

First report of Committee A

(Draft)

Committee A held its first meeting on 24 May 2021, chaired by Dr Adriana Amarilla (Paraguay).

In accordance with Rule 35 of the Rules of Procedure of the World Health Assembly, the Committee elected Dr Zwelini Mkhize (South Africa) and Dr Ali Muhammad Miftah Al-Zinati (Libya) Vice-Chairs, and Professor Plamen Dimitrov (Bulgaria) Rapporteur.

Committee A held its sixth and seventh meetings on 27 May 2021, chaired by Dr Adriana Amarilla (Paraguay).

It was decided to recommend to the Seventy-fourth World Health Assembly the adoption of the attached three resolutions and three decisions relating to the following agenda items:

Pillar 4: More effective and efficient WHO providing better support to countries

Budget matters

11. Proposed programme budget 2022–2023

One resolution entitled:

- Programme budget 2022–2023

Pillar 1: One billion more people benefitting from universal health coverage

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

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

One decision entitled:

- 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

One decision entitled:

- The role of the global coordination mechanism on the prevention and control of noncommunicable diseases in WHO's work on multistakeholder engagement for the prevention and control of noncommunicable diseases

One resolution entitled:

- Reducing the burden of noncommunicable diseases through strengthening prevention and control of diabetes

One resolution entitled:

- Oral health

13.9 Integrated people-centred eye care, including preventable vision impairment and blindness

One decision

Agenda item 11

Programme budget 2022–2023

The Seventy-fourth World Health Assembly,

Having considered the Proposed programme budget 2022–2023;¹

Having noted the report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-fourth World Health Assembly;²

Noting that the Proposed programme budget 2022–2023 is the second programme budget to be prepared in line with the Thirteenth General Programme of Work, 2019–2023 and WHO's triple billion strategic priority approach;

Recognizing that the Proposed programme budget 2022–2023 presents a priority setting for WHO with an emphasis on four key areas of strategic focus to be achieved at all three levels of the Organization;

Recalling that the allocation of financial resources must be accompanied by progress monitoring and an expectation of measurable results;

Re-emphasizing the necessity to ensure a strong WHO that will undertake the global leadership role in public health, taking into account the lessons learned from the COVID-19 pandemic, with respect to work which must be carried out under all circumstances to pursue WHO's constitutional mandate to achieve the enjoyment of the highest attainable standard of health by every human being;

Welcoming the increase in both the absolute level and proportionate share of the budget at the country level to develop further the impact, capacity, and integrated systems at that level;

Stressing the continued importance of investment in the normative functions of the Organization;

Aware of the continued incorporation of emergency operations and appeals as a costed element in the Proposed programme budget 2022–2023;

Further welcoming the strengthening of transparency, accountability and compliance functions, as well as opportunities for efficiency savings across all of WHO, and recognizing the importance of allocating adequate and sustainable funds equitably for enabling functions across all major offices;

Reaffirming WHO's full and continued commitment to and engagement in the implementation of United Nations development system reform, and its ongoing work to support countries in their efforts to reach all health-related Sustainable Development Goal targets;

¹ Document A74/5 Rev.1.

² Document A74/46.

Welcoming the efforts to mainstream essential public health functions currently performed by the polio programme and emphasizing that polio remains a public health emergency of international concern and full eradication of all polioviruses must be secured as WHO gradually shifts functions from the polio eradication segment of the programme budget into the relevant outcomes of the base programme budget;

Stressing that proposed increases above the level of the approved Programme budget 2022–2023 should be requested only when necessary for the purpose of the Organization’s mandated activities and after all possible steps have been taken to finance such increases through savings, global efficiencies and prioritization,

1. APPROVES the programme of work, as outlined in the Proposed programme budget 2022–2023, noting also the background information on its operationalization;
2. FURTHER APPROVES the budget for the financial period 2022–2023, under all sources of funds, namely, assessed and voluntary contributions of US\$ 6121.7 million;
3. ALLOCATES the budget for the financial period 2022–2023 to the following strategic priorities and other areas:

Strategic priorities:

- (1) One billion more people benefiting from universal health coverage, US\$ 1839.9 million;
- (2) One billion more people better protected from health emergencies, US\$ 845.9 million;
- (3) One billion more people enjoying better health and well-being, US\$ 424.9 million;
- (4) More effective and efficient WHO providing better support to countries, US\$ 1253.3 million (including financing the United Nations Resident Coordinator system in accordance with relevant resolutions of the United Nations General Assembly);

Other areas:

- Polio eradication (US\$ 558.3 million), special programmes (US\$ 199.3 million) totalling US\$ 757.6 million; and
- Emergency operations and appeals (US\$ 1000.0 million), which, being subject to the event-driven nature of the activities concerned is an estimated budget requirement that can be subject to increase as necessary;

4. RESOLVES that the budget will be financed as follows:
 - by net assessments on Member States adjusted for estimated Member State non-assessed income, for a total of US\$ 956.9 million;
 - from voluntary contributions, for a total of US\$ 5164.8 million;
5. FURTHER RESOLVES that the gross amount of the assessed contribution for each Member State shall be reduced by the sum standing to their credit in the Tax Equalization Fund; that this reduction shall be adjusted in the case of those Members that require staff members to pay income taxes on their WHO emoluments, taxes which the Organization reimburses to said staff members; and that the amount of such tax reimbursements is estimated at US\$ 8.0 million, resulting in a total assessment on Members of US\$ 964.9 million;
6. DECIDES that the Working Capital Fund shall be maintained at its existing level of US\$ 31.0 million;
7. AUTHORIZES the Director-General to use the assessed contributions together with the voluntary contributions, subject to the availability of resources, to finance the budget as allocated in paragraph 3, up to the amounts approved;
8. FURTHER AUTHORIZES the Director-General, where necessary, to make budget transfers among the four strategic priorities, up to an amount not exceeding 5% of the amount allocated to the strategic priority from which the transfer is made. Any such transfers will be reported in the statutory reports to the respective governing bodies;
9. FURTHER AUTHORIZES the Director-General, where necessary, to incur additional expenditures in the emergency operations and appeals area, subject to availability of resources;
10. FURTHER AUTHORIZES the Director-General, where necessary, to incur expenditures in the special programmes and polio eradication components of the budget beyond the amount allocated for these components, as a result of additional governance and resource mobilization mechanisms, as well as their budget cycle, which inform the annual/biennial budgets for these special programmes, subject to availability of resources;
11. REQUESTS the Director-General:
 - (1) to submit regular reports on the financing and implementation of the budget as presented in document A74/5 Rev.1, and outlook on the financing of the Organization and the results of the coordinated resource mobilization strategy to the World Health Assembly, through the Executive Board and its Programme, Budget and Administration Committee;
 - (2) to submit annual reports on the progress of the results framework of the Thirteenth General Programme of Work, broken down for all three levels of WHO including contribution of the Secretariat towards the achievement of programmatic outcomes and impacts, measured through an assessment of the delivery of the 42 outputs articulated in the Programme budget 2022–2023;

- (3) to control costs and seek efficiencies across all of WHO, and to submit regular reports to the Executive Board and Programme, Budget and Administration Committee with detailed information on these savings and global efficiencies as well as an estimation of savings achieved;
- (4) to submit, as deemed necessary, a revised Programme budget 2022–2023, including its revised appropriation resolution, as appropriate, to the Seventy-fifth World Health Assembly to reflect the rapidly changing health situation of the world due to the COVID-19 pandemic, in the light of the findings of the independent reviews presented to the Seventy-fourth World Health Assembly and the recommendations of the Working Group on Sustainable Financing;
- (5) to submit to the Seventy-fifth World Health Assembly, through the 150th session of the Executive Board in January 2022, a draft resolution on extending the Thirteenth General Programme of Work, 2019–2023, until 2025, and its possible revisions and updates.

Agenda item 13.2

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 Seventy-fourth World Health Assembly, having considered the consolidated report by the Director-General,¹ decided to request the Director-General to present, in response to the global action plan for the prevention and control of noncommunicable diseases 2013–2030 and the recommendations of the mid-term evaluation of the global action plan, an implementation roadmap 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030, through the Executive Board at its 150th session, and subsequent consultations with Member States² and relevant stakeholders, for consideration by the Seventy-fifth World Health Assembly.

¹ Document A74/10 Rev.1.

² And, where applicable, regional economic integration organizations.

Agenda item 13.2

The role of the global coordination mechanism on the prevention and control of noncommunicable diseases in WHO's work on multistakeholder engagement for the prevention and control of noncommunicable diseases

The Seventy-fourth World Health Assembly,

Having considered the consolidated report by the Director-General,¹ the mid-point evaluation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2030,² and the final evaluation of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases: executive summary,³ and the options paper on the WHO global coordination mechanism on the prevention and control of noncommunicable diseases;⁴

Recalling resolution WHA66.10 (2013) on the endorsement of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020, and decision WHA72(11) (2019), which extended the global action plan until 2030;

Recalling the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (United Nations General Assembly resolution 66/2 (2011)), which recognizes, inter alia, the primary role and responsibility of governments in responding to the challenge of noncommunicable diseases by developing adequate national multisectoral responses for their prevention and control,

DECIDED:

- (1) to extend the current terms of reference of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases until 2030 with a mid-term evaluation in 2025;
- (2) to request the Director-General:
 - (a) to ensure the continued performance of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases and its functions, in line with WHO's Framework of Engagement with Non-State Actors, with a more focused approach to the delivery of its functions, and with clearly defined objectives and measurable and practical milestones that ensure that the work of the global coordination mechanism contributes to the achievement of the objectives set in the WHO global action plan on noncommunicable diseases 2013–2030, taking into consideration in a balanced manner the prevention, diagnosis and treatment of noncommunicable diseases;

¹ Document A74/10 Rev.1.

² Document A74/10 Add.1.

³ Document A74/10 Add.2.

⁴ Document A74/10 Add.3.

- (b) to develop, in consultation with Member States and non-State actors, a workplan for the WHO global coordination mechanism on the prevention and control of noncommunicable diseases, to be submitted to the Seventy-fifth World Health Assembly, through the Executive Board at its 150th session, and to present the work undertaken and results achieved so far to Member States and non-State actors in 2022 in order to receive their further guidance on the implementation of the workplan;
- (c) to ensure that the WHO global coordination mechanism on the prevention and control of noncommunicable diseases carries out its functions in a way that is integrated with the Organization's ongoing work on noncommunicable diseases, including the following:
- (i) as an operational backbone for knowledge collaboration and the dissemination of innovative multistakeholder responses at country level, by raising awareness and promoting knowledge collaboration among Member States and non-State actors and by co-creating, enhancing and disseminating evidence-based information to support governments on effective multisectoral and multistakeholder approaches;
 - (ii) as an enabler for the global stocktaking of multistakeholder action at country level and for co-designing and scaling up innovative approaches, solutions or initiatives to strengthen effective multisectoral and multistakeholder action;
 - (iii) by providing and updating guidance to Member States on engagement with non-State actors, including on the prevention and management of potential risks;
 - (iv) as a global facilitator for the strengthened capacity of Member States and civil society to develop national multistakeholder responses for the prevention and control of noncommunicable diseases;
 - (v) as a convener of civil society, including people living with noncommunicable diseases, to raise awareness and build capacity for their meaningful participation in national noncommunicable diseases responses;
- (d) to submit an independent evaluation to the Seventy-eighth World Health Assembly in 2025 to assess the effectiveness of the new WHO global coordination mechanism on the prevention and control of noncommunicable diseases operating model, its added value, and its continued relevance to the implementation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020 and its implementation roadmap 2023–2030, including its possible extension.

Agenda item 13.2

Reducing the burden of noncommunicable diseases through strengthening prevention and control of diabetes

The Seventy-fourth World Health Assembly,

Having considered the consolidated report by the Director-General;¹

Recalling WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030 and the following five voluntary global diabetes-related targets for 2025: a 25% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases; halt the rise in diabetes and obesity; at least 50% of eligible people receive medicinal treatment (including glycaemic control) and counselling to prevent heart attacks and strokes; 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; and a 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years;

Recalling also the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases (United Nations General Assembly resolution 66/2 (2011), which recognizes the primary role and responsibility of Governments in responding to the challenge of noncommunicable diseases by developing adequate national multisectoral responses for their prevention and control;

Also recalling resolution WHA66.10 (2013) on the endorsement of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2020 and decision WHA72(11) (2019), which extended the global action plan until 2030;

Reaffirming the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health;

Recalling the United Nations General Assembly resolution 70/1 (2015), which adopted the 2030 Agenda for Sustainable Development and defined the Sustainable Development Goals, as well as the associated target 3.4 of reducing the risk of premature mortality from diabetes and other major noncommunicable diseases by one third by 2030;

Having considered Annex 11 of the report of the Director-General in document A74/10 Rev.1 on major obstacles to achieving the diabetes-related targets in the WHO global action plan for the prevention and control of noncommunicable diseases, including that halting the rising prevalence of diabetes, and reducing its impact, will not happen unless the five diabetes-related targets are achieved, including through reducing obesity;

Reaffirming our commitment in United Nations General Assembly resolution 74/2 (2019) to progressively cover 1 billion additional people by 2023 with quality essential health services and quality,

¹ Document A74/10 Rev.1.

safe, effective, affordable and essential medicines, vaccines, diagnostics and health technologies, with a view to achieving universal health coverage by 2030;

Noting that more than 420 million people are living with diabetes worldwide today, and that this number is estimated to rise to 578 million by 2030, and 700 million by 2045;¹

Noting that the increasing number of people living with diabetes is strongly associated with insufficient prevention of risk factors that underly diabetes, such as overweight and obesity, unhealthy diets, physical inactivity and tobacco use, and related to socioeconomic status and the impact of the social, economic and environmental determinants of health;

Highlighting also the commitment made to promote and implement policy, legislative and regulatory measures, including fiscal measures as appropriate, aiming at minimizing the impact of the main risk factors for diabetes, and to promote healthy diets and lifestyles;

Concerned that the number of people living with diabetes is increasing when at the same time some types of diabetes can be largely prevented with healthy diets and physical activity;

Aware that one in two adults living with diabetes type 2 are undiagnosed, and that four out of five adults living with diabetes live in low- and middle-income countries;

Deeply concerned that, while the probability (risk) of premature death from any one of the four main noncommunicable diseases decreased by 18% globally between 2000 and 2016, diabetes is showing, for the first time ever, a 5% increase in premature mortality during the same period;²

Noting with concern that, in high-income countries, the premature mortality rate due to diabetes increased in 2010–2016, following a decrease from 2000 to 2010, and that in low- and middle-income countries, the premature mortality rate due to diabetes increased across both periods;²

Concerned that people living with noncommunicable diseases, including diabetes, have a higher risk of becoming severely ill or dying from coronavirus disease (COVID-19), and are among those most impacted by the COVID-19 pandemic;³

Concerned also that complete or partial disruptions to diabetes prevention and control due to the COVID-19 pandemic, including in respect of early detection and diabetic complication management services, represent significant threats to the life and health of people living with diabetes;

Noting that overweight and obesity with metabolic changes and hypertension can increase the risk of noncommunicable diseases, such as diabetes and other cardiovascular diseases;

Reaffirming that universal health coverage implies that all people have access, without discrimination, to nationally-determined sets of the needed promotive, preventive, curative, rehabilitative and palliative essential timely measures and health services, promotion of lifestyle changes, healthy and balanced diets and regular physical activity and essential, safe, affordable, effective

¹ See document A74/10 Rev.1.

² World health statistics 2020: monitoring health for the SDGs, sustainable development goals. Geneva: World Health Organization; 2020, page 12 (<https://apps.who.int/iris/handle/10665/332070>, accessed 23 May 2021).

³ In accordance with paragraph 9 of United Nations General Assembly resolution 74/306 (2020).

and quality medicines and vaccines, while ensuring that the use of these services does not expose the users to financial hardship, with a special emphasis on the poor, vulnerable and marginalized segments of the population;¹

Reaffirming also our commitment in United Nations General Assembly resolution 73/2 (2018) to further strengthen efforts to address diabetes as part of universal health coverage through intensified interventions at the primary health care level, including in low- and middle-income countries, on prevention and control of diabetes;

Emphasizing the importance of prevention and control of diabetes over the life course, especially among children and adolescents and their families, through reducing major risk factors, including unhealthy diets and physical inactivity, as well as raising awareness of and reducing the impact of the main risk factors and recognizing that early detection of diabetes offers an opportunity for timely initiation of treatment to improve health and well-being and reduce morbidity, disability and mortality;

Recognizing the role of insulin in the treatment of type 1 diabetes and of type 2 diabetes resistant to lifestyle changes and other drug therapies;

Noting that, out of 420 million people living with diabetes, all require appropriate diabetes management, and an estimated nine million people with type 1 diabetes require insulin to survive and around 60 million people with type 2 diabetes require insulin to manage their condition; and further noting that the need for insulin required to treat type 2 diabetes is expected to increase by more than 20% by 2030;

Recognizing that insulin is an essential life-saving medicine, but deeply concerned that despite being discovered 100 years ago in 1921, globally about half of the people in need of insulin have no or irregular access, with unacceptable inequities between and within countries;

Concerned that insulin is largely unaffordable for people paying out-of-pocket and that its high prices are a burden for national health systems, and noting the significant role that markups along the value chain may play in pricing for patients and health systems;

Recognizing the importance of international cooperation in support of national, regional, and global plans for the prevention and control of diabetes, including to increase access to treatment such as insulin, with a view to reducing the negative socioeconomic impact of diabetes that significantly affects the quality of life of persons with diabetes and their families in every country, especially in developing countries;

Noting with appreciation the WHO Global Diabetes Compact initiative – launched on 14 April 2021 during the Global Diabetes Summit, co-hosted by the World Health Organization and the Government of Canada, with the support of the University of Toronto – which aims to reduce the risk of diabetes, and ensure that all people who are diagnosed with diabetes have access to equitable, comprehensive, affordable and quality treatment and care,

¹ In accordance with paragraph 9 of United Nations General Assembly resolution 74/2 (2019).

1. URGES Member States:¹

- (1) to apply whole-of-government and whole-of-society approaches that place achievement of the five diabetes- and obesity-related global voluntary targets at the centre of the response;
- (2) to raise, within national noncommunicable disease responses, the priority given to the prevention and control of diabetes, including management of obesity, early diagnosis, treatment, care and management of complications, taking into account national priorities;
- (3) to strengthen policy, legislative and regulatory measures, including fiscal measures as appropriate, aiming at minimizing the impact of the main risk factors for diabetes and promoting healthy diets and lifestyles;
- (4) to raise awareness about the national public health burden caused by diabetes, through a life course perspective, and about the relationship between diabetes, poverty and social and economic development, as well as the relationship between obesity and risk for developing type 2 diabetes;
- (5) to ensure a continued focus on maintaining a high level of treatment and care for all people, regardless of the COVID-19 pandemic, including for people living with diabetes, especially in low- and middle-income countries, recognizing that necessary diabetes prevention and control efforts are hampered by, inter alia, lack of universal access to quality, safe, effective, affordable essential health services, medicines, diagnostics and health technologies, as well as by a global shortage of qualified health workers;
- (6) to ensure that national strategies for the prevention and control of noncommunicable diseases contain the necessary provisions to cover persons living with diabetes with quality essential health services and promote access to diagnostics and quality, safe, effective, affordable and essential medicines, including insulin, oral hypoglycemic agents and other diabetes-related medicines and health technologies for all people living with diabetes, in accordance with national context and priorities;
- (7) to strengthen health systems and high-quality, integrated and people-centred primary health services for all, health management information systems, and an adequate and well-trained and equipped health workforce, taking into account national contexts;
- (8) to improve prevention and control of diabetes throughout the life course through the reduction of modifiable and preventable risk factors for diabetes, including obesity and physical inactivity, and better access to safe, affordable, effective and quality essential diagnostics, medicines, and other related health products;
- (9) to strengthen health promotion and improve health literacy, including through access to understandable and high-quality, patient-friendly information and education;

¹ And, where applicable, regional economic integration organizations.

(10) to strengthen monitoring and evaluation of diabetes responses, through country-level surveillance and monitoring systems, including surveys, that are integrated into existing national health information systems, and by identifying priority areas for diabetes research;

(11) to continue working collaboratively, in accordance with national and regional legal frameworks and contexts, to improve the reporting of information by suppliers on registered diabetes medicines, and other related health products;

2. REQUESTS the Director-General:

(1) to develop, in collaboration with Member States,¹ and in consultation with non-State actors and people living with or affected by diabetes, recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes, and recommendations for the prevention and management of obesity over the life course, including considering the potential development of targets in this regard, and to submit these recommendations to the Seventy-fifth World Health Assembly for its consideration in 2022, through the Executive Board at its 150th session;

(2) to develop pathways of how to achieve the targets for the prevention and control of diabetes, including access to insulin, throughout the life course within national noncommunicable disease responses to achieve Sustainable Development Goal target 3.4, and including providing support for strengthening diabetes monitoring and surveillance;

(3) to provide concrete guidance to Member States, especially in low-income countries, on strengthening design and implementation of policies for diabetes prevention and control across all relevant sectors, including that for resilient health systems and health services and infrastructure;

(4) to provide concrete guidance to Member States for uninterrupted treatment of people living with diabetes in humanitarian emergencies;

(5) to promote convergence and harmonization of regulatory requirements for diabetes medicines, including insulin, biosimilars, and other related health products that facilitate availability and access to safe and effective and quality-assured products, meeting standards set by WHO and competent authorities;

(6) to continue to analyse the availability of data on inputs throughout the value chain, including data on clinical trials and price information, with a view to assessing the feasibility and potential value of establishing a web-based tool to share information relevant to the transparency of markets for diabetes medicines, including insulin, oral hypoglycaemic agents and related health products, including information on investments, incentives, and subsidies;

(7) to develop recommendations for adequate, predictable and sustained financing of diabetes prevention and control, including in resource-constrained settings, and to address the needs of disadvantaged and marginalized populations;

¹ And, where applicable, regional economic integration organizations.

(8) to report on progress made in the implementation of the present resolution to the Health Assembly as part of the consolidated reporting on the progress achieved in the prevention and control of noncommunicable diseases, with an annual report to be submitted to the Health Assembly through the Executive Board, from 2022 to 2031.¹

¹ In accordance with paragraph 3(e) of decision WHA72(11) (2019).

Agenda item 13.2

Oral health

The Seventy-fourth World Health Assembly,

Having considered the consolidated report by the Director-General;¹

Recalling resolutions WHA60.17 (2007) on oral health: action plan for promotion and integrated disease prevention, WHA69.3 (2016) on the global strategy and action plan on ageing and health 2016–2020: towards a world in which everyone can live a long and healthy life, WHA72.2 (2019) on primary health care; and decisions WHA72(11) (2019) on the 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 and WHA73(12) (2020) on the Decade of Healthy Ageing 2020–2030;

Mindful of the 2030 Agenda for Sustainable Development, in particular Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages), and recognizing the important intersections between oral health and other Sustainable Development Goals, including Goal 1 (End poverty in all its forms and everywhere), Goal 2 (End hunger, achieve food security and improved nutrition and promote sustainable agriculture), Goal 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all) and Goal 12 (Ensure sustainable consumption and production patterns);

Recalling the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (2011), recognizing that oral diseases pose a major challenge and could benefit from common responses to noncommunicable diseases;

Recalling also the political declaration of the high-level meeting on universal health coverage (2019), including the commitment therein to strengthen efforts to address oral health as part of universal health coverage;

Mindful of the Minamata Convention on Mercury (2013), a global treaty to protect human health and the environment from anthropogenic emissions and releases of mercury and mercury compounds, calling for phase-down of the use of dental amalgam taking into account domestic circumstances and relevant international guidance; and recognizing that a viable replacement material should be developed through focused research;

Recognizing that oral diseases are highly prevalent, with more than 3.5 billion people suffering from them, and that oral diseases are closely linked to noncommunicable diseases, leading to a considerable health, social and economic burden,² and that while there have been notable improvements in some countries, the burden of poor oral health remains, especially among the most vulnerable in society;

¹ Document A74/10 Rev.1.

² Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. *Lancet* 2018; 392: 1789–1858. doi: 10.1016/S0140-6736(18)32279-7.

Noting that untreated dental caries (tooth decay) in permanent teeth occurs in 2.3 billion people, more than 530 million children suffer from untreated dental caries of primary teeth (milkteeth) and 796 million people are affected by periodontal diseases;¹ noting also that early rates of childhood caries are highest among those in vulnerable situations; and aware that these conditions are largely preventable;

Noting also that oral cancers are among the most prevalent cancers worldwide with 180 000 deaths each year,² and that in some countries they account for the most cancer-related deaths among men;

Noting further the economic burden due to poor oral health and that oral diseases worldwide account for US\$ 545 billion in direct and indirect costs,³ ranking poor oral health among the most costly health domains, like diabetes and cardiovascular diseases;

Also taking into account that poor oral health apart from pain, discomfort and lack of well-being and quality of life, leads to absenteeism at school and the workplace,⁴ leading to shortfalls in learning and productivity losses;

Concerned about the effect of poor oral health on quality of life and healthy ageing in a physical and mental context; and noting that poor oral health is a regular cause for pneumonia for elderly people, particularly those living in care facilities, and for persons with disabilities;

Aware that poor oral health is a major contributor to general health conditions, and noting that it has particular associations with cardiovascular diseases, diabetes, cancers, pneumonia, and premature birth;⁵

Noting that noma, a necrotizing disease starting in the mouth, is fatal for 90% of affected children in poor communities, mostly in some regions in Africa, and leads to lifelong disability and often social exclusion;

Concerned that the burden of poor oral health reflects significant inequalities, between and within countries, disproportionately affecting low- and middle-income countries, mostly affecting people from lower socioeconomic backgrounds and other risk groups, such as persons who cannot maintain their oral hygiene on their own due to their age or disability;

Acknowledging the many risk factors that oral diseases share with noncommunicable diseases, such as tobacco use, harmful use of alcohol, a high intake of free sugars and poor hygiene, and therefore

¹ Global Burden of Disease 2017 Oral Disorders Collaborators, Bernabe E, Marcenes W et. al. Global, regional, and national levels and trends in burden of oral conditions from 1990 to 2017: A systematic analysis for the Global Burden of Disease 2017 study. *J Dent Res.* 2020;99(4):362–73. doi: 10.1177/0022034520908533.

² International Agency for Research on Cancer, Global Cancer Observatory. Lip, oral cavity, December 2020. (available at <https://gco.iarc.fr/today/data/factsheets/cancers/1-Lip-oral-cavity-fact-sheet.pdf>, accessed 5 May 2021).

³ Righolt AJ, Jevdjevic M, Marcenes W, Listl S. Global-, regional-, and country-level economic impacts of dental diseases in 2015. *J Dent Res.* 2018;97(5):501–7. doi: 10.1177/0022034517750572.

⁴ Peres MA, Macpherson LMD, Weyant RJ, Daly B, Venturelli R, Mathur MR, Listl S, Celeste RK, Guarnizo-Herreño CC, Kearns C, Benzian H, Allison P, Watt RG. Oral diseases: a global public health challenge. *Lancet.* 2019 Jul 20;394(10194):249–60. doi: 10.1016/S0140-6736(19)31146-8.

⁵ Seitz MW, Listl S, Bartols A, Schubert I, Blaschke K, Haux C, et al. Current Knowledge on Correlations Between Highly Prevalent Dental Conditions and Chronic Diseases: An Umbrella Review. *Prev Chronic Dis* 2019; 16:180641. doi: 10.5888/pcd16.180641.

the necessity to integrate strategies on oral health promotion, prevention and treatment into overall noncommunicable disease policies;

Recognizing that adequate intake of fluoride plays an important role in the development of healthy teeth and in the prevention of dental caries; and recognizing the need to mitigate the adverse effects of excessive fluoride in water sources on the development of teeth;¹

Concerned about the potential environmental impact caused by the use and disposal of mercury-containing dental amalgam, and the use of toxic chemicals for developing X-ray photographs;

Concerned also that oral health services are among the most affected essential health services because of the COVID-19 pandemic, with 77% of the countries reporting partial or complete disruption;

Highlighting the importance of oral health and interventions with a life course approach from the mother's gestation and the birth of the children and in addressing shared risk factors;

Noting that a number of oral and dental conditions can act as indicators of neglect and abuse, especially among children, and that oral health professionals can contribute to the detection of child abuse and neglect,

1. URGES Member States, taking into account their national circumstances:
 - (1) to understand and address the key risk factors for poor oral health and associated burden of disease;
 - (2) to foster the integration of oral health within their national policies, including through the promotion of articulated interministerial and intersectoral work;
 - (3) to reorient the traditional curative approach, which is basically pathogenic, and move towards a preventive promotional approach with risk identification for timely, comprehensive and inclusive care, taking into account all stakeholders in contributing to the improvement of the oral health of the population with a positive impact on overall health;
 - (4) to promote the development and implementation of policies to promote efficient workforce models for oral health services;
 - (5) to facilitate the development and implementation of effective surveillance and monitoring systems;
 - (6) to map and track the concentration of fluoride in drinking water;
 - (7) to strengthen the provision of oral health services delivery as part of the essential health services package that deliver universal health coverage;

¹ Petersen PE, Lennon MA. Effective use of fluorides for the prevention of dental caries in the 21st century: the WHO approach. *Community Dent Oral Epidemiol* 2004; 32: 319–21. doi: 10.1111/j.1600-0528.2004.00175.x.

(8) to improve oral health worldwide by creating an oral health-friendly environment, reducing risk factors, strengthening a quality-assured oral health care system and raising public awareness of the needs and benefits of a good dentition and a healthy mouth;

2. CALLS ON Member States:

(1) to frame oral health policies, plans and projects for the management of oral health care according to the vision and political agendas in health projected for 2030, in which oral health is considered as an integral part of general health, responding to the needs and demands of the public for good oral health;

(2) to strengthen cross-sectoral collaboration across key settings, such as schools, communities and workplaces to promote habits and healthy lifestyles, integrating teachers and the family;

(3) to enhance oral health professionals' capacities to detect potential cases of neglect and abuse, and provide them with the appropriate and effective means to report such cases to the relevant authority according to the national context;

3. REQUESTS the Director-General:

(1) to develop, by 2022 a draft global strategy, in consultation with Member States, on tackling oral diseases, aligned with the Global action plan for the prevention and control of noncommunicable diseases 2013–2030 and pillars 1 and 3 of WHO's Thirteenth General Programme of Work, for consideration by the WHO governing bodies in 2022;

(2) to translate this global strategy, by 2023, into an action plan for public oral health, including a framework for tracking progress with clear measurable targets to be achieved by 2030, encompassing control of tobacco use, betel quid and areca nut chewing, and alcohol use – and community dentistry, health promotion and education, prevention and basic curative care – providing a basis for a healthy mouth, where no one is left behind; this action plan should also contain the use of provisions that modern digital technology provides in the field of telemedicine and teledentistry;

(3) to develop technical guidance on environmentally friendly and less-invasive dentistry to support countries with their implementation of the Minamata Convention on Mercury, including supporting preventative programmes;

(4) to continue to update technical guidance to ensure safe and uninterrupted dental services, including under circumstances of health emergencies;

(5) to develop “best buy” interventions on oral health, as part of an updated Appendix 3 of the WHO Global action plan on the prevention and control of noncommunicable diseases and integrated into the WHO UHC Intervention Compendium;

(6) to include noma in the planned WHO 2023 review process to consider the classification of additional diseases within the road map for neglected tropical diseases 2021–2030;

(7) to report back on progress and results until 2031 as part of the consolidated report on noncommunicable diseases, in accordance with paragraph 3(e) of decision WHA72(11).

Agenda item 13.9

Integrated people-centred eye care, including preventable vision impairment and blindness

The Seventy-fourth World Health Assembly, having considered the consolidated report by the Director-General,¹ decided to endorse the global targets for effective coverage of refractive errors and effective coverage of cataract surgery to be achieved by 2030, considered by the Executive Board at its 148th session,² and reproduced in the Annex to this decision.

ANNEX

RECOMMENDATIONS ON FEASIBLE GLOBAL TARGETS FOR EFFECTIVE COVERAGE OF REFRACTIVE ERROR AND EFFECTIVE COVERAGE OF CATARACT SURGERY TO BE ACHIEVED BY 2030

1. The recommended feasible global target for effective coverage of refractive error is:
 - – a 40 percentage point increase in effective coverage of refractive error by 2030:
 - countries with a baseline effective coverage rate of 60% or higher should strive for universal coverage
 - countries should aim to achieve an equal increase in effective coverage of near and distance refractive error in all relevant population subgroups, independent of baseline estimates.
2. The recommended feasible global target for effective coverage of cataract surgery is:
 - – a 30 percentage point increase in effective coverage of cataract surgery by 2030:
 - countries with a baseline effective coverage rate of 70% or higher should strive for universal coverage
 - countries should aim to achieve an equal increase in effective coverage of cataract surgery in all relevant population subgroups, independent of baseline estimates.

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¹ Document A74/9.

² See document EB148/15, Annex; see also the summary records of the Executive Board at its 148th session, twelfth meeting (section 3) and fourteenth meeting (section 3).