World Health Organization

SEVENTY-FIFTH WORLD HEALTH ASSEMBLY A75/A/PSR/1
2022

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE FIRST MEETING

Palais des Nations, Geneva
Monday, 23 May 2022, scheduled at 09:00

Chair: Dr. H. NAKATANI (Japan)

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COMMITTEE A

FIRST MEETING

Monday, 23 May 2022, at 11:10

Chair: Dr H. NAKATANI (Japan)

1. OPENING OF THE COMMITTEE: Item 11 of the agenda

The CHAIR welcomed the participants.

Election of Vice-Chairs and Rapporteur

Decision: Committee A elected Dr Tamar Gabunia (Georgia) and Dr Maryam Abdool-Richards (Trinidad and Tobago) as Vice-Chairs and Dr Walaiporn Patcharanarumol (Thailand) as Rapporteur.[1]

Organization of work

The representative of FRANCE, speaking on behalf of the European Union and its Member States, recalled that, following an exchange of letters in 2000 between WHO and the European Commission, the European Union had participated in the Health Assembly as an observer. She requested that it should again be invited by the Committee to participate, without vote, in the deliberations of the meetings of subcommittees, drafting groups and other subdivisions dealing with matters falling within the competence of the European Union.

It was so agreed.

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES

2. BUDGET AND FINANCIAL MATTERS: Item 22 of the agenda

Special arrangements for settlement of arrears: Item 22.2 of the agenda (documents A75/48 and A75/49) [transferred from Committee B][2]

The CHAIR drew attention to the draft resolutions on special arrangements for settlement of arrears in respect of the Islamic Republic of Iran and Sudan contained in documents A75/48 and A75/49.

The representative of the ISLAMIC REPUBLIC OF IRAN welcomed the proposed rescheduling of payment of his country's arrears, which demonstrated his Government's strong commitment to the work and functioning of WHO. His Government had been unable to meet its financial obligations to the Organization because of the unilateral coercive sanctions imposed on his country by the Government of the United States of America. The international community needed to hold the Government of the United

[1] Decision WHA75(3).

[2] See the summary records of the General Committee, first meeting, section 2.

States of America to account for its unlawful banking and financial sanctions, which constituted a breach of the rule of law and a violation of fundamental human rights, in particular the right to health and to medical treatment.

The representative of SUDAN welcomed the proposed rescheduling of payment of her country's arrears. Her country had experienced political instability and many economic crises, which had prevented her Government from meeting its payment obligations in recent years. Her Government was nevertheless highly committed to complying with the proposed payment schedule going forward.

The representative of the UNITED STATES OF AMERICA said that, while he was pleased for the draft resolution on special arrangements for the settlement of arrears to be approved on the basis of consensus, he rejected the suggestion that the Government of the Islamic Republic of Iran was in arrears as a result of economic sanctions. He did not consider economic sanctions to be a valid basis for a country to be in arrears.

Right of reply

The representative of the ISLAMIC REPUBLIC OF IRAN, speaking in exercise of the right of reply, said that his Government was committed to meeting its financial obligations to WHO in a timely manner under Article 56 of the Constitution of the World Health Organization and in accordance with the scale of assessments determined by the Health Assembly. The unlawful unilateral coercive measures in force against his Government had affected its ability to pay its contributions to some international organizations, including WHO. That situation was beyond his Government's control. He therefore urged the Secretariat to take into consideration the banking restrictions caused by the unilateral coercive measures and, in consultation with the Member States concerned, to develop innovative means and mechanisms to support Member States that were subject to those measures and submit them for consideration at the Seventy-sixth World Health Assembly.

The Committee noted the reports.

The CHAIR took it that the Committee wished to approve the draft resolution on special arrangements for settlement of arrears in respect of the Islamic Republic of Iran contained in document A75/48.

The draft resolution was approved.[1]

The CHAIR took it that the Committee wished to approve the draft resolution on special arrangements for settlement of arrears in respect of Sudan contained in document A75/49.

The draft resolution was approved.[2]

[1] Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA75.1.

[2] Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA75.2.

PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE

3. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD: Item 14 of the agenda

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: Item 14.1 of the agenda (documents A75/10 Rev.1, A75/10 Rev.1 Add.1, A75/10 Rev.1 Add.2, A75/10 Add.1, A75/10 Add.2, A75/10 Add.3, A75/10 Add.3 Corr.1, A75/10 Add.4, A75/10 Add.5, A75/10 Add.6, A75/10 Add.8, A75/INF./8 and EB150/2022/REC/1, decision EB150(4))

(a) Draft implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030

(d) Draft recommendations on how to strengthen the design and implementation of policies, including those for resilient health systems and health services and infrastructure, to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies

(f) Progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health

(j) Draft workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases

The CHAIR drew attention to the reports contained in documents A75/10 Add.2, A75/10 Add.5 and A75/10 Add.8, and the section of the report 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 contained in document A75/10 Rev.1. The preparatory process leading to the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases in 2025 was also under discussion. Following discussion of all reports 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, the Committee would consider the draft decision recommended by the Executive Board in decision EB150(4) and the draft decision on the progress made towards the achievement of global obesity targets contained in document A75/10 Rev.1.

The representative of the PHILIPPINES expressed support for the draft implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030 and its strategic directions. Rather than focusing their support on vertical health programmes that addressed single conditions or small groups of health issues, WHO and other global partners should seek to provide country-specific support that facilitated the development of enabling environments for the co-implementation of programmes that cut across diseases and risk factors, thereby enabling the delivery of appropriate people-centred, life-stage responsive and settings-specific care. Alignment across action plans and strategies was needed to ensure responsive, timely and efficient universal health coverage programmes and services.

The representative of SINGAPORE said that the prevalence of chronic noncommunicable diseases caused by unhealthy lifestyles could pose greater challenges than the pandemic of coronavirus disease (COVID-19). Investing in and expanding health care capacities would not be enough if the root causes of those diseases were not addressed. There needed to be a greater focus on building health in the community and strengthening primary health care by: building stronger links and referral protocols between family doctors and hospitals; enabling family doctors to deliver both social and medical

prescriptions; encouraging people to remain with their family doctor over the long term; building information technology systems that could share patient information seamlessly across health care providers; and embracing advancements in medical technology without losing sight of the essential role played by family doctors.

The representative of FRANCE, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, North Macedonia, Montenegro and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, the European Free Trade Association country and member of the European Economic Area Iceland, as well as Ukraine, the Republic of Moldova and Georgia, aligned themselves with her statement. She commended the Secretariat on the comprehensive reports, recommendations and guidance on noncommunicable diseases and mental health, two areas requiring urgent action, sustained awareness, financing and the mobilization of a range of stakeholders, facilitated by the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases 2022–2025. The growing prevalence and heavy burden of noncommunicable diseases called for a Health in All Policies approach that addressed the socioeconomic aspects of illness and health equity. The draft implementation road map 2023–2030 was a good basis for that work but should further consider the effects of climate change and other environmental factors.

The impact of the COVID-19 pandemic on the prevention and treatment of noncommunicable diseases was regrettable. To reduce the resulting health inequities and improve pandemic preparedness, Member States should scale up the prevention and control of noncommunicable diseases, strengthen primary health care and prioritize health promotion, patient-centred education and high-quality early detection, diagnosis and treatment. Health promotion should empower people to increase control over their health and its determinants by addressing risk factors. Furthermore, digital environments had become a determinant of health and should be better regulated. Multisectoral approaches to emergency preparedness and response should include noncommunicable diseases, in order to preserve essential health care delivery in emergencies such as pandemics and armed conflicts, including the conflict in Ukraine, and ensure continuity in the treatment of noncommunicable diseases and in the prevention of risk factors.

Mental illness exacerbated vulnerabilities among those affected and constituted one of the most neglected areas of public health. Mental health services should be reorganized and oriented towards care in the community on the basis of the needs and priorities in each country in order to ensure the highest attainable standard of mental health free of stigmatization and discrimination. In that regard, the Pan-European Mental Health Coalition, a flagship initiative of the WHO Regional Office for Europe, would contribute to implementation of the comprehensive mental health action plan 2013–2030. She called on Member States and the Secretariat to ensure that mental health remained on WHO's agenda and was mainstreamed in its discussions, including as a stand-alone item at future sessions of WHO's governing bodies.

The representative of SENEGAL expressed support for the draft implementation road map 2023–2030. The Secretariat should support Member States in its implementation and provide technical guidance on establishing, and mobilizing resources for, policies and strategies aimed at strengthening mental health care.

(For continuation of the discussion, see the summary records of the fifth meeting, section 2.)

The meeting rose at 12:05.

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