World Health Organization

SEVENTY-FIFTH WORLD HEALTH ASSEMBLY A75/A/PSR/10
2022

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE TENTH MEETING

Palais des Nations, Geneva
Friday, 27 May 2022, scheduled at 09:00

Chair: Dr H. NAKATANI (Japan)
Later: Dr T. GABUNIA (Georgia)

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COMMITTEE A

TENTH MEETING

Friday, 27 May 2022, at 10:50

Chair: Dr H. NAKATANI (Japan)
Later**:** Dr T. GABUNIA (Georgia)

1. FOURTH REPORT OF COMMITTEE A (document A75/65)

The RAPPORTEUR read out the draft fourth report of Committee A.

The report was adopted.[1]

Dr Gabunia took the Chair.

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

2. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD: Item 14 of the agenda (continued from the ninth meeting)

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)) (continued)

(b) Draft recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes, including potential targets (continued)

(c) Draft global strategy on oral health (continued)

(e) Progress in the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem and in the achievement of its associated goals and targets for the period 2020–2030 (continued)

(i) Draft recommendations for the prevention and management of obesity over the life course, including potential targets (continued)

- **Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control** (document A75/INF.4) (continued)

[1] See page X.

The CHAIR invited the Committee to resume its consideration of the reports contained in documents A75/10 Add.1, A75/10 Add.3, A75/10 Add.3 Corr.1, A75/10 Add.6 and A75/INF./4, and the relevant 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 representative of BARBADOS said that greater public education and awareness on oral health was needed. He highlighted the importance of epidemiological data in developing policies that met people's needs and expressed support for the draft global strategy on oral health. He asked the Secretariat to provide technical support to help his Government to conduct a survey on decayed, missing and filled teeth in school children.

The representative of the INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH, speaking at the invitation of the CHAIR, expressed support for the draft global strategy on oral health, but called for the inclusion of a human papillomavirus vaccination strategy for girls and boys and for noma to be incorporated into the draft global strategy's research agenda. The draft global strategy must also be integrated into the implementation of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030 and into efforts to advance primary health care and universal health coverage.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIR, welcomed the inclusion of a strategic objective on health workforce in the draft global strategy on oral health and the updated definition of oral health. Her organization stood ready to support the development of a global action plan and monitoring framework on oral health and to advocate for oral health to be integrated into national strategies on noncommunicable diseases and primary health care. She called on Member States to support the classification of noma within the road map for neglected tropical diseases 2021–2030, with a view to reducing health inequalities.

The representative of the INTERNATIONAL PEDIATRIC ASSOCIATION, speaking at the invitation of the CHAIR, commended the Secretariat for developing the acceleration plan to support Member States in implementing the recommendations for the prevention and management of obesity over the life course, emphasizing the importance of early intervention in childhood to prevent nutritional disorders. Strict regulations on the harmful marketing of food and beverages and nutrition labelling should be prioritized. The promotion of active lifestyles in childhood was critical for the prevention of noncommunicable diseases.

The representative of CORPORATE ACCOUNTABILITY, speaking at the invitation of the CHAIR, expressed concern about the tobacco industry's ongoing interference in public health. WHO had recently refused to approve a vaccine against coronavirus disease (COVID-19) for emergency distribution owing to the involvement of Philip Morris International in its development. The use of that vaccine would therefore represent a blatant violation of the WHO Framework Convention on Tobacco Control. She urged Member States to refuse to distribute the vaccine and avoid all forms of engagement with the tobacco industry.

The representative of the INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS, speaking at the invitation of the CHAIR, said that the elimination of cervical cancer was contingent on prevention through both human papillomavirus vaccination and screening programmes. His organization stood ready to support implementation efforts by providing robust and scalable evidence. Member States needed to develop communication and education strategies to encourage changes in social behaviours.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIR, said that her organization would continue to support

implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem by training providers and equipping facilities to provide screening and treatment. She urged WHO to strengthen the engagement of stakeholders to ensure the availability of vaccines, screening tests and treatment.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR, welcomed the progress made towards eliminating cervical cancer. She called on Member States to: include cervical cancer as part of an integrated package of essential services in pandemic response plans and universal health coverage; recognize and support the work of civil society organizations, including cancer patients, in elimination efforts; and ensure adequate financing for the scale-up and sustainability of elimination efforts through enhanced political will and investment.

The representative of the WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed the draft recommendations for the prevention and management of obesity over the life course and related acceleration plan, which were essential first steps towards more comprehensive and coherent action on obesity. Member States should build on the acceleration plan by developing a global action plan to ensure greater implementation and accountability. The Secretariat should also work more closely with Member States to strengthen references to the commercial and social determinants of obesity within the draft recommendations and develop tools to manage conflicts of interest.

The REGIONAL DIRECTOR FOR EUROPE said that obesity was the highest contributor to disability in his Region and was increasing the burden of cancers and mental health disorders. Around two thirds of adults and one third of primary school-aged children in the Region were living with overweight or obesity, and no country in the Region was on track to meet global targets to halt the rise in obesity by 2025. To address the problem, the European Programme of Work 2020–2025 promoted health and well-being as equal priorities, and his Region was playing a leading role in relevant global initiatives, including the acceleration plan. Achievements in tobacco control had shown that public health could be improved through evidence-based interventions, political commitment and accountability mechanisms. While several policy tools were already available to prevent and control obesity, a coordinated and comprehensive approach was needed that envisaged action at the country, regional and international levels and the inclusion of the private sector. The Regional Office for Europe stood ready to work with Member States, the private sector and other stakeholders to develop an accountability framework to monitor national commitments and policies. The Region's recently established Advisory Council on Innovation for Noncommunicable Diseases had put obesity high on the political agenda and would soon set up a high-level forum on childhood obesity. Among the policy areas gaining traction in his Region were the taxation of sugar-sweetened beverages and restrictions on marketing. Additionally, a recently launched initiative to strengthen health worker capacity and integrate obesity management into primary health care in western Balkan countries would soon be extended to central Asian countries. Strong Member State-led networks also played a key role in combating obesity in his Region. The Regional Office for Europe stood ready to support efforts to foster interregional collaboration and learning with a view to reversing the obesity trend both in his Region and worldwide.

The DEPUTY DIRECTOR-GENERAL thanked Member States for the rich discussion and guidance. While the noncommunicable diseases under discussion were some of the most challenging diseases of the day, WHO had the tools needed to tackle them, facilitated by strong Member State leadership and a primary health care-centred approach that addressed key intervention points across the life course. The acceleration plan to support Member States in implementing the recommendations for the prevention and management of obesity over the life course provided opportunities and synergies to speed up progress in tackling obesity, diabetes and other noncommunicable diseases such as cardiovascular disease. Expressing the hope that countries would champion WHO's ambitious agenda on oral health, she said that the draft global strategy on oral health represented the first concrete step

towards full implementation of resolution WHA74.5. The Secretariat would continue to support Member States, and particularly low- and middle-income countries, in the elimination of cervical cancer.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases) said that oral health was an under-addressed priority in global health. The Secretariat's upcoming report on global oral health would include the first-ever oral health country profiles. Public oral health programmes were too often absent, under-resourced or under-staffed, and private providers were frequently siloed from the rest of the health system. It would therefore be necessary to engage with the private sector and integrate essential oral health services into universal health coverage and primary health care. The Secretariat was in the process of creating the first set of cost-effective interventions on oral health and, with the support of global experts, was developing a draft global action plan with targets to be achieved by 2030 and a monitoring framework to track progress towards them. The Secretariat would work with Member States and other partners to address noma, including by providing political, technical and financial support and guidance and ensuring linkages with the primary health care agenda.

Cervical cancer prevention and care should be integrated into primary health care, sexual and reproductive health services, HIV services and others. The Secretariat would continue to work with Member States to that end, supporting the scale-up of cervical cancer programmes and addressing pricing issues.

He welcomed Member States' support for the draft recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes. Efforts to address diabetes would require coordinated input from health workers. The approach taken on diabetes could serve as a model for the strengthening of primary health care, health systems and national responses to noncommunicable diseases. Ensuring access to safe, effective, quality-assured and affordable essential medicines and technologies, including insulin and glucose monitoring devices, would be key to addressing diabetes treatment gaps. A recent report by the Secretariat had highlighted the main barriers limiting access to insulin and suggested potential solutions. The Secretariat would continue to work with countries, manufacturers and other stakeholders to close gaps and expand access to insulin. Given the links between obesity and prevention and control of diabetes and other diseases, the Secretariat had actively sought to ensure alignment and synergy across WHO's work. The acceleration plan to support Member States in implementing the recommendations for the prevention and management of obesity over the life course was well integrated into the draft implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030. The Secretariat would continue to support Member States to address noncommunicable diseases through an integrated, people-centred, life course approach, with a focus on the risk factors and determinants of health.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations) welcomed Member States' support for the draft recommendations for the prevention and management of obesity over the life course and related acceleration plan, which provided opportunities for multisectoral action and synergies to accelerate progress on obesity, diabetes and other noncommunicable diseases. The acceleration plan would also contribute to improving mental health and stigma issues affecting people living with obesity, and would further progress towards global nutrition targets and the Sustainable Development Goals. Responding to Member States' concerns about industry interference in policy-making, she said that the draft approach on safeguarding against possible conflicts of interest in nutrition programmes had been tested in some Member States and could be considered for application in others. Responding to the representative of the Bahamas, she said that WHO had developed global sodium benchmarks for different food categories and would develop similar benchmarks for sugar, as well as guidelines on menu labelling. The Secretariat would strengthen its efforts to close normative guidance gaps and support Member States in building their capacities and increasing access to obesity prevention and management services through primary health care.

She thanked Member States for their strong support for the declaration on the WHO Framework Convention on Tobacco Control and recovery from the COVID-19 pandemic. The Secretariat would

continue to work with Member States and other partners to implement comprehensive measures on tobacco control, including as part of the pandemic recovery.

The CHAIR took it that the Committee wished to note the reports contained in documents A75/10 Add.1, A75/10 Add.3, A75/10 Add.3 Corr.1, A75/10 Add.6 and A75/INF./4, and the relevant 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 Committee noted the reports.

(g) Draft intersectoral global action plan on epilepsy and other neurological disorders in support of universal health coverage

(h) Draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority

The CHAIR drew attention to the report contained in document A75/10 Add.4 and the relevant 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 representative of the UNITED ARAB EMIRATES, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the COVID-19 pandemic had highlighted the need to integrate mental health and neurological and substance use disorders into the global dialogue on universal health coverage. The draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 provided an opportunity to address the impact of neurological disorders through a comprehensive response. Addressing the health and social problems caused by the harmful use of alcohol called for a coordinated whole-of-government and whole-of-society approach with the appropriate engagement of relevant non-State actors.

The representative of JAPAN expressed support for the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031, welcoming its focus on promoting the human rights of persons with neurological disorders and preventing stigmatization and discrimination. He also expressed support for the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority. Multisectoral coordination was essential in addressing the harmful use of alcohol and should be enhanced by the Secretariat through effective communication with Member States.

The representative of FRANCE, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro and North Macedonia, as well as Georgia, the Republic of Moldova and Ukraine, aligned themselves with his statement. He thanked the Secretariat for the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, welcoming in particular the inclusion of plans to increase capacity-building efforts and technical support for Member States on best buys policies, including on taxation and marketing. He noted the proposed measures in the draft action plan for economic operators in alcohol production and trade, including possible regular dialogues with the industry on its role in reducing the harmful use of alcohol, while ensuring the prevention of undue influence and/or conflicts of interest when developing alcohol policy options. The Secretariat should develop a stand-alone document to provide guidance to Member States on engaging with the alcohol industry. The Secretariat and Member States must maintain their focus on science and evidence-based policy measures. He called for the adoption of the draft action plan in its current form and requested the Secretariat to provide the WHO governing bodies with regular updates on its implementation. He expressed support for the draft

intersectoral global action plan on epilepsy and other neurological disorders 2022–2030, which built on previous resolutions, decisions, reports and global commitments, and highlighted the need for continuing efforts in that area.

The representative of KENYA, speaking on behalf of the Member States of the African Region, thanked the Secretariat for holding consultations throughout the development of the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 and welcomed its objectives. Low- and middle-income countries carried a large proportion of the global epilepsy burden, and many people living with epilepsy in those countries went untreated. Key challenges in the Region included the lack of awareness concerning the causes of epilepsy and other neurological disorders and a shortage of neurologists and medication. As such, she expressed appreciation for the efforts of the International Bureau for Epilepsy to develop a training module on epilepsy as part of the WHO Mental Health Gap Action Programme. Member States in her Region looked forward to supporting the implementation of the draft intersectoral global action plan and addressing the challenges specific to the Region.

She supported the adoption of the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, which would help to address the challenges in implementation, particularly by supporting countries to develop and implement effective national policies. Alcohol use was increasing in her Region, particularly among young people. Other challenges included the illicit brewing and consumption of alcohol; juvenile alcoholism fuelled by unregulated advertising on social media; and alcohol industry interference in policy-making. She looked forward to the setting of regional targets to guide health ministries in developing impactful policies and interventions.

The representative of the PHILIPPINES said that the adoption of the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority would be instrumental in strengthening Member States' alcohol control programmes. She called on the Secretariat, Member States and global partners to develop guidance on addressing conflicts of interest in the development of alcohol control policies and to provide tools to support country efforts to reduce industry interference. An international treaty on alcohol control similar to the WHO Framework Convention on Tobacco Control could also be developed. Epilepsy should be the core pillar of the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 and should be included in all targets and objectives in order to reduce the epilepsy treatment gap and address stigmatization and discrimination.

The representative of NORWAY expressed support for the vision, goals and strategic objectives of the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031, highlighting the importance of preventing stigma, loss of autonomy and reduced quality of life among people living with such disorders. He also expressed support for the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, particularly the recommendations to Member States to implement WHO best buys and SAFER initiative interventions. In that regard, it was essential for WHO to maintain its focus on science and evidence-based policy. The draft action plan provided leverage to help countries to develop public health-oriented alcohol policies. He requested the Secretariat to provide regular status reports to the Health Assembly on progress towards the targets set out in the draft action plan.

The representative of AUSTRALIA, expressing support for the Secretariat's development of the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, welcomed the clear recognition of the need for global efforts to support national and subnational policy measures and interventions. He noted his Government's strong approach to messaging on fetal alcohol spectrum disorder through its health campaign on mandatory pregnancy health warnings on alcohol products. He looked forward to receiving reports on the progress made towards the implementation of the draft action plan. He supported the broad vision of the draft

intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 and thanked the Secretariat for holding inclusive consultations during its development.

The representative of SURINAME said that his Government was committed to improving access to care for people living with neurological disorders in line with the strategic objectives set out in the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031.

The representative of BRAZIL expressed appreciation for the efforts made in developing the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority. It was regrettable, however, that Member States had not been given sufficient time to discuss the amendments made to the draft action plan prior to discussions at the 150th session of the Executive Board. Moreover, there was a lack of scientific evidence to support recommendations on the differentiation between alcoholic beverages on the basis of their alcohol content. He supported the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031, in particular the provisions that sought to enhance the quality of life, education and health of people with such disorders while reducing stigma and promoting human rights. Action at the national level, including ensuring access to diagnostics, control and treatments supported by science-based guidelines, must be incorporated into primary and specialized care.

The representative of SLOVENIA said that alcohol remained the only widely used psychoactive and dependence-producing substance that was not controlled by an international legally binding instrument and that a feasibility study could provide useful insight for further discussion on the matter. While some aspects could be strengthened, the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority was well-structured and contained effective and cost-effective measures to improve public health and effectively implement the global strategy. In addition, the draft action plan would empower all three levels of the Organization to provide technical support in implementing the best buys and guidance on safeguarding alcohol policy-making processes from industry interference and to help Member States in their efforts to reduce the harmful use of alcohol. Moreover, it was necessary to strengthen the SAFER initiative. The global governance of alcohol policy should be improved by bringing back global and regional alcohol policy focal point networks and establishing a global leaders group and a global ministerial conference on alcohol policy.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that her Government was committed to supporting all people living with neurological conditions and recognized the merits of coordinated approaches in that regard in accordance with the guiding principles of the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031. Exposure to occupational and environmental hazards could directly influence brain health; the productive partnership between UNEP and WHO should therefore continue. She thanked the Secretariat for engaging with Member States throughout the development of the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, which successfully reflected the different views expressed during consultations.

The representative of BELGIUM welcomed the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority and commended the Secretariat's work to support and guide Member States on best buys and the commercial determinants of alcohol consumption. Alcohol consumption placed a heavy burden on public health; preventing alcohol-related harm must therefore be a top public health priority. Conscious of the need to protect public health policies from commercial interests, she echoed the request to the Secretariat to develop a stand-alone document with specific guidance for Member States engaging with the alcohol industry in developing public health policies.

The representative of THAILAND welcomed the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031. The epilepsy treatment gap could be reduced by including such treatment as part of an integrated package of essential services, especially at the primary health care level. Alcohol was the only major psychoactive, intoxicating and dependence-producing substance not governed by an international legally binding instrument and there was no safe level of use. Nevertheless, the Secretariat's actions contradicted the evidence: at the Seventy-second World Health Assembly, his Government had requested the Secretariat to stop serving alcohol on WHO premises and at WHO-organized events, but such action had yet to be taken. He commended the Regional Director for South-East Asia for setting a new standard in that regard and said that it was time for the Director-General to prove his commitment to people's well-being by ensuring that WHO could serve as the global role model in avoiding the normalization of alcohol use. Noting that low- and middle-income countries had recently been targeted by the alcohol industry, he called for strengthened international collaboration to address cross-border alcohol marketing, advertising and promotion, and asked the Secretariat to consider how to support Member States to build capacities to tackle emerging challenges, including the related legal aspects.

The representative of URUGUAY expressed support for the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 and the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority. Although alcohol was among the most harmful psychoactive substances available, controls on its sale and advertising were much weaker than for other such products. It was particularly important to protect certain groups from the sale and advertising of alcohol, especially children, adolescents and people with substance use disorders including alcohol dependence. International, cross-border instruments were needed, particularly to address targeted advertising on social media.

The meeting rose at 12:05.

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