

## **Consolidated report by the Director-General<sup>1</sup>**

### **PILLAR 1: ONE BILLION MORE PEOPLE BENEFITTING FROM UNIVERSAL HEALTH COVERAGE**

#### **13. Review of and update on matters considered by the Executive Board**

##### **13.1 Global action on patient safety**

1. At its 148th session the Executive Board noted the report in [document EB148/6](#) and adopted [decision EB148\(5\)](#). In response to comments in the discussion,<sup>2</sup> the Secretariat confirmed that further feedback on the draft action plan obtained from Member States by 15 February 2021 would be incorporated into the final draft submitted to the Seventy-fourth World Health Assembly.<sup>3</sup> It also included one additional guiding principle to the underpinning set of values to guide the development and implementation of the action plan and revised the mission statement. Accordingly, paragraphs 10 and 12 would now read as follows:

10. The action plan is expected to lead to concrete actions over the decade 2021 to 2030. The following seven guiding principles establish an underpinning set of values to guide the development and implementation of the action plan:

...

(g) instil safety culture in the design and delivery of health care.

12. The mission of the draft action plan is to drive forward policies, strategies and actions, based on science, patient experience, system design and partnerships, to eliminate all sources of avoidable risk and harm to patients and health workers.

2. The section on monitoring and reporting for the action plan has been strengthened, with a new heading (preceding paragraph 22), revised text (paragraph 23), a new paragraph (paragraph 24), and a new section on progress in implementing resolution WHA72.6 (2019) on global action on patient safety (paragraphs 25–37) – see below:

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<sup>1</sup> In the present document, the texts under each agenda item should be read in conjunction with the corresponding reports considered by the Executive Board at its 147th or 148th session, as appropriate. The summary records of those sessions are available at the following link: <http://apps.who.int/gb/or/>.

<sup>2</sup> Document EB148/6; see also the summary records of the Executive Board at its 148th session, seventh meeting, section 3.

<sup>3</sup> Final draft Global Patient Safety Action Plan 2021-2030 (<https://www.who.int/teams/integrated-health-services/patient-safety/policy/global-patient-safety-action-plan>, accessed 21 April 2021).

23. WHO will establish a formal mechanism for reporting on these indicators at the global, regional and national levels to follow the implementation process of the action plan and provide feedback to the national and subnational implementation teams.

24. WHO will provide supplementary guidance on the action level indicators and strengthening of patient safety information systems to support countries in measuring progress towards the targets.

### **PROGRESS ON IMPLEMENTING RESOLUTION WHA72.6 (2019)**

25. In response to the global call for urgent action on patient safety, WHO launched a flagship initiative “A Decade of Patient Safety 2020–2030” to implement resolution WHA72.6 (2019) and take concrete actions for patient safety at global, regional and national levels. The initiative reflects the Secretariat’s coherent and comprehensive approach to patient safety, integrating basic patient safety principles and elements within safety, clinical and health programmes, and focusing on improvements in patient safety at all levels, from policy to the point of care.

26. **World Patient Safety Day.** The World Health Assembly endorsed the establishment of World Patient Safety Day, to be marked annually on 17 September, in resolution WHA72.6. The Secretariat has established mechanisms to coordinate planning for World Patient Safety Day in collaboration with stakeholders through a high-level steering committee and an internal cross-programmatic taskforce. A dedicated logo has been created to provide a unique visual identity to World Patient Safety Day<sup>1</sup> and lighting up of prominent monuments in orange on 17 September has become its signature mark. Since 2019, two successful global campaigns have been organized. The theme of the first was “Patient safety: a global health priority” which aimed to establish the Day’s legacy and highlight the importance of prioritizing patients. A total of 105 Member States reported having observed the Day, and more than 74 national monuments across the globe were lit up as a show of solidarity. The theme of World Patient Safety Day 2020 was “Health worker safety: a priority for patient safety” which acknowledged the challenges faced by health workers during the COVID-19 pandemic and underlined the links between health worker safety and patient safety. On 17 September 2020, the Director-General launched a charter on “Health worker safety: a priority for patient safety” which calls on Member States and stakeholders to take urgent and sustainable action to ensure health workers’ safety through a set of key measures.<sup>2</sup> At the same time, “World Patient Safety Day 2020–21 Goals” were launched to support the implementation of health worker safety practices at the point of care.<sup>3</sup> The Secretariat is currently developing the global campaign for commemoration of World Patient Safety Day 2021 with the theme “Safe maternal and newborn care”.

27. **Draft global patient safety action plan 2021–2030.** The Secretariat in collaboration with Member States and other stakeholders has formulated a draft global patient safety action plan as

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<sup>1</sup> WHO World Patient Safety Day Website <https://www.who.int/campaigns/world-patient-safety-day>, accessed 14 April 2021.

<sup>2</sup> World Health Organization. Charter: health worker safety: a priority for patient safety. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/handle/10665/339287>, accessed 14 April 2021).

<sup>3</sup> For this and other publications, see the WHO patient safety webpages (<https://www.who.int/teams/integrated-health-services/patient-safety>, accessed 9 April 2021).

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requested in resolution WHA72.6. The process of the development of the draft action plan and its structure are set out in document EB148/6.

28. **Global ministerial summits on patient safety.** The Governments of United Kingdom of Great Britain and Northern Ireland and Germany initiated a series of annual global ministerial summits on patient safety, in collaboration with WHO. The four ministerial summits held so far, hosted respectively by governments of United Kingdom of Great Britain and Northern Ireland (London, 2016), Germany (Bonn, 2017), Japan (Tokyo, 2018) and Saudi Arabia (Jeddah, 2019)<sup>1</sup> have created a central platform for inspiring political commitment and leadership to improve patient safety worldwide as a means of achieving universal health coverage. A fifth summit planned to be hosted by the Swiss Government in 2020 was postponed because of the COVID-19 pandemic. The summits have successfully built unprecedented momentum for global patient safety. Future summits aim to sustain political commitment and support for implementing the Global Patient Safety Action Plan 2021–2030.

29. **The third WHO Global Patient Safety Challenge: Medication Without Harm.** The Secretariat continues to support the implementation of this multiyear initiative, launched with the goal of reducing severe, avoidable medication-related harm globally. A strategic framework has been developed which elaborates four key domains and corresponding subdomains as main areas for action to implement the Challenge. Several resources, including a series of technical reports on medication safety in high-risk situations, transitions of care and polypharmacy, have been published. In addition, a patient engagement tool “5 Moments for Medication Safety” has been developed in different formats to increase its outreach.

30. **Global Patient Safety Collaborative.** This new strategic initiative has been established jointly by the Government of the United Kingdom of Great Britain and Northern Ireland and WHO. Its main objectives are to secure and scale up global action on patient safety and to collaborate closely with low- and middle-income countries in their efforts to reduce the risk of avoidable patient harm and improve the safety of their national health care systems. The Collaborative broadly works on three strategic areas in patient safety: leadership, education and training, and research.

31. **Global and regional patient safety networks and multilateral collaborations.** The Secretariat has further expanded and strengthened the Global Patient Safety Network to connect actors and stakeholders; currently, there are around 1750 members from more than 142 countries, including subnetworks dedicated to priority themes in patient safety such as medication safety and reporting and learning. Several learning opportunities have been provided through this network during the COVID-19 pandemic. To strengthen regional collaboration, the Secretariat organized a high-level event “Towards an Africa Patient Safety Initiative” (Cape Town, South Africa, 23–29 October 2019) with participation of 23 Member States from African Region, in collaboration with Institute for Healthcare Improvement, International Society for Quality in Health Care, and Patient Safety Movement Foundation. Participants issued a consensus statement “Together for patient safety”.

32. **Leadership, education, training and capacity-building.** The Secretariat is developing a leadership **competency** framework for patient safety to provide guidance on how to ensure that leaders at all levels of health care systems are equipped with essential competencies to address

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<sup>1</sup> Global Ministerial Summits on Patient Safety (<https://www.who.int/teams/integrated-health-services/patient-safety/policy/global-ministerial-summits-on-patient-safety>, accessed 9 April 2021).

patient safety in policy and practice. The WHO Multi-professional Patient Safety Curriculum Guide is being revised in a modular format, with focus on competency-based and inter-professional approaches to education.

33. **Patient and family engagement for patient safety.** The Secretariat has been supporting the Patients for **Patient** Safety Network, a global network of patient advocates who work with WHO on patient safety matters, to foster the engagement of patients and families in policy design, implementation at different levels, advocating patient safety including the commemoration of World Patient Safety Day. These advocates represent the voice of patients in both programmes at WHO and their own countries, and serve as a key connection between patients, countries and global efforts on patient safety. Efforts are ongoing to expand and strengthen this network and to enhance training opportunities and build the capacity of patient safety advocates.

34. **Patient safety research.** The Secretariat is working on setting the priorities for patient safety research to support the generation of evidence needed for the decision-making processes at country level. The focus of the current work is on responding to local needs for knowledge and ensuring targeted research in areas of greatest impact on the health system and improvements in patient safety.

35. **Digitalization and patient safety.** The Secretariat has developed end-user smartphone applications for digitizing patient safety tools. The WHO 5 Moments for Medication Safety app (WHO medsafe) provides an interactive digital tool for 5 Moments for Medication Safety, whereby patients and families can educate themselves about safe medication practices. WHO and partner organizations in the United Nations system have developed a mobile application based on the WHO Surgical Safety Checklist.

36. **Patient safety in clinical and public health programmes.** The Secretariat in collaboration with partners has worked on strengthening patient safety in allied areas, such as immunization safety, blood safety and occupational safety, and on integrating basic patient safety principles and elements into clinical and health programmes. Working on key technical issues for the safe use of herbal medicines with reference to interaction with other medicines will contribute to improving the safety, quality and effectiveness of traditional and complementary medicines. The Secretariat has issued guidance on enhancing radiation safety culture in health care in collaboration with the International Atomic Energy Agency and professional societies. A training package on infection prevention and control in maternal and neonatal care has been developed for health care providers. A WHO technical package on quality of care in fragile, conflict-affected and vulnerable settings, with particular attention to interventions to reduce avoidable harm, has recently been issued. WHO and UNICEF have published a global progress report on water, sanitation, hygiene, waste management and cleaning in health care facilities.

37. **The way forward.** The Secretariat along with Member States and partners will further strengthen and accelerate global action on patient safety. The aim of the global patient safety action plan 2021–2030 is to serve as a roadmap and framework for implementing patient safety interventions at global, regional, national, subnational and health care facility levels. The Secretariat will continue to develop normative guidance and tools for improving patient safety, fostering partnerships, investing and mobilizing resources, sharing knowledge and coordinating actions to implement resolution WHA72.6 and action plan to ensure sustainable progress towards universal health coverage.

### 13.2 Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases

3. At its 148th session, the Executive Board noted the reports in documents [EB148/7](#), [EB148/7 Add.1](#) and [EB148/7 Add.2](#) and adopted [decisions EB148\(6\)](#) and [EB148\(7\)](#). In decision EB148(7), on follow-up of the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, the Board also requested the Director-General, in response to the recommendations of the final evaluation of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases, to develop, in consultation with Member States and relevant stakeholders, an options paper on the global coordination mechanism, for further guidance by the Seventy-fourth World Health Assembly. The response to this request is contained in Addendum 1 to the present document<sup>1</sup> and is intended to complement the information provided in document EB148/7 Add.2.

4. See also documents A74/10 Add.2 and Add.3 on the mid-point evaluation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2030 and the final evaluation of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases, which respond to the discussion of documents EB148/7 Add.1 and Add.2.<sup>2</sup>

5. In response to further comments made during the discussions,<sup>2</sup> the Secretariat has updated paragraph 44 of document EB148/7; the revised text is reproduced in full below.

#### **PREPARATORY PROCESS LEADING TO THE FOURTH HIGH-LEVEL MEETING OF THE UNITED NATIONS GENERAL ASSEMBLY ON THE PREVENTION AND CONTROL OF NCDS IN 2025**

44. The preparatory process leading to the fourth high-level meeting of the United Nations General Assembly on the prevention and control on noncommunicable diseases may include the following meetings (NCD-related outcomes may serve as an input into the preparatory process and the meeting itself):

2021	Relevance to NCDs “5x5” agenda
<ul style="list-style-type: none"> <li>• Small Island Development States (SIDS) Health Summit</li> </ul>	<ul style="list-style-type: none"> <li>• Prevention and control of NCDs and mental health</li> </ul>
<ul style="list-style-type: none"> <li>• Ministerial Meeting on Diabetes and launch of the WHO Global Diabetes Compact</li> </ul>	<ul style="list-style-type: none"> <li>• Prevention and control of diabetes</li> </ul>
<ul style="list-style-type: none"> <li>• Meeting of the Energy and Health High-level Coalition</li> </ul>	<ul style="list-style-type: none"> <li>• Reducing air pollution</li> </ul>
<ul style="list-style-type: none"> <li>• Foods System Summit</li> <li>• Nutrition-for-Growth Summit</li> </ul>	<ul style="list-style-type: none"> <li>• Reducing unhealthy diets</li> </ul>
<ul style="list-style-type: none"> <li>• Ninth session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control</li> <li>• Second session of the Meeting of the Parties to the Protocol to Eliminate Illicit Trade in Tobacco Products</li> </ul>	<ul style="list-style-type: none"> <li>• Reducing tobacco use</li> </ul>

<sup>1</sup> Document A74/10 Add.1.

<sup>2</sup> See the summary records of the Executive Board at its 148th session, eighth meeting.

<ul style="list-style-type: none"> <li>• United Nations Climate Conference of the Parties (COP26)</li> </ul>	<ul style="list-style-type: none"> <li>• Reducing air pollution</li> </ul>
<ul style="list-style-type: none"> <li>• 10th international conference of health promotion</li> </ul>	<ul style="list-style-type: none"> <li>• Prevention of noncommunicable diseases</li> </ul>
<ul style="list-style-type: none"> <li>• Regional preparatory meetings leading to the third WHO global meeting of national NCD Directors and Programme Directors</li> </ul>	<ul style="list-style-type: none"> <li>• Capacity building</li> </ul>
2022	
<ul style="list-style-type: none"> <li>• Third WHO global meeting of national NCD Directors and Programme Managers</li> </ul>	<ul style="list-style-type: none"> <li>• Capacity building</li> </ul>
<ul style="list-style-type: none"> <li>• First WHO global Ministerial Conference for Small Island Development States on the Prevention and Control of noncommunicable diseases</li> </ul>	<ul style="list-style-type: none"> <li>• Prevention and control of noncommunicable diseases</li> </ul>
<ul style="list-style-type: none"> <li>• Second high-level meeting of the general assembly on road safety</li> </ul>	<ul style="list-style-type: none"> <li>• Reducing physical inactivity</li> </ul>
2023	
<ul style="list-style-type: none"> <li>• Second WHO global dialogue on financing national noncommunicable disease responses</li> </ul>	<ul style="list-style-type: none"> <li>• Domestic and international financing</li> </ul>
<ul style="list-style-type: none"> <li>• Second high-level Meeting of the United Nations General Assembly on universal health coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Prevention and control of noncommunicable diseases</li> </ul>
<ul style="list-style-type: none"> <li>• Tenth session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control</li> <li>• Third session of the Meeting of the Parties to the Protocol to Eliminate Illicit Trade in Tobacco Products</li> </ul>	<ul style="list-style-type: none"> <li>• Reducing tobacco use</li> </ul>
2024	
<ul style="list-style-type: none"> <li>• Third WHO global Ministerial Conference on the Prevention and Control of Noncommunicable Diseases</li> </ul>	<ul style="list-style-type: none"> <li>• Prevention and control of noncommunicable diseases</li> </ul>
2025	
<ul style="list-style-type: none"> <li>• United Nations Dialogue with civil society and the private sector</li> <li>• Fourth high-level meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases</li> </ul>	<ul style="list-style-type: none"> <li>• Prevention and control of noncommunicable diseases</li> </ul>
<ul style="list-style-type: none"> <li>• Eleventh session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control</li> <li>• Fourth session of the Meeting of the Parties to the Protocol to Eliminate Illicit Trade in Tobacco Products</li> </ul>	<ul style="list-style-type: none"> <li>• Reducing tobacco use</li> </ul>

6. In its [decision EB148\(6\)](#), on addressing diabetes as a public health problem, the Board requested the Director-General to update the report to be submitted for consideration to the Seventy-fourth World Health Assembly by adding an annex on major obstacles to achieving the diabetes-related targets in the WHO global action plan on the prevention and control of noncommunicable diseases (2013–2030). Pursuant to this request, new Annex 11 has been prepared and is appended below.

## ANNEX 11

**MAJOR OBSTACLES TO ACHIEVING THE DIABETES-RELATED TARGETS IN THE WHO GLOBAL ACTION PLAN ON THE PREVENTION AND CONTROL OF NCDS (2013–2030)****1. The context**

1. An estimated 1.5 million people died worldwide of diabetes in 2019. Diabetes mortality has shown a 64.4% increase globally between 2000 and 2019 in the 30–70 years age group.<sup>1</sup> In high-income countries the premature mortality rate due to diabetes decreased from 2000 to 2010 but then increased in 2010–2016. In lower-middle-income countries, the premature mortality rate due to diabetes increased across both periods.

2. The global prevalence of diabetes among adults over 18 years of age rose from 4.7% in 1980 to 8.5% in 2014. By 2016, more than 420 million people were living with diabetes worldwide. This number is estimated to rise to 578 million by 2030 and to 700 million by 2045.<sup>2</sup> Diabetes was the ninth leading cause of death in 2019, following a significant percentage increase of 70% since 2000. Diabetes is also responsible for the largest rise in male deaths among the top 10 causes of death in 2019, with an 80% increase since 2000.

3. The rising mortality rates from diabetes are associated with – among other factors – the increasing prevalence of type 2 diabetes, due to increasing consumption of unhealthy diets, prevalence of obesity and declining levels of physical activity which are major risk factors for diabetes. Since 2000, the age-standardized prevalence of obesity among adults (18 years and older) globally has increased 1.5 times and the crude prevalence in children (5–19 years) has more than doubled (from 2.9% to 6.8%) in 2016. Tobacco smokers are 30–40% more likely to develop type 2 diabetes than non-smokers.

4. Since the outbreak of COVID-19, people living with noncommunicable diseases including diabetes are more vulnerable to becoming severely ill or dying from COVID-19. More than 50% of countries included in a rapid assessment survey conducted in 2020 on impact of the COVID-19 pandemic on noncommunicable disease resources and services reported disruption of services to treat diabetes and its complications in the phase of cluster and community transmission.<sup>3</sup>

5. One in two adults with diabetes is unaware of their condition. Four out of five adults with diabetes live in developing countries. People who are unaware that they are living with diabetes are at great risk of debilitating complications that can be prevented through

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<sup>1</sup> WHO. Global health estimates 2019. Geneva: World Health Organization; 2020 (<https://www.who.int/data/global-health-estimates>, accessed 14 April 2021).

<sup>2</sup> Saeedi P, Petersohn I, Salpea P, Malanda B, Karurange S, Unwin N et al. Global and regional diabetes prevalence estimates for 2019 and projections for 2030 and 2045: results from the International Diabetes Federation Diabetes Atlas, 9th Edition. *Diabetes Research and Clinical Practice* 2019; 157: 107843, (<https://doi.org/10.1016/j.diabres.2019.107843>, accessed 14 April 2021).

<sup>3</sup> The impact of the COVID-19 pandemic on noncommunicable disease resources and services: results of a rapid assessment. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/ncds-covid-rapid-assessment>, accessed 16 March 2021).

diagnosis and proper disease management. Diabetes is also a challenge in emergencies and disasters and in migrant populations owing to a lack of adequate health services and continuity of care and changing life style among migrants in non-emergency situations.

6. Adults with diabetes have a two- to three-fold increased risk of heart attacks and strokes. Reduced blood flow and neuropathy (nerve damage) in the feet increases the chance of foot ulcers, infection and eventual need for limb amputation. Diabetic retinopathy is an important cause of blindness and occurs as a result of long-term accumulated damage to the small blood vessels in the retina. Diabetes is the cause of 2.6% of global blindness. Diabetes is among the leading causes of kidney failure.

7. Basic technologies such as tools for blood glucose testing are not generally available in public sector primary health care in the 50 poorest countries (according to the World Bank classification). Limited access in many low- and middle-income countries to primary health care professionals trained in diabetes means that high numbers of undiagnosed, untreated and uncontrolled cases will continue to inflict preventable suffering and direct and indirect financial costs.

8. All people with type 1 diabetes and about 60 million people with type 2 diabetes need insulin. One hundred years after discovery of insulin, only about 50% of people with type 2 diabetes get the insulin they need, often because they personally and their country's health systems cannot afford it. WHO's global survey to assess national capacity for the prevention and control of noncommunicable diseases<sup>1</sup> reveals that less than half of low-income countries have general availability of insulin in the public sector.

9. The WHO UHC Monitoring Report (2019)<sup>2</sup> shows that diabetes health services are conspicuous by their lack of progress as part of universal health coverage in comparison to those for communicable diseases.

10. Pathway analysis shows that every country has options, but no country can make progress on diabetes through a single intervention. Access to insulin is necessary but not sufficient, as holistic approaches are needed to ensure access to early diagnosis and appropriate diabetes care. In addition, comprehensive approaches to tackling the modifiable risk factors of diet and physical activity requires strengthening in most countries.

## **2. The major obstacles faced by countries in achieving the diabetes-related targets in the WHO global action plan for the prevention and control of noncommunicable diseases (2013–2020)**

11. The global action plan provides a set of nine targets. Two are directly related to diabetes: one on reducing premature mortality from NCDs including diabetes; and the other is to halt the rise in obesity and diabetes. Sustainable Development Goal target 3.4 is on reduction of premature mortality from NCDs including diabetes. Target 3.8, to achieve

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<sup>1</sup> Assessing national capacity for the prevention and control of NCDs. Geneva: World Health Organization (<https://www.who.int/ncds/surveillance/ncd-capacity/en/>, accessed 16 March 2021).

<sup>2</sup> Primary health care on the road to universal health coverage: 2019 monitoring report. Geneva: World Health Organization (<https://www.who.int/publications/i/item/primary-health-care-on-the-road-to-universal-health-coverage-2019-monitoring-report>, accessed 14 April 2021).



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universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all, is also related to diabetes. Although these selected targets are directly related to diabetes, other targets on physical activity and tobacco use will also be discussed in this context. Target 3.a is on strengthening the implementation of the WHO Framework Convention on Tobacco Control. The major obstacles faced by countries to achieving the diabetes-related targets in the global action plan and the 2030 Agenda for Sustainable Development are set out below.

**12. *Global NCD target 1: a 25% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases. SDG target 3.4: one third reduction in premature mortality from NCDs including diabetes. SDG target 3.8: universal health coverage.***

(a) These targets reflect all the efforts in the prevention and management of diabetes and provides insight into the impact of multiple interventions. Only less than 20 countries are on course to meet the SDG target 3.4 at the current rate. Progress towards achieving this target will help to reduce mortality from diabetes and its complications such as cardiovascular and renal diseases.

(b) Increasing prevalence of risk factors, such as obesity and physical inactivity, and the insufficient decrease in tobacco use and unhealthy diets high in energy, sugar and fats are contributing to the increasing rates of diabetes. In many low- and middle-income countries, people do not know about diabetes, which is often diagnosed only when they experience a complication. Limitations in primary health care in preventing, detecting, diagnosing and managing diabetes and associated comorbidities such as hypertension are a major obstacle in reducing the mortality from diabetes.

(c) The main opportunity is the move towards universal health coverage and achieving SDG target 3.8. Countries should ensure that prevention and management of diabetes is a part of the universal health coverage benefit package and that nobody should be limited in accessing services owing to financial limitations. Special recognition is needed for people with type 1 diabetes as their survival depends on insulin, and the health-care system should ensure that they have access to insulin and other medications.

**13. *Global NCD target 2: halt the rise in diabetes and obesity.***

(a) Obesity is a growing public health concern in the world. It is a risk factor for diabetes and many other conditions, such as cardiovascular diseases and cancer. Obesity in childhood is an important risk factor for the early onset of diabetes. Halting the rising prevalence of diabetes will not happen unless the obesity pandemic is controlled. Low- and middle-income countries should implement regulations and legislation to curb obesity before the prevalence rises to unmanageable levels.

Particular attention should focus on childhood obesity prevention, following the recommendations of WHO's Commission on Ending Childhood Obesity.<sup>1</sup>

(b) Rapid and unplanned urbanization along with changing patterns of employment lead to unfavourable changes in living conditions and dietary practices. Many determinants, including commercial pressures, promote risk factors and these are often difficulties for governments to act on given the close interrelationship with other areas. Countries should consider the social determinants of health and adhere to the "health in all policies" approach.

**14. *Global NCD target 3: at least 50% of eligible people receive medicinal treatment (including glycaemic control) and counselling to prevent heart attacks and strokes.***

(a) Diabetes is a multisystemic disease; in addition to disturbances to glucose metabolism, micro- and macro-vascular complications must be managed if the target is to be met.

(b) The main limitation to achieving the target is the inadequacy of health systems, especially at the primary health care level, for comprehensive management of diabetes. Detection of diabetes, protocol-based management, and access to medicines and medical devices supported by efforts to ensure compliance, adherence to dietary counselling, control of blood pressure and lipid concentrations to reduce cardiovascular risk and other complications, checking for complications such as vision impairment, foot ulcers and others, and monitoring and reporting using an agreed set of indicators – all can make the difference.

(c) The WHO HEARTS technical package<sup>2</sup> has a module on diabetes<sup>3</sup> and the updated cardiovascular risk assessment charts will help countries to improve diabetes management. The cardiovascular risk approach enables integrated management of hypertension, diabetes and other cardiovascular risk factors in primary care, and targets available resources at those most likely to develop heart attacks, strokes and diabetes complications. Integrated management is the main opportunity at the national level to overcome obstacles to cardiovascular health as well as resulting in better health outcomes for diabetes.

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<sup>1</sup> Report of the Commission on Ending Childhood Obesity. Implementation plan: executive summary. Geneva: World Health Organization; 2017 (<https://apps.who.int/iris/bitstream/handle/10665/259349/WHO-NMH-PND-ECHO-17.1-eng.pdf>, accessed 14 April 2021).

<sup>2</sup> HEARTS technical package. Geneva: World Health Organization ([https://www.who.int/cardiovascular\\_diseases/heart/en/](https://www.who.int/cardiovascular_diseases/heart/en/), accessed 10 March 2021).

<sup>3</sup> HEARTS D: diagnosis and management of type 2 diabetes. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/who-ucn-ncd-20.1>, accessed 10 March 2021).

15. ***Global NCD target 4: an 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases (including diabetes) in both public and private facilities. SDG target 3.8: universal health coverage.***

- (a) Uninterrupted access to quality-assured, affordable medicines and technology is a prerequisite for good control of diabetes and prevention of its complications.
- (b) The main obstacle to achieving the above-mentioned targets is the lack of service delivery for diabetes especially in primary health care, weak infrastructure and poor cold storage which leads to insufficient quantities of basic technologies and essential medicines, unstable supply chains, and suboptimal financial and other resources.
- (c) Sustained action towards universal health coverage, including adapting the WHO HEARTS technical package and the menu of interventions, supported by domestic financing can help to move towards these targets.

16. ***Global NCD target 5: a 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years. SDG target 3.a: reducing tobacco use.***

- (a) Commitment to tobacco control is crucial to reducing the onset of type 2 diabetes caused by tobacco use or exposure to second-hand tobacco smoke.
- (b) SDG target 3.a calls for countries to strengthen the implementation of the WHO Framework Convention on Tobacco Control.
- (c) Despite significant advances globally, progress in meeting the global target set by governments to reduce the prevalence of tobacco use by 30% by 2025 remains off track. Currently, only 32 countries are on track to reach the 30% reduction target.

### **3. The Global Diabetes Compact**

17. On 14 November 2020, the Secretariat announced the launch of the Global Diabetes Compact on 14 April 2021 to address the major obstacles to achieving the diabetes related targets. The Compact will:

- (a) bring all partners together
- (b) bring together all WHO's tools available for the prevention and management of diabetes, both existing and new, into one package
- (c) on prevention side, give particular focus to reducing obesity, especially among young people
- (d) on treatment side, emphasize improving access to diabetes medicines and technologies, in particular in low- and middle-income countries; the keys to success of the Compact will be alignment and united action across all sectors (public, private and philanthropic) and the setting of coverage targets for treatment of diabetes in a similar way as for other disease areas like HIV and cervical cancer

(e) actively involve people living with diabetes in the further development of the Global Diabetes Compact

(f) aim to close knowledge gaps and stimulate innovations related to technology and leapfrogging for those most vulnerable, including people in humanitarian settings.

#### **4. Access to insulin**

18. Insulin was discovered as a treatment for diabetes almost 100 years ago and has been on the WHO Model List of Essential Medicines since 1977. Despite an ample supply of insulin, its prices are currently a barrier to treatment in most low- and middle-income countries. Three manufacturers control most of the global market for insulin, setting prices that are prohibitive for many people and countries.

19. People with type 1 diabetes need insulin for survival and to maintain their blood concentrations of glucose at levels that reduce the risk of common complications such as blindness and kidney failure. People with type 2 diabetes need insulin for controlling blood glucose concentrations to avoid complications when oral medicines become less effective as the illness progresses. About 60 million people with type 2 diabetes need insulin, but only half of them access it, often owing to high prices.

20. Data collected by WHO in 2016–2019 from 24 countries on four continents showed that human insulin was available in only 61% of health facilities. The situation for analogue insulin was worse, with availability in a mere 13% of health facilities. The data showed that a month's supply of insulin would cost a worker in Accra, Ghana, the equivalent of 5.5 days of pay per month – 22% of his/her earnings. Even in a few wealthy countries, people often have to ration insulin, which can be deadly for people who do not get the right quantity of the medicine.

21. WHO prequalification of insulin is expected to boost access by increasing the flow of quality-assured products on the international market, providing countries with greater choice and patients with lower prices.

22. The launch of WHO's prequalification programme for insulin is one of several steps WHO has taken to reduce the burden of diabetes.

#### **5. Recommendations on how to strengthen the prevention of diabetes in countries**

23. Governments are encouraged to strengthen policy measures to:

(a) reduce childhood obesity through using regulatory, fiscal and other measures to promote: intake of healthy foods that are low in energy, fats, sugars and sodium; physical activity; preconception and pregnancy care; infant and young child feeding; healthy schools and weight management

(b) increase levels of physical activity through implementation of the recommendations of WHO's global action plan on physical activity 2018–2030, especially focused on services and programmes to reach those identified to be at risk

of diabetes, with importance given to policy action for promoting walking, cycling and active recreation and reduced sedentary behaviour; and furthermore strengthen health literacy targeted with a particular focus on populations with low health awareness and/or literacy; and address the social and commercial determinants of health

(c) pursue health-in-all-policies approaches, equity-based approaches and life-course approaches; promote meaningful civil society engagement to develop ambitious national diabetes responses; and include people living with diabetes in shaping the public health response

(d) promote approaches to preventing diabetes through policies and practices across whole populations and within specific settings such as school, home, or the workplace.

## **6. Recommendations on how to strengthen early detection and treatment of obesity and diabetes, including management of complications, in countries**

24. Governments are encouraged to strengthen policy measures to:

(a) include the diagnosis and management of obesity and diabetes as an essential service in primary health care supported by the health system building blocks

(b) include diabetes as a comorbidity of TB, HIV and other conditions and leverage existing global financial institutions

(c) use the momentum of building back better after the disruption of services by the COVID-19 pandemic to get diabetes management on all relevant programmes and work with global financial institutions to include funding for diabetes as a critical comorbidity.

25. WHO and partners should support expanding access to insulin and other essential medical products and technology by enabling the manufacture of generics and strengthening the country capacity for supply chain management.

## **7. Recommendations on how to strengthen surveillance of diabetes, in countries**

26. Governments are encouraged to strengthen policy measures to:

(a) conduct national population-based surveys once every five years, or in accordance with the local context, to track the trends in diabetes and risk factors, including measurement of blood glucose concentrations

(b) adapt the clinical monitoring indicators for diabetes and ensure that they are part of the national health information systems

(c) use digital technology and other resources for improving clinical management of diabetes

- (d) consider setting up diabetes registries where appropriate
- (e) ensure that diabetes is recorded as the primary or underlying cause of death in death certification and analyse the impact of diabetes on mortality.

7. The Board at its 148th session noted [document EB148/20](#) as well as document EB148/7 and adopted [decision EB148\(3\)](#) on promoting mental health preparedness and response for public health emergencies.<sup>1</sup> In the decision, the Board inter alia recommended that the Seventy-fourth World Health Assembly endorse the updated comprehensive mental health action plan 2013–2030, with due consideration for the plan’s updated implementation options and indicators, given the need to support recovery from COVID-19, including through promoting mental health and psychosocial well-being, building mental health services and psychosocial supports, and strengthening preparedness, response capacity and resilience for future public health emergencies.

## ANNEX 12

### **COMPREHENSIVE MENTAL HEALTH ACTION PLAN 2013–2030 (RESOLUTION WHA66.8 (2013) AND DECISION WHA72(11) (2019))**

1. In resolution WHA66.8 (2013), the World Health Assembly adopted the comprehensive mental health action plan 2013–2020. In 2019, the Seventy-second World Health Assembly in decision WHA72(11), on 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, extended the period of the action plan until 2030 and requested the Director-General to propose updates to the appendices of the comprehensive mental health action plan 2013–2020.

2. Informed by web-based regional consultations with Member States in 2020, Appendix 1 (Indicators for measuring progress towards defined targets) and 2 (Options for the implementation of the comprehensive mental health action plan 2013–2020) of that action plan were updated and submitted to the Executive Board at its 148th session as part of the report by the Director-General on the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases.<sup>2</sup> Having considered the two appendices in this report as well as the report on mental health preparedness and response for the COVID-19 pandemic,<sup>3</sup> the Executive Board adopted decision EB148(3) on promoting mental health preparedness and response for public health emergencies, which recommended that “the Seventy-fourth World Health Assembly endorse the updated comprehensive mental health action plan 2013–2030, with due consideration for the plan’s updated implementation options and indicators”.

3. The remainder of this section summarizes progress thus far in implementing the comprehensive mental health action plan 2013–2030. The action plan includes six global

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<sup>1</sup> Documents EB148/7 and EB148/20 and see the summary records of the Executive Board at its 148th session, third, fourth, fifth and eighth meetings.

<sup>2</sup> Document EB148/7; see also the summary records of the Executive Board at its 148th session, eighth meeting.

<sup>3</sup> Document EB148/20; see also the summary records of the Executive Board at its 148th session, third and fifth meetings.

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targets and associated indicators. Data were collected through the Mental Health Atlas surveys in 2014, 2017 and 2020 to monitor progress.

4. According to data collected by February 2021, 164 Member States (84%) had submitted responses to the Mental Health Atlas 2020 questionnaire. Preliminary analysis indicates almost no change or only slight difference compared to 2017 data. Thus, 134 (83%) responding Member States reported having a stand-alone mental health policy or plan (a 4% increase since 2017), 44% of which had been published or updated since 2017. Furthermore, 102 (63%) reported having a stand-alone mental health law (unchanged since 2017), 16% of which have been updated since 2017. Additionally, 50% reported having a plan or strategy for child and adolescent mental health, and 84% (an 1% increase since 2017) reported preparing either a specific report on mental health (35%) or compiling mental health data as part of general health statistics (49%).

5. The median sum spent on mental health amounted to 3% of governmental expenditure on health among the 78 Member States reporting this indicator; this figure represents an increase compared to the reported figure of less than 2% in 2017. Most spending on mental health (a median of 67%) remained focused on mental hospitals. In terms of the global mental health workforce, a global median of nine mental health workers per 100 000 was reported (unchanged since 2017). Likewise, the median number of mental hospitals and beds in those facilities was 0.05 and 10.9 per 100 000, respectively (minimal changes since 2017). Regarding mental health services, 73% of responding Member States reported having national guidelines for integration of mental health into primary health care, 49% indicated availability of pharmacological interventions and 34% reported having psychosocial interventions for mental health conditions available in at least half the country's primary care facilities. Regarding prevention and promotion programmes on mental health, about 60% of responding countries reported having at least two functioning programmes (70% reported in 2017) and 43% reported having a national strategy, policy or plan for suicide prevention.

6. Several initiatives have been undertaken to improve the situation. In the Region of the Americas, a subregional mental health strategy was developed in 2020 for Central America and approved by the Council of Ministers of Health of Central America and the Dominican Republic and a final report of the Regional Plan of Action on Mental Health 2015–2020 will be presented during next PAHO Directing Council in September 2021. In the African Region, regional mental health and alcohol action plans are under development. In the South-East Asia Region, regional strategies on various mental health topics have been developed, including the regional strategy on autism spectrum disorders, a regional strategy on prevention of suicide, and a regional collaborative framework for coordinating the mental health and psychosocial support response to COVID-19. The Mental Health Coalition: WHO/Europe Flagship initiative was launched in 2020 to position and promote mental health as a critical priority for public health across the European Region.<sup>1</sup> In the Eastern Mediterranean Region, a report summarizing progress made on targets of the Comprehensive mental health action plan 2013–2020 is being prepared. In the Western

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<sup>1</sup> The Mental Health Coalition: a WHO/Europe flagship initiative (2020). Copenhagen: World Health Organization Regional Office for Europe; 2020 (<https://www.euro.who.int/en/health-topics/health-policy/european-programme-of-work/flagship-initiatives/the-mental-health-coalition/the-mental-health-coalition-a-who-europe-flagship-initiative-2020>, accessed 12 March 2021).

Pacific Region, nine Member States have developed national mental health plans since 2017 and an additional five have plans under consideration.

7. The WHO special initiative for mental health aims to further progress towards objectives of the comprehensive mental health action plan,<sup>1</sup> by ensuring that 100 million more people have access to quality and affordable care for mental health conditions through advancing policies, scaling up community-based, general health and specialist services, and protecting human rights; it is assumed that the initiative is implemented in at least 12 Member States. In 2020, six countries,<sup>2</sup> one in each of WHO's regions, completed detailed planning for the special initiative.

8. The online database WHO MiNDbank continues to provide access to more than 8000 international resources for policy-makers, practitioners and researchers, including national policies, strategies, laws and service standards ranging from mental health and substance use to disability and human rights from 192 countries.<sup>3</sup> Since its launch in December 2013, the WHO MiNDbank has been accessed by 196 000 new users all around the world.

9. The Secretariat continues to provide technical support in all regions on the priority areas identified in the comprehensive mental health action plan. In 2020, the Secretariat led advocacy efforts for mental health by leading the "Big Event for Mental Health" on World Mental Health Day (10 October). In 2020, it also organized the annual WHO Mental Health Forum and engaged in many other global, regional and national events. Since 2017, WHO's Quality Rights initiative has increased support to Member States through provision of tools and capacity-building to assess and transform services and strengthen approaches based on human rights and recovery. Implementation of WHO's mental health gap action programme (mhGAP) has continued in more than 100 countries, and derivative products based on its guidelines have been developed, including the mhGAP community toolkit and the mhGAP Operations Manual.<sup>4,5</sup>

10. The Secretariat has also promoted progress through multiple initiatives and products. WHO issued guidance on promotion and prevention for adolescent mental health<sup>6</sup> and strengthened its partnership with UNICEF through the establishment of a joint programme on the mental health and psychosocial well-being and development of children and adolescents (2020–2030). To support integration of mental health into other programmes,

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<sup>1</sup> The WHO special initiative for mental health (2019-2023): universal health coverage for mental health. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/310981>, accessed 14 April 2021).

<sup>2</sup> Bangladesh, Jordan, Paraguay, Philippines, Ukraine and Zimbabwe; Nepal is joining the initiative in 2021.

<sup>3</sup> The coverage of the international and national resources provided by WHO MiNDbank extends to general health, noncommunicable diseases, neurological disorders including dementia, intellectual disabilities, autism spectrum disorders, suicide prevention, human rights, development, children and youth and older persons. See <https://www.mindbank.info/> (accessed 17 March 2021).

<sup>4</sup> The mhGAP community toolkit: field test version. Geneva: World Health Organization; 2019 (<https://www.who.int/publications/i/item/the-mhgap-community-toolkit-field-test-version>, accessed 17 March 2021).

<sup>5</sup> MhGAP operations manual. Geneva: World Health Organization; 2018 ([https://www.who.int/mental\\_health/mhgap/operations\\_manual/en/](https://www.who.int/mental_health/mhgap/operations_manual/en/), accessed 27 March 2021).

<sup>6</sup> WHO. Guidelines on mental health promotive and preventive interventions for adolescents. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/guidelines-on-mental-health-promotive-and-preventive-interventions-for-adolescents>, accessed 18 March 2021).



guidelines on management of physical health conditions in adults with severe mental disorders have been developed and disseminated across all regions. The Secretariat is finalizing a practical guide for suicide prevention as part of the LIVE LIFE initiative. Furthermore, the Secretariat is preparing guidelines on workplace mental health and is completing WHO's Ensuring Quality in Psychological Support (EQUIP) platform, through which competency-based training materials and guidance for scaling up the quality delivery of psychological interventions are disseminated.

11. The Secretariat assessed the impact of COVID-19 on services for mental, neurological and substance-use disorders between June and August 2020.<sup>1</sup> Out of 130 countries, 121 (93%) reported disruptions in one or more services for these disorders and 116 (89%) reported that mental health and psychosocial support was part of their national COVID-19 response plans. The Secretariat is coordinating the integration of mental health and psychosocial support within a range of COVID-19 public health emergency response pillars (for instance, maintaining essential health services, clinical case management and risk communication). WHO co-chairs the Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings. Through this Group, WHO and its partners have provided technical support to country-level working groups in 53 countries affected by humanitarian emergencies and have developed a wide range of resources available in numerous languages and formats.<sup>2</sup> In collaboration with partners, an inter-agency rapid deployment mechanism has been activated with 16 deployments of experts to countries having taken place to date to support the coordination of mental health and psychosocial support in the context of COVID-19 in humanitarian settings. WHO has also established the Global Forum on Neurology and COVID-19 in order to exchange knowledge and enhance clinical practices. Further details of the Secretariat's response are described in the report on mental health preparedness and response for the COVID-19 pandemic to the Executive Board at its 148th session.<sup>3</sup>

12. In line with the requirements of resolution WHA67.8 (2014) on autism, the Secretariat has supported advocacy and awareness-raising efforts on autism and developmental disabilities, partnering with other entities in the United Nations system and civil society organizations, and provided technical support across all regions to strengthen care and services. In the context of COVID-19 pandemic, remote competency-based training of professionals and carers of children with autism and other developmental disabilities was supported through online resources. A joint UNICEF/WHO global report on developmental disabilities is being written, with support from partners and with the active contribution of advocates and users. It will complement ongoing efforts to monitor population-based early childhood development by providing strategies to enhance care systems and improve environments for persons with developmental disabilities.

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<sup>1</sup> WHO. The impact of COVID-19 on mental, neurological and substance use services: results of a rapid assessment. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/handle/10665/335838>, accessed 14 April 2021).

<sup>2</sup> Inter-Agency Standing Committee. Mental health and psychosocial support - resources for COVID-19 (<https://interagencystandingcommittee.org/mental-health-and-psychosocial-support-resources-covid-19>, accessed 17 March 2021).

<sup>3</sup> Document EB148/20.

- **Oral health**

8. At its 148th session, the Executive Board noted the report in [document EB148/8](#) and adopted [resolution EB148.R1](#). In the light of comments in the discussion,<sup>1</sup> the Secretariat slightly revised paragraphs 4, 11 and 23, as follows:

4. ... Noma, a necrotizing disease starting in the mouth and fatal for 90% of the children affected, is a marker of extreme poverty. This condition, as well as the most common craniofacial birth defect, namely orofacial clefts, both lead to lifelong disability, affects learning opportunities and often results in social exclusion.

11. The use of fluorides for prevention of dental caries is limited, and essential prevention methods, such as community-based methods, topical fluoride applications or the use of fluoridated toothpaste, are often not available or affordable for many people. Moreover, oral health promotion is rarely integrated into other noncommunicable disease programmes that share major common risk factors and social determinants.

23. Despite the efforts outlined above, access to prevention, early diagnosis and treatment of oral diseases is far from universal and remains unattainable for millions of people. Member States' commitment to strengthening and accelerating action on oral health, in their statements during the 148th session of the Executive Board, offers a firm basis for further action to boost national and international oral health policy agendas. Such action may include, but not be limited to:

- reducing common risk factors and promoting healthy environments by:
  - ...
  - promoting community-based interventions such as water fluoridation, where technically feasible and culturally acceptable, as well as legislation to increase the affordability and accessibility of effective fluoride toothpaste and advocating for its recognition as an essential health product;

### **13.5 Antimicrobial resistance**

9. At its 148th session, the Executive Board noted the report in [document EB148/11](#). In the light of comments in the discussion,<sup>2</sup> the Secretariat re-submits paragraphs 3, 10 and 34 with updated figures:

3. As at February 2021, 144 countries had a national action plan on antimicrobial resistance.

...

10. As at February 2021, 105 countries had enrolled in the Global Antimicrobial Resistance and Use Surveillance System (GLASS) and 69 were providing data.

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<sup>1</sup> See the summary records of the Executive Board at its 148th session, eighth meeting.

<sup>2</sup> See the summary records of the Executive Board at its 148th session, thirteenth meeting, section 3, and fourteenth meeting, section 1.

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34. The tripartite Antimicrobial Resistance Multi-Partner Trust Fund ... As at February 2021, the Fund had raised US\$ 14.6 million to support 11 country-level proposals and selected global-level programme areas.

10. The Secretariat has also expanded and added references to the following paragraphs:

8. All WHO regions have made significant contributions to raising awareness and providing training on antimicrobial resistance. Examples include the following: the first joint celebration of World Antibiotic Awareness Week at continental level, co-organized by the Government of Kenya, FAO, OIE, WHO and the African Union Commission; a comprehensive special issue on antimicrobial resistance published in the Pan American Journal of Public Health; the development of an antimicrobial resistance curriculum module for primary and secondary schools; the development of an online course, Antimicrobial Stewardship: A competency-based approach for healthcare workers, in which more than 46 000 people enrolled; and the development of an online “Antibiotic Hero” application, videos and social media materials used by social media influencers to raise awareness of the issue.

...

12. All WHO regions provided technical support to strengthen national systems for the surveillance of antimicrobial resistance, consumption and use. Examples include the following: support from the Regional Office for Africa to help to strengthen antimicrobial susceptibility testing in 28 countries; the integration of antifungal and antibacterial resistance data into the Health Information Platform for the Americas (PLISA) by the Regional Office for the Americas; support for proof-of-principle projects in Central Asian countries, to strengthen their surveillance and diagnostic capacity, and participation in the Central Asian and European Surveillance of Antimicrobial Resistance network (CAESAR) by the Regional Office for Europe; support for 22 countries in the Eastern Mediterranean Region enrolled in GLASS and for the implementation of integrated antimicrobial resistance surveillance in five countries by the Regional Office for the Eastern Mediterranean; and the establishment of the Western Pacific Regional Antimicrobial Consumption Surveillance System by the Regional Office for the Western Pacific.

...

14. The GLASS team recently developed and published key normative products,<sup>1</sup> including the following: a method for estimating the attributable mortality of antimicrobial resistant bloodstream infections; guidance for national reference laboratories; a technical note on whole-genome sequencing for surveillance of antimicrobial resistance; manual on the management of antimicrobial consumption data; guide for national surveillance systems for monitoring antimicrobial consumption in hospitals; and revised the GLASS methodology for surveillance of national antimicrobial consumption. The team provides expert technical assistance to regions and countries on all aspects of GLASS implementation and on all GLASS modules.

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<sup>1</sup> See the WHO webpage on publications ([https://www.who.int/publications/i/item/monitoring-global-progress-on-antimicrobial-resistance-tripartite-amr-country-self-assessment-survey-\(tracss\)-2019-2020](https://www.who.int/publications/i/item/monitoring-global-progress-on-antimicrobial-resistance-tripartite-amr-country-self-assessment-survey-(tracss)-2019-2020), accessed 29 March 2021).

27. Since 2017, WHO has conducted three consecutive annual analyses of all antibacterial treatments that are in clinical development.<sup>1</sup> In 2019, it carried out the first preclinical antibacterial pipeline review and established an open-access database, which will be updated on a regular basis.<sup>2</sup>

28. In May 2020, WHO published target product profiles to guide the development of antibacterial agents to treat four diseases of public health importance: enteric fever, gonorrhoea, neonatal sepsis and urinary tract infections.<sup>3</sup> It also published two target product profiles for antibacterial resistance diagnostic tools, following a landscape analysis of relevant gaps and priorities.

11. The Secretariat revised the following text and renumbered subsequent paragraphs.

35. The Ad hoc Codex Intergovernmental Task Force on Antimicrobial Resistance is revising the Code of Practice to Minimize and Contain Foodborne Antimicrobial Resistance and developing guidelines on integrated monitoring and surveillance of antimicrobial resistance. The next meeting of the Task Force is scheduled to be held in the Republic of Korea in October 2021, with the main objective to finalize and adopt the Code of Practice and the guidelines. WHO continues to provide input to the process through the electronic working groups of the Task Force.

## **18. Mental health preparedness for and response to the COVID-19 pandemic**

12. The Board at its 148th session noted [document EB148/20](#) and adopted [decision EB148\(3\)](#) on promoting mental health preparedness and response for public health emergencies.<sup>4</sup> In the decision, the Board inter alia recognized that the COVID-19 pandemic has major direct and indirect ramifications for the mental health and psychosocial well-being of all people, in particular health and care workers, frontline workers, those in vulnerable situations who have been disproportionately affected by the COVID-19 pandemic, as well as those with pre-existing mental health conditions. It also recommended that the Seventy-fourth World Health Assembly endorse the updated comprehensive mental health action plan 2013–2030, with due consideration for the plan's updated implementation options and indicators, given the need to support recovery from COVID-19, including through promoting mental health and psychosocial well-being, building mental health services and psychosocial supports, and strengthening preparedness, response capacity and resilience for future public health emergencies. (See also paragraph 7 above.)

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<sup>1</sup> 2019 antibacterial agents in clinical development: an analysis of the antibacterial clinical development pipeline. Geneva: World Health Organization, 2019 (<https://www.who.int/publications/i/item/9789240000193>, accessed 23 March 2021).

<sup>2</sup> Antibacterial agents in preclinical development: an open access database. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/WHO-EMP-IAU-2019.12>, accessed 11 March 2021).

<sup>3</sup> See Target product profiles for needed antibacterial agents: enteric fever, gonorrhoea, neonatal sepsis, urinary tract infections and meeting report. (<https://www.who.int/publications/i/item/9789240003897>, accessed 22 March 2021).

<sup>4</sup> Document EB148/20 and see the summary records of the Executive Board at its 148th session, third and fifth meetings.

**ACTION BY THE HEALTH ASSEMBLY**

13. The Health Assembly is invited to note the report. The Health Assembly is further invited:
- under item 13.1, to adopt the decision contained in decision EB148(5);
  - under item 18 to adopt the following draft decision:

“The Seventy-fourth World Health Assembly, having considered the report by the Director-General on Promoting mental health preparedness and response for public health emergencies, decided to endorse the updated comprehensive mental health action plan 2013–2030, with due consideration for the plan’s updated implementation options and indicators, given the need to support recovery from COVID-19, by means including promoting mental health and psychosocial well-being, building mental health services and psychosocial supports, and strengthening preparedness, response capacity and resilience for future public health emergencies.”

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