommunicable diseases, including those that address the social, economic and environmental determinants of such diseases;

(h) to collect and share best practices for the prevention of overweight and obesity, and in particular to analyse how food procurement in schools and other relevant institutions can be made supportive of healthy diets and lifestyles in order to address the epidemic of childhood overweight and obesity and reduce malnutrition in all its forms, for inclusion in the consolidated report to be presented in 2021 in line with paragraph 3(e);

¹ Including those requested in: resolution WHA53.17 (2000) on prevention and control of noncommunicable diseases; resolution WHA57.17 (2004) on global strategy on diet, physical activity and health; resolution WHA63.13 (2010) on global strategy to reduce the harmful use of alcohol; resolution WHA65.6 (2012) on comprehensive implementation plan on maternal, infant and young child nutrition; resolution WHA66.8 (2013) on comprehensive mental health action plan 2013–2020; resolution WHA66.10 (2013) 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; resolution WHA68.19 (2015) on outcome of the Second International Conference on Nutrition; resolution WHA70.12 (2017) on cancer prevention and control in the context of an integrated approach; decision WHA70(17) (2017) on global action plan on the public health response to dementia; decision WHA70(19) (2017) on report of the Commission on Ending Childhood Obesity: implementation plan; resolution WHA71.6 (2018) on WHO global action plan on physical activity 2018–2030; and resolution WHA71.9 (2018) on infant and young child feeding.

² Including reports on the findings of a mid-point and final evaluation in accordance with paragraph 60 of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2020, and on the findings of a preliminary and final evaluation in accordance with paragraph 19 of the terms of reference of the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases.

- (i) to provide the necessary technical support to Member States in integrating the prevention and control of noncommunicable diseases and the promotion of mental health into primary health care services, and in improving noncommunicable disease surveillance;
- (j) to make available adequate financial and human resources to respond to the demand from Member States for technical support in order to strengthen their national efforts for the prevention and control of noncommunicable diseases, including by identifying voluntary innovative funding mechanisms, such as a multi-donor trust fund, building on ongoing relevant work.

Agenda item 12.1

Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits

The Seventy-second World Health Assembly, having considered the reports on implementation of decision WHA71(11) (2018),¹ and taking note of the PIP Advisory Group's recommendations to the Director-General,² decided:

- (1) to request the Director-General:
 - (a) to work with the Global Influenza Surveillance and Response System (GISRS) and other partners, such as Other Authorized Laboratories and relevant institutions, to collect, analyse, and present data on influenza virus sharing in a way that enables a deeper understanding of the challenges, opportunities and implications for public health associated with virus sharing under the GISRS, including by identifying specific instances where influenza virus sharing has been hindered and how such instances may be mitigated;
 - (b) to prepare a report, with inputs from Member States³ and stakeholders, as appropriate, on the treatment of influenza virus sharing and the public health considerations thereof by existing relevant legislation and regulatory measures, including those implementing the Nagoya Protocol, in consultation with the Secretariat of the Convention on Biological Diversity as appropriate;
 - (c) to provide more information on the functioning, usefulness and limitations of the prototype search engine;
 - (d) to explore, including through soliciting input from Member States, possible next steps in raising awareness of the PIP Framework among relevant databases and initiatives, data providers and data users, and in promoting the acknowledgment of data providers and collaboration between data providers and data users;
 - (e) to continue providing information on new challenges posed and opportunities provided by new technologies in the context of the *Pandemic Influenza Preparedness Framework for the Sharing of Influenza Viruses and Access to Vaccines and Other Benefits* and possible approaches to them;
- (2) to revise Footnote 1 in the Standard Material Transfer Agreement 2 (SMTA2), in Annex 2 to the PIP Framework, as set out in the Annex to this decision with effect from the closure of the Seventy-second World Health Assembly;
- (3) to further request the Director-General to report on progress to implement the foregoing to the Seventy-third World Health Assembly in 2020.

¹ Documents A72/21 and A72/21 Add.1.

² Meeting of the Pandemic Influenza Preparedness Framework Advisory Group. 17–19 October 2018, Geneva, Switzerland. Geneva: World Health Organization; 2018 (http://www.who.int/influenza/pip/AGMR_Oct2018.pdf?ua=1, accessed 3 December 2018).

³ And, where applicable, regional economic integration organizations.

ANNEX

AMENDMENTS TO FOOTNOTE 1 OF ANNEX 2 OF THE PIP FRAMEWORK

Recipients are receivers of “PIP Biological Materials” from the WHO global influenza surveillance and response system (GISRS), such as manufacturers of influenza vaccines, diagnostics, pharmaceuticals and other products relevant to pandemic preparedness and response, as well as biotechnology firms, research institutions and academic institutions. Recipients shall select from among the commitments identified in SMTA2 Article 4.1.1 (a) to (c) based on their nature and capacities; those that are not manufacturers shall only have to consider contributing to the measures set out in SMTA2 Article 4.1.1(c).

Any manufacturer that enters into any contracts or formal agreements with recipients or GISRS laboratories for the purpose of using PIP Biological Materials on the manufacturer’s behalf for commercialization, public use or regulatory approval of that manufacturer’s vaccines, diagnostics, or pharmaceuticals shall also enter into an SMTA2 and select from among the commitments identified in Article 4.1.1 (a) to (c) based on their nature and capacities.

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