World Health Organization

SEVENTY-FIFTH WORLD HEALTH ASSEMBLY **A75/A/PSR/6**
2022

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE SIXTH MEETING

Palais des Nations, Geneva
Wednesday, 25 May 2022, scheduled at 14:30

Chair: Dr M. ABDOOL-RICHARDS (Trinidad and Tobago)
Later: Dr H. NAKATANI (Japan)
Later: Dr T. GABUNIA (Georgia)

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SIXTH MEETING

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

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

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

(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 (continued)

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

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

The CHAIR drew attention to the reports contained in documents A75/10 Add.2, A75/10 Rev.1 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 noncommunicable diseases in 2025 was also under discussion. She recalled that, 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 ITALY said that effective action to address noncommunicable diseases required a whole-of-government and whole-of-society approach that tackled socioeconomic inequalities and took account of environmental and climate change drivers. He underscored the importance of adopting the draft intersectoral global action plan on epilepsy and other neurological disorders in support of universal health coverage and of scaling up efforts to meet the ambitious targets of the comprehensive

mental health action plan 2013–2030. Mental health must become an essential component of crisis response and economic recovery efforts. It was therefore imperative to implement policies promoting inclusive, rights-based and effective mental health systems. Mental health should also be included as a stand-alone item on the agendas of future governing bodies sessions. The fourth Global Ministerial Mental Health Summit, which would be held in Rome in October 2022, represented a strategic opportunity to strengthen commitments, promote and relaunch comprehensive community care for mental health, and protect the human rights and dignity of people with mental illness. Lastly, achievement by 2030 of the targets set out in the draft global strategy on oral health would require an integrated, interprofessional approach, equal access to care and improved data.

The representative of BRAZIL expressed support for all the documents under discussion, in particular the draft workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases. The rapid pace of epidemiological and demographic change had shifted the ground for public health policies, particularly with regard to chronic diseases and the elderly. In addition, the coronavirus disease (COVID-19) pandemic had heightened the need to make national health systems resilient in health emergencies and ensure continuity of care for the chronically ill. Going forward, efforts should focus on building strong, resilient and agile health systems, paying special attention to primary health care, so as to ensure timely prevention, diagnosis and treatment of noncommunicable diseases and promote mental health. A multisectoral approach was needed, as the social, economic and environmental determinants of health had a direct impact on noncommunicable diseases and their risk factors throughout the life cycle. Access to proper and healthy food was another key factor in the prevention and control of such diseases.

The representative of URUGUAY 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 the draft recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes, including potential targets. The tools and information generated by the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases must be made available more efficiently to officials at the highest level and to the technical staff in charge of planning, implementing and evaluating measures to prevent and control noncommunicable diseases. Coordination was required between the Global Coordination Mechanism and the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, especially in view of the recent establishment of the United Nations multi-partner trust fund to catalyse country action for noncommunicable diseases and mental health. Moreover, it was essential to promote the participation of civil society organizations and individuals living with noncommunicable diseases in decision-making and reporting processes.

The representative of the ISLAMIC REPUBLIC OF IRAN said that access to the risk calculation syntax in the WHO package of essential noncommunicable (PEN) disease interventions for primary health care protocol was needed before the release of the draft implementation road map 2023–2030 in order to increase the accuracy of risk estimates and significantly reduce both publication costs and the costs related to training service providers. Musculoskeletal disorders should be incorporated into noncommunicable disease programmes, surveys conducted of risk factors and surveillance carried out of high-risk groups, in particular in view of the ageing population. Vaccinations for high-risk groups should also be part of the main strategy.

The representative of INDIA said that the rising incidence of noncommunicable diseases was a cause for concern and required concerted action by all Member States. There was a need to educate the public about brain health, including the risk factors, and brain and mental health should be integrated to ensure the availability of early diagnosis and interventions. Interventions for children should include antenatal nutrition to prevent neural tube defects and the prevention of traumatic brain injuries at birth and neuroinfections. More research was needed to enhance understanding of the risks and vulnerabilities of neurological disorders. Interventions for mental health and well-being required a holistic, life course

approach, with treatment focusing on the specific needs of different populations based on gender, environment and vulnerabilities. Strategies were needed to prevent suicides, substance abuse and behavioural addictions, and the integration of modern and indigenous systems of medicine should be prioritized. It was also important to examine how to reduce the risk factors common to noncommunicable diseases, as well as to provide timely treatment, interventions for acute conditions, prophylaxis and rehabilitation, and to leverage digital technology for monitoring, capacity-building and programme evaluation, including service delivery through telemedicine. Lastly, global efforts to address noncommunicable diseases must be driven by strong and strategic leadership, cost-effective interventions and a multisectoral approach.

The representative of BRUNEI DARUSSALAM commended WHO's extensive work on the prevention and control of noncommunicable diseases, including the promotion of mental health. She provided details of the measures implemented by her Government to tackle those diseases and address mental health, and welcomed the support provided by the Secretariat in that regard. Her Government remained fully committed to achieving the voluntary global targets of the Global Monitoring Framework for noncommunicable diseases and supported the draft implementation road map 2023–2030, the draft recommendations to strengthen and monitor diabetes responses, and the draft recommendations for the prevention and management of obesity over the life course, including potential targets.

The representative of the ROYAL COMMONWEALTH SOCIETY FOR THE BLIND – SIGHTSAVERS, speaking at the invitation of the CHAIR and also on behalf of CBM Christoffel Blindenmission Christian Blind Mission e.V., the Handicap International Federation, the International Federation on Ageing and The Task Force for Global Health, Inc., welcomed the consideration given to disability in the draft intersectoral global action plan on epilepsy and other neurological disorders. Stronger measures were required to ensure that persons with disabilities and older people had equal access to noncommunicable disease services and inclusive, person-centred care, in line with their rights to equity, non-discrimination and full participation. In addition, disability and population ageing should be mainstreamed into all relevant documents on the agenda, including the draft implementation road map 2023–2030 and the draft recommendations on how to strengthen the design and implementation of policies to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies. To ensure that data systems were inclusive, data should be disaggregated by sex, age and disability, and upper age caps removed. Measures should be taken to address health inequities associated with the interactions of noncommunicable diseases with disability, age, gender and other factors, including poverty. Lastly, rehabilitation and long-term care services should be incorporated into relevant prevention and response programmes, and investment in disability- and age-inclusive community and primary health care should be increased.

The representative of JAPAN welcomed the draft recommendations relating to prevention and control of noncommunicable diseases in humanitarian emergencies. Noncommunicable diseases required ongoing management, and it was therefore of the utmost importance that health services received sufficient support to remain operational during emergencies. He welcomed the progress achieved to date to promote mental health but called for the acceleration of global and national efforts in that field, with WHO playing a leading role.

The representative of LEBANON commended the Director-General's report, including the draft recommendations on how to strengthen the design and implementation of policies to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies. She also expressed support for the draft implementation road map 2023–2030, especially in relation to accelerating national responses on the basis of contextual challenges. Intensified efforts were needed to tackle the heavy global burden of noncommunicable diseases, including mental health, while respecting country contexts and capacities and ensuring sustainable financing for population-wide interventions, particularly in countries experiencing emergencies or crises. Access to medicines and health care must be ensured. Current national fuel shortages seriously threatened the storage conditions

of medicines such as those used to treat cancers and other serious diseases; it was therefore crucial to ensure the availability of adequate and sustainable technical and logistical support. She looked forward to the development of the web-based simulation tool to enable countries to select a prioritized set of noncommunicable disease interventions and to the publication of the draft implementation road map 2023–2030 by the end of 2022. The Secretariat's support was vital in building stronger and more resilient health systems.

The representative of the REPUBLIC OF KOREA expressed concern that the COVID-19 pandemic was hampering progress in the prevention and control of noncommunicable diseases. The pandemic had shown that a comprehensive approach was needed that covered both physical and mental health conditions, and communicable and noncommunicable diseases. Support should be provided to Member States for the implementation of workplans such as the draft implementation road map 2023–2030. A Health in All Policies approach was also needed, as the prevention and control of noncommunicable diseases called for stronger multisectoral efforts encompassing, for example, socioeconomic support that took account of the social determinants of health. To that end, greater efforts should be made to share best practices for multisectoral cooperation on noncommunicable disease prevention and control.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND acknowledged the importance of the draft recommendations related to strengthening the provision of essential services for people living with noncommunicable diseases in humanitarian settings, which were particularly relevant in the context of the crisis in Ukraine, where such diseases were the leading cause of premature death. It was critical to enable access to life-saving treatment, particularly at the primary health care level, and to ensure adequate supplies of appropriate medicines and diagnostics to manage noncommunicable diseases; those elements of the draft recommendations must therefore be embedded in all ongoing and future emergency responses. In view of the impact of the COVID-19 pandemic on mental health and well-being and on existing inequalities, she welcomed the renewed focus on the importance of mental health services and prevention, via the WHO European Framework for Action on Mental Health 2021–2025, and the establishment of the pan-European Mental Health Coalition. She supported the inclusion of mental health and well-being in the global action plan for the prevention and control of noncommunicable diseases 2013–2030, in particular the emphasis on community-based approaches. In that respect, the SUCCEED Africa international research initiative would generate much-needed evidence on successful community based interventions to support people with severe mental illness.

The representative of the UNITED REPUBLIC OF TANZANIA expressed full support for the draft implementation road map 2023–2030 and outlined the action taken by her Government to prevent and control noncommunicable diseases. She recognized the importance of reviewing country strategies to engage and ensure alignment with various stakeholders in order to accelerate achievement of the voluntary global targets for noncommunicable diseases, and called for the provision of technical support to that end.

The representative of FIJI welcomed the comprehensive draft recommendations and, in particular, the guidance provided on the global action plan for the prevention and control of noncommunicable diseases 2013–2030. The challenges posed by noncommunicable diseases and mental health issues required urgent action, sustained awareness, financing and mobilization of a wide range of stakeholders, facilitated by the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases. A more intensive approach was required in regions where the prevalence of noncommunicable diseases was high, as in many Pacific island countries in the Western Pacific Region. A regional approach informed by the overarching draft implementation road map 2023–2030 would need to be constantly re-evaluated to ensure better synergies, ownership and implementation at the national level. Failure to address noncommunicable diseases was already placing a heavy burden on the health of future generations and having serious financial implications for the limited financial resources of Member

States in the Region. Effective programmes should be based on a Health in All Policies approach and health equity; the draft implementation road map provided a good basis for that work.

Efforts to prevent and control noncommunicable diseases, which had been disrupted during the COVID-19 pandemic, must now be scaled up, and health promotion, patient-centred education, early detection and diagnosis, and treatment prioritized. The 2021 SIDS Summit for Health had resulted in a number of strategies on the way forward in that regard, and the ongoing high-level deliberations on noncommunicable diseases held on the margins of the United Nations General Assembly would also contribute to those efforts. Initiatives to address inclusivity in respect of the determinants of health should be enhanced, and women included on an equal footing in noncommunicable disease decision-making, from governance to expert committees and from community to global institutions.

The representative of ETHIOPIA supported the draft implementation road map 2023–2030 and welcomed the engagement of all Member States in its development. He also welcomed the draft recommendations to strengthen and monitor diabetes responses and called on the Secretariat and other stakeholders to provide increased support regarding access to essential medicines such as insulin, diagnostics for diabetes and local production. He expressed satisfaction with the progress made in relation to implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020–2030 and outlined the steps that his Government had taken in that regard. Referring to the impact of the COVID-19 pandemic on overall service delivery and the importance of ensuring the availability of medicines and diagnostic facilities, he called on the Secretariat and other stakeholders to support Member States in the fight against noncommunicable diseases.

The representative of MALAYSIA noted that many Member States had had insufficient resources for the prevention and control of noncommunicable diseases even before the COVID-19 pandemic. However, in addition to allocating increased financial resources to health, it was essential to purchase health care resources strategically, in areas where investments were most cost-effective. She outlined the measures taken by her Government to tackle noncommunicable diseases, including the implementation of environmental health programmes, and commended WHO for selecting the theme of "Our Planet, Our Health: Clean our air, food and water" for World Health Day 2022. In terms of clean air, Malaysia had become a lead country for various tobacco control activities. Her Government would continue to work closely with the Secretariat, the secretariat of the WHO Framework Convention on Tobacco Control and other related agencies to strengthen the control of tobacco and related products.

The representative of THAILAND, noting that the COVID-19 pandemic had added to the challenges of combating noncommunicable diseases and ensuring mental health, said that urgent high-level action and a holistic approach were needed in response. Member States should develop and implement national action plans to address noncommunicable diseases and mental health. Enhancing health literacy so as to encourage behavioural change was also vital, both in the health and non-health sectors. During and after a health emergency, more people were affected by noncommunicable diseases and mental health issues than by the crisis itself. It was therefore imperative to integrate noncommunicable diseases and mental health into primary health care and emergency preparedness and response plans in order to strengthen health systems during crises. Coverage of care should be extended to the post-crisis period in order to include screening for post-traumatic stress and other mental health conditions.

The representative of NAMIBIA said that his Government was committed to adopting and implementing the global strategies and action plans aimed at preventing and controlling noncommunicable diseases and addressing mental health. He outlined the measures it had implemented to that end, including multisectoral action to strengthen the health system and improve access to, and the quality of, noncommunicable disease services.

The representative of COLOMBIA expressed support for the draft implementation road map 2023–2030. The support provided by the Secretariat should be focused on adapting implementation of the global action plan for the prevention and control of noncommunicable diseases 2013–2030 to the national context with a view to promoting the development of public policies for the management and control of noncommunicable diseases. Sustained high-level commitment, enhanced international cooperation and the promotion of intersectoral work were needed to maintain the pace of progress and increase achievements at the individual, family and community levels. The draft workplan for the global coordination mechanism contained important and relevant recommendations and measures, with a focused approach to the delivery of functions, clearly defined objectives and measurable and practical milestones. Accelerated action was required to implement those measures in view of the mid-term evaluation of the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases to be conducted in 2025 and the Mechanism's 2030 end date.

The representative of SRI LANKA, speaking on behalf of the Member States of the South-East Asia Region, said that, while the Region's Member States were at different stages in terms of the prevention of noncommunicable diseases, they shared a common goal of effectively implementing global strategies to accelerate the prevention and control of such diseases. Oral health was an integral part of well-being and should be integrated into primary health care, despite the high cost of dental treatment worldwide. It should also be an integral part of national health policies, as countries shifted from a curative to a preventive approach. In addition, it was important to have not only a global strategy, but also a plan of action with a mechanism for monitoring progress towards the achievement of set targets. It was a matter of concern to the Region's Member States that, a decade after the adoption of the WHO global strategy to reduce the harmful use of alcohol, no significant progress had been made. Progress should therefore be the goal of a comprehensive, effective and sustainable alcohol policy with the active and committed involvement of all relevant stakeholders. Successful implementation of alcohol control strategies required a high degree of public awareness and support, as well as an effective monitoring mechanism with regular reviews of national action plans at the regional level and evaluation at the global level.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR and also on behalf of the International Council of Nurses, the International Pharmaceutical Federation, the International Pharmaceutical Students' Federation, the World Confederation for Physical Therapy, the FDI World Dental Federation, the International Federation of Biomedical Laboratory Science, the International Federation of Surgical Colleges Limited and The International League of Dermatological Societies, expressed support for the draft implementation road map 2023–2030 and urged Member States and the Secretariat to work closely with health professionals for its successful implementation. A collaborative, interprofessional, community based and person-centred approach was needed to effectively address the burden of noncommunicable diseases. Effective noncommunicable disease care that included prevention, risk factor identification and mitigation, early screening and diagnosis could only be achieved through the integrated and complementary roles of multidisciplinary health care teams. Building the requisite workforce would require the protection, resourcing, training, career development and fair remuneration of health care professionals. Greater public investment in prevention strategies was essential and should encompass public health campaigns and programmes delivered and supported by the full range of health professionals. He strongly agreed that mental health should be discussed as a separate issue, given the current global mental health emergency.

The representative of AUSTRALIA welcomed the draft implementation road map 2023–2030 and commended the inclusion of a systems approach to tackle the complex issue of noncommunicable diseases. The draft implementation road map was closely aligned with her Government's strategic policy direction, which also called for strengthened partnerships and engagement and improved data, and highlighted the importance of research and its translation into implementation.

The representative of MADAGASCAR, observing that persons with noncommunicable diseases were more vulnerable than others to the effects of COVID-19, commended the Secretariat and Member States for implementing measures aimed at the care and treatment of persons living with such diseases and at preventing risk factors, especially during health emergencies. He outlined the strategies adopted by his Government to tackle noncommunicable diseases, improve oral health, eliminate cervical cancer and promote mental health, which were national priorities. Implementation of those strategies nonetheless required support from partners. He requested the WHO and its partners to provide support for the conduct of periodic WHO STEPwise surveys, the last such survey in Madagascar having been conducted in 2005.

The representative of the BAHAMAS said that the need for care and health services for people living with noncommunicable diseases did not wane during emergencies and that the risk factors were even magnified at such times. Strengthening emergency plans by integrating primary care was key to closing that gap. The draft workplan for the global coordination mechanism contained clearly defined objectives and practical and measurable milestones. She endorsed four of the five priority areas but expressed reservations about the fifth, as its implementation might prove to be too great a budgetary challenge. She commended the work and leadership of the Healthy Caribbean Coalition and the Caribbean Public Health Agency, and underscored the need for seed funding to advance their coordination of country-level support to address noncommunicable diseases at all levels of society.

The representative of SUDAN urged WHO to help boost national capacities to ensure optimum mental health care delivery and called for the provision of technical support to develop national mental health care policies that emphasized the shift from institutional services to complete integration in universal health coverage benefit packages. The draft workplan for the global coordination mechanism would play a key role in directing efforts to prevent and control noncommunicable diseases and achieve global targets. She welcomed the proposed support to guide Member States in engaging with the private sector, but called on WHO to clearly state that such engagement did not extend to industries that directly supported the production of unhealthy food products, tobacco or alcohol.

To facilitate coordination, partnership and the pooling of efforts, WHO should spearhead the development of platforms and databases for sharing information on the roles, locations and activities of different State and non-State actors. The success of the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases hinged on the commitment and leadership of Member States; the Secretariat should therefore strengthen the governance role of Member States, enabling them to better understand and contribute to the Mechanism's development, and to lead and monitor implementation on the ground. It was also important to adopt country-level operational indicators to monitor and evaluate the Mechanism's impact. She welcomed the draft recommendations on how to strengthen the design and implementation of policies to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies and stressed the importance of guaranteeing essential health services during humanitarian emergencies by investing in and building a multisectoral hazard system that functioned throughout their duration.

The representative of KUWAIT said that the full benefits of available tools and technologies were not being realized, many populations were being left behind, and structural, systemic and financial barriers to accelerating progress persisted as a result of the noncommunicable disease burden. He therefore expressed support for the global action plan for the prevention and control of noncommunicable diseases 2013–2030. The Kuwaiti Ministry of Health was working to strengthen preparedness to ensure continuous and uninterrupted primary health care services. To that end, it was important to build the capacities and tools needed to manage noncommunicable diseases during crises such as pandemics. Telemedicine, for example, had been widely used to deliver uninterrupted medical services during the COVID-19 pandemic. Early disease detection and screening among asymptomatic or presymptomatic individuals should be promoted and greater emphasis placed on health promotion and healthy living with a view to improving the quality of life of countless families and reducing the financial burden of health care in many countries.

The representative of BURKINA FASO expressed support for the draft implementation road map 2023–2030 and for the draft decisions. Noncommunicable diseases were the main cause of premature death and disability worldwide, especially in low-income countries, and the STEPwise surveys conducted in his country in 2013 and 2021 had showed that the risk factors common to such diseases were becoming increasingly prevalent. He requested the Secretariat to assist his country in obtaining support from technical and financial partners for the prevention and control of noncommunicable diseases.

The representative of MOZAMBIQUE emphasized that an integrated and holistic approach to communicable and noncommunicable diseases would enhance the implementation of long-standing preventive and treatment interventions, contribute to health systems strengthening, boost community involvement and lead to better health for all, particularly in low-resource countries. In her country, for example, action to prevent and control noncommunicable diseases would simultaneously help to save the lives of more than two million people living with HIV/AIDS and thousands more living with tuberculosis, two diseases that carried a higher risk for heart disease, mental health conditions, metabolic and neurological disorders, cancer and other degenerative diseases. Health workers were also vulnerable to mental disorders and cardiovascular disease, as they worked in conflict zones, under stress and in poor working conditions. With additional support, her Government would seek to expand its activities to prevent and manage mental health disorders among health workers in emergency and conflict settings.

The representative of NEW ZEALAND commended the Organization for its commitment to the prevention and control of noncommunicable diseases, including during the COVID-19 pandemic. The pandemic's impact on that area of work remained a serious concern, particularly in view of the significant health risks that noncommunicable diseases posed as a co-morbidity of COVID-19 and the inequities that COVID-19 had exposed at the global, regional and national levels. For example, like many other Member States, New Zealand had experienced a decrease in screening for cervical cancer during the pandemic, which had compounded long-standing inequities in screening for indigenous Māori and Pasifika women. She described the steps taken by her Government to address those problems and to promote mental health, another priority throughout the COVID-19 pandemic and beyond. In terms of tobacco control, her Government remained committed to being smoke-free by 2025 and was implementing strengthened legislative measures to that end. It stood ready to share its experience in developing and implementing such initiatives to support global efforts to prevent the huge toll of tobacco-related harm.

The representative of CHINA said that the draft implementation road map 2023–2030 would play a significant role in guiding Member States in their efforts to prevent and control noncommunicable diseases and would help to advance achievement of the Sustainable Development Goals. He supported the Secretariat's work at the country level to maintain health care services for chronic diseases during the COVID-19 pandemic and other crises, and the ongoing efforts under the Global Coordination Mechanism in that area. He urged WHO to pay close attention to the psychological impact of the COVID-19 pandemic on society as a whole, especially among children, adolescents and the elderly, and to develop more practical and effective prevention toolkits.

The representative of SAUDI ARABIA said that noncommunicable diseases and their risk factors remained a heavy burden despite international efforts to tackle them. There was a need to accelerate progress, and countries should therefore go the extra mile to meet target 3.4 of the Sustainable Development Goals and achieve the objectives of the global action plan for the prevention and control of noncommunicable diseases 2013–2030. His Government continued to implement interventions to prevent and control noncommunicable diseases in a way that was compatible with Saudi customs and society, while enhancing the capacity of primary health care and expanding universal health coverage. It would take account of the recommendations contained in the draft implementation road map 2023–2030 and those formulated in the final report.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR and also on behalf of the International Association for Hospice and Palliative Care Inc., the International Generic and Biosimilar Medicines Association, the International Society of Paediatric Oncology, and Vital Strategies, Inc., urged Member States and the Secretariat to align the draft implementation road map 2023–2030 with the "5 x 5 NCD agenda" and promote inclusive and integrated national approaches that leveraged synergies across disease types, driven by patient needs and national epidemiological profiles. Noncommunicable diseases should be integrated into national health strategies, including for pandemic preparedness, primary health care and universal health coverage. Steps should also be taken to improve data collection to monitor noncommunicable diseases, particularly among those aged under 30 and over 70, and to disaggregate data. WHO must better reflect noncommunicable diseases in indicators for health system performance, access to care and catastrophic health spending.

Domestic and international mechanisms should be used to increase resource mobilization for noncommunicable diseases and deliver patient-centred care. In that respect, the proposed prioritization tool could improve the effective use of scarce resources and should be used alongside existing tools. The role played by civil society organizations in national noncommunicable disease responses should be supported, and the engagement of people living with such diseases should be bolstered at all stages of relevant programming. Lastly, the best buys should be periodically updated based on the latest evidence, in view of the need for robust measures to protect policy-making from conflicts of interest and the interests of health-harming industries.

The representative of BAHRAIN, referring to the draft implementation road map 2023–2030, said that evaluations were ongoing in her country to strengthen national capacities to tackle noncommunicable diseases. A study of the feasibility of investment in the prevention of noncommunicable diseases had been carried out in cooperation with a number of international partners, including WHO, and work was continuing on implementation of the recommendations, the most important being monitoring, accountability, innovation and the promotion of participation and cooperation between different sectors. In terms of strengthening policy design and implementation, her Government supported the recommendations to integrate noncommunicable disease prevention policies into health preparedness plans in order to strengthen health systems. Referring to the preparatory process leading to the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, she said that it would be important to allow sufficient time to conduct proper consultations with Member States when preparing the Director-General's 2024 interim progress report.

The representative of TOGO said that her Government had been firmly committed to preventing and controlling noncommunicable diseases since 2011 when the results of the first national WHO STEPwise survey had highlighted the scale of the risk factors associated with such diseases. She therefore welcomed the draft implementation road map 2023–2030, which would accelerate implementation of the cost-effective WHO package of essential noncommunicable (PEN) disease interventions for primary health care. With support from the Secretariat, her Government was working to prevent and control oral diseases. The draft intersectoral global action plan on epilepsy and other neurological disorders was also a positive step, and her Government would work towards its application. Implementation by her Government of the global strategy to reduce the harmful use of alcohol would be facilitated by the recently adopted national strategy to prevent substance abuse, including alcohol. Lastly, she welcomed the recommended actions to prevent and control noncommunicable diseases and requested support for their implementation.

The representative of GERMANY said that the COVID-19 pandemic had revealed that real-life events affected people's mental health and that the same could be said of climate change, rising economic inequality, conflicts and political polarization. She therefore welcomed the fact that the comprehensive mental health action plan 2013–2030 acknowledged the social determinants of mental health and, in particular, its recognition of socioeconomic instability and discrimination against minorities as risk factors for poor mental health. The action plan could nevertheless benefit from the

inclusion of tangible recommendations on how to integrate mental health into other policy areas and of references to climate change and its proven direct and indirect effects on mental health. Member States should leverage the potential of their social policies to improve mental health outcomes, in line with the mental health in all policies approach.

The representative of BANGLADESH commended the Secretariat and the WHO Regional Office for South-East Asia for their efforts to prevent and control noncommunicable diseases and promote mental health issues, and outlined the comprehensive measures taken by his Government to that end. He stressed the need for evidence-based decision-making to formulate context-based and informed mental health care practices, as well as the importance of strengthening the health workforce so as to manage mental health disorders. Mental health should be addressed as part of the universal health coverage agenda, as it was crucial to ensure equitable access to, and availability of, good-quality mental health services. In that regard, WHO should prioritize sustainable funding for mental health with a view to accelerating progress on the issue.

The representative of BULGARIA commended the efforts of WHO and the United Nations to prioritize the prevention and control of chronic noncommunicable diseases with a view to achieving the Sustainable Development Goals, at a time when the growing prevalence of such diseases affected increasing numbers of people of all ages globally. Failure to address the issue would result in a serious burden not only on health but also on countries' economies, affecting future generations. The COVID-19 pandemic had significantly affected the prevention, care and treatment of noncommunicable diseases, disrupting health care services and causing even greater health inequalities. Efforts to prevent and control such diseases must now be accelerated, with a particular focus on mental health and well-being, which had deteriorated dangerously as people struggled to cope with the pandemic's socioeconomic impact.

The representative of JAMAICA described the steps taken by his Government to reduce the burden of noncommunicable diseases and meet the nine voluntary targets of the global action plan for the prevention and control of noncommunicable diseases 2013–2030, in particular in the face of the challenges arising from the COVID-19 pandemic. He looked forward to the completion of the draft implementation road map 2023–2030 and thanked the Secretariat for its work on the issue.

The representative of VANUATU endorsed the draft implementation road map 2023–2030 and welcomed the draft global strategy on oral health in view of the importance of improving oral health and learning good oral health behaviour from an early age to prevent oral diseases and reduce oral health inequalities. Vanuatu was one of the few countries in the Pacific to apply a systematic approach to cervical cancer awareness, screening, testing and treatment. He therefore recognized the importance of advancing implementation of the global strategy to accelerate the elimination of cervical cancer and expressed support for the proposed new regional framework for the comprehensive prevention and control of cervical cancer in the Western Pacific.

The representative of SURINAME, welcoming the draft implementation road map 2023–2030, outlined his Government's efforts to heighten awareness of noncommunicable diseases and promote access to care, including health-promoting care, using an evidence-based approach. It would assess the current status of the domestic response against the nine voluntary global targets under the global monitoring framework for noncommunicable diseases and target 3.4 of the Sustainable Development Goals and identify the barriers to, and opportunities for, scaling up the national response. In 2020, Suriname had been selected to participate in the WHO Framework Convention on Tobacco Control 2030 project, providing the country with an opportunity to access technical and financial support for better enforcement of, and compliance with, the domestic Tobacco Act. He reaffirmed his Government's commitment to providing strategic leadership on the issue of tobacco control and investing in tobacco control measures to protect the community from the adverse effects of tobacco use.

The representative of MONGOLIA, noting that the COVID-19 pandemic had affected service delivery for people living with chronic noncommunicable diseases, said that her Government had recently launched a nationwide screening programme to prevent, detect, diagnose and treat common noncommunicable and communicable diseases based on age, gender and health risks. The pandemic had demonstrated that there was a greater need for integrated approaches that addressed noncommunicable diseases and health emergencies simultaneously, in order to safeguard lives and livelihoods. She therefore welcomed the draft recommendations on how to strengthen the design and implementation of policies to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies.

The representative of the DOMINICAN REPUBLIC said that the impact of the COVID-19 pandemic on morbidity and mortality rates for people living with noncommunicable diseases had underscored the need for a new approach that strengthened public health policies by controlling risk factors and promoting healthy lifestyles and incorporated them into national response and recovery plans. His Government therefore supported the global action plan for the prevention and control of noncommunicable diseases 2013–2030. Intensifying efforts to tackle cardiovascular illnesses, diabetes, cancer, chronic respiratory illness, neurological disorders, and even congenital and hereditary defects as an integral part of universal health coverage represented a major challenge. He expressed support for the draft recommendations to strengthen and monitor diabetes responses, the draft global strategy on oral health, the recommended approaches regarding the promotion of mental health and well-being, and the proposals for more cost-effective and feasible interventions related to the Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through Implementation of the WHO Framework Convention on Tobacco Control, 2019–2025. Expressing support for the updated comprehensive mental health action plan 2013–2030, he highlighted the importance of establishing policies to fight stigmatization and raise awareness of mental health as an integral part of human health.

The representative of the UNITED ARAB EMIRATES said that her Government was committed to achieving target 3.4 of the Sustainable Development Goals and to reducing premature mortality and morbidity from noncommunicable diseases through prevention, early detection and treatment. She described the activities undertaken by her Government to that end, in particular with regard to diabetes control, obesity prevention and management, and the elimination of cervical cancer.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR and also on behalf of Alzheimer's Disease International, the Global Health Council, the International Association for Suicide Prevention, the International Diabetes Federation, the International Society of Nephrology, Movendi International, the World Cancer Research Fund International and the World Stroke Organization, commended the emphasis in the draft implementation road map 2023–2030 on the meaningful engagement of people with lived experience in the development of noncommunicable disease services. Their involvement would catalyse action where it had been insufficient and enable the roll-out of people-centred, impactful health promotion, as well as prevention, screening, management and palliative care services throughout the life course, which were prerequisites for the achievement of universal health coverage and Sustainable Development Goal targets by 2030.

He urged Member States to: adopt the draft decision recommended by the Executive Board in decision EB150(4); integrate noncommunicable disease and mental health indicators into health system performance and access metrics so as to rectify key gaps in existing global targets; apply the proposed guidance on whole-of-government and whole-of-society action and on benefits and risk management approaches for multistakeholder engagement to guard against unhealthy industry interference in policy-making; and step up investment through sustainable financing, including through the United Nations multi-partner trust fund to catalyse country action for noncommunicable diseases and mental health, for noncommunicable disease, mental and oral health services, as well as essential medicines and products, in order to safeguard the progress achieved to date and catalyse action where it was lacking. Basic investments in noncommunicable diseases, aligned with the WHO best buys, would allow

nearly all countries, including low- and middle-income countries, to achieve target 3.4 of the Sustainable Development Goals by 2030 while providing a return on investment.

The representative of MONACO, noting that mental health had been a public health priority for her Government for many years, said that the COVID-19 pandemic had brought home the extent to which mental health care was fundamental in the context of universal health coverage. The comprehensive mental health action plan 2013–2030 would help to advance collective progress towards that goal.

The representative of SAINT LUCIA said that the impact of the silent epidemic of noncommunicable diseases on families, productivity and quality of life could not be underestimated. Her Government had implemented a range of initiatives to combat those diseases, including in the areas of tobacco control, poor nutrition, excess alcohol consumption, physical inactivity, hypertension management, cervical cancer and oral health. She expressed support for the draft implementation road map 2023–2030, which would contribute towards the goal of one billion more people benefiting from universal health coverage.

The representative of TIMOR-LESTE said that the heavy social and economic burden of noncommunicable diseases, especially the marked increase in treatment costs and loss of productivity, undermined individual, family and community well-being. In addition, the COVID-19 pandemic had exposed treatment gaps in the area of mental health. The prioritization of mental health at all levels must continue in order to ensure an effective and comprehensive response. Comprehensive and integrated strategies and actions were also needed to strengthen promotion, prevention, care and rehabilitation, and to improve the quality of care for people with mental health issues. His Government was committed to implementing the comprehensive mental health action plan 2013–2030 and to integrating mental health services in primary health care with the aim of ensuring the availability and accessibility of mental health care for all, including people living in vulnerable situations and hard-to-reach areas. It looked forward to receiving continued technical support from WHO to strengthen comprehensive health care in the country.

The representative of SOUTH AFRICA expressed support for the draft implementation road map 2023–2030. Civil society and persons living with noncommunicable diseases had an important role to play in developing plans to prevent and control noncommunicable diseases, monitoring implementation and sustaining gains, which would require national capacity-building in the governance of multistakeholder engagement, cross-sectoral collaboration, and meaningful and effective partnerships. She was encouraged by the constructive recommendations for guiding an appropriate response to noncommunicable diseases in high-burden and resource-constrained countries. The use of innovative funding models, such as taxation of sugar-sweetened beverages, had enhanced the ability to respond to such diseases and move towards the goal of universal health coverage. She supported the comprehensive mental health action plan 2013–2030 and commended WHO on the development of the Special Initiative for Mental Health (2019–2023) in the context of universal health coverage. Lastly, she congratulated the Government of Norway and WHO on the launch of the Global Compact on Noncommunicable Diseases in Ghana, an initiative that would hopefully enable high-burden and resource-constrained countries to accelerate progress towards meeting their obligations on universal health coverage under Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages).

Dr Nakatani took the Chair.

The representative of DOMINICA expressed support for the draft implementation road map 2023–2030. The COVID-19 pandemic had precipitated and exposed the crippling effects of noncommunicable diseases, which could pose one of the greatest threats to the socioeconomic development of small island developing States with limited resources. Efforts to deal with such diseases should be grounded in primary health care, with health promotion and information, education and

communication plans playing an integral role. A multisectoral approach was needed, and the connection between noncommunicable diseases and legislation, for example the taxation of tobacco products and sugar-sweetened beverages, must not be overlooked. The involvement of people and communities was critical for the achievement of positive outcomes. Nongovernmental organizations and religious, sporting, farmer and other community groups must therefore be engaged in a whole-of-society approach that promoted healthy living as a lifestyle. Lastly, action to prevent and control noncommunicable diseases required strong political will and commitment.

The representative of INDONESIA said that the COVID-19 pandemic had disrupted the delivery of essential health services, hindering efforts by Member States to prevent and control noncommunicable diseases and achieve the related targets under the Sustainable Development Goals. His Government had implemented measures to strengthen national capacity to tackle such diseases, but required support from WHO for the development and strengthening of a surveillance system to monitor the achievement of global targets. He took note of the draft recommendations for the prevention and management of obesity over the life course and requested the Secretariat to provide Member States with support for their implementation. Close cooperation between Member States and relevant partners would facilitate the achievement of global targets by 2030.

The representative of MEXICO expressed support for the draft implementation road map 2023–2030. His Government had adopted a number of public policies to reduce exposure to modifiable risk factors for noncommunicable diseases and stood ready to share the lessons it had learned. It was regrettable, however, that the development and implementation of such policies, such as the promotion of breastfeeding or nutrition labelling, were hindered by interference from transnational commercial interests. The Secretariat should therefore improve the means of preventing such interference.

The COVID-19 pandemic had affected physical, social and mental health. It was essential not only to protect and promote people's well-being, but also to meet the needs of people living with mental health problems and tackle stigmatization and discrimination. The detection and treatment of noncommunicable diseases was important, but it was equally if not more important to prevent them; adopted strategies should therefore include specific activities to modify other determinants of health that were not considered as part of detection and treatment. By normalizing the consumption of alcohol and tobacco, sedentary lifestyles and poor nutrition, society was allowing the risk factors for noncommunicable diseases to be transmitted within families, from parents to their children. Lastly, he agreed that the draft implementation road map 2023–2030 should encompass person-centred care for persons living with disabilities.

The representative of the WORLD FEDERATION OF NEUROSURGICAL SOCIETIES, speaking at the invitation of the CHAIR and also on behalf of the International Federation of Surgical Colleges Limited, the World Federation of Societies of Anaesthesiologists, the International Society of Orthopaedic Surgery and Traumatology, the International Clearinghouse for Birth Defects Surveillance and Research, and Nutrition International, said that mandatory folic acid fortification of staple foods was the most effective strategy to prevent spina bifida and anencephaly. Fortified foods were a safe, effective, equitable and cost-effective way to provide folic acid at a critical time in pregnancy, without requiring any modification to behaviour. She urged WHO to adopt a resolution on mandatory folic acid fortification of staple foods at the Seventy-sixth World Health Assembly.

The representative of NEPAL described the activities undertaken by her Government to prevent and control noncommunicable diseases, which mainly affected younger people, including to promote tobacco control and encourage physical activity. Efforts to that end had been boosted by civil society and media engagement. Noting that inaction in many countries had led to a lack of progress towards the adoption and implementation of the policy solutions contained in the global strategy to reduce the harmful use of alcohol, she said that her Government had recently launched an initiative to promote alcohol control in collaboration with WHO and other partners.

Dr Gabunia took the Chair.

The representative of ECUADOR expressed support for the draft implementation road map 2023–2030. Health system capacities should be strengthened to effectively tackle noncommunicable diseases and the coverage of services in countries in the Region of the Americas must be improved in order to guarantee the right of all persons to health. His Government had adopted a range of prevention and control measures in line with the global action plan for the prevention and control of noncommunicable diseases 2013–2030 and regional policies. It was working with local and international institutions to implement programmes and strategies, such as the HEARTS in the Americas initiative, with a view to reducing premature deaths related to noncommunicable diseases. He called for a collaborative approach and support from the Secretariat to bolster health systems in order to accelerate progress and reorient national action plans towards achieving the nine voluntary global targets for noncommunicable diseases and target 3.4 of the Sustainable Development Goals.

The representative of IAEA said that cancer control in low- and middle-income countries remained a strong focus of her organization's work, including through joint activities with WHO and the International Agency for Research on Cancer. She thanked WHO for its support in the recent launch of the global Rays of Hope initiative, which would complement ongoing efforts to help Member States develop their cancer care capacities. Joint IAEA/WHO guidance was essential to help Member States address noncommunicable diseases. Recent joint publications included a framework for setting up cancer centres and a road map towards a national cancer control programme. She looked forward to continued strong collaboration between IAEA and WHO.

The representative of the UNITED NATIONS OFFICE FOR PROJECT SERVICES, speaking on behalf of the Scaling Up Nutrition Movement, noted that the prevalence of noncommunicable diseases in low- and middle-income countries was increasingly being driven by unhealthy diets and the simultaneous occurrence of undernutrition, overweight and obesity. She therefore applauded WHO for coordinating the Coalition of Action on Healthy Diets from Sustainable Food Systems for Children and All and for developing guidance for Member States on regulatory measures to restrict the digital marketing of breast milk substitutes. The global impact of the conflict in Ukraine, in addition to the impact of the COVID-19 pandemic, on food, fertilizer and fuel prices was rapidly affecting the ability of families to access nutritious food. The costs of addressing malnutrition were rising, yet the economic benefits of investing in nutrition were far greater. She called on Member States to step up their efforts to meet the nutrition targets endorsed by the Health Assembly and the Sustainable Development Goals.

The representative of the MEDICINES PATENT POOL FOUNDATION, speaking at the invitation of the CHAIR, said that a sustainable access mechanism for noncommunicable disease medicines was still lacking in low- and middle-income countries. She welcomed the recent recommendation of the WHO Expert Committee on the Selection and Use of Essential Medicines for her organization to explore voluntary licences so that innovative noncommunicable disease medicines, small molecules and biotherapeutics with a high potential could be listed and made available in the future. Her organization, with its experience in building partnerships with industry and other stakeholders and its track record in implementing public health licences, reaffirmed its commitment to working with WHO to improve the availability and affordability of essential medicines for noncommunicable diseases.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, urged Member States to request stronger action to tackle the commercial determinants of noncommunicable diseases, including in relation to air pollution and access to medicines. In addition, both the draft implementation road map 2023–2030 and the draft workplan for the global coordination mechanism encouraged public–private partnerships, without providing guidance on how to address conflicts of interest. The draft recommendations on how to strengthen the design and implementation of policies to treat people living with noncommunicable

diseases and to prevent and control their risk factors in humanitarian emergencies proposed a "package" solution to what was a structural health system problem; instead, such interventions should be integrated into comprehensive efforts aimed at health system preparedness. Lastly, with regard to the section of the report on progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health, the proposed mental health care model was based on purchasing commodified items of service and should instead promote mental health programmes that addressed barriers to justice and equity and were integrated into comprehensive primary health care.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had highlighted the urgent need to prioritize noncommunicable diseases in line with the "5 x 5 NCD agenda", including as part of preparedness and response plans for health and humanitarian emergencies. He called on Member States and non-State actors to develop and implement sustainable and people-oriented trans-sectional strategies focusing on the implementation of effective control and surveillance programmes while ensuring an inclusive, whole-of-society, Health in All Policies approach that recognized the role of all stakeholders, including young people and people living with noncommunicable diseases.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIR, said that, while the draft recommendations related to addressing the risk factors for noncommunicable diseases in humanitarian emergencies rightly called for strengthened policies and services, they also called for strengthened partnerships with the private sector but made no mention of breastfeeding or safeguards to protect against conflicts of interest. Corporations had no democratic accountability, and safeguards must be consistently integrated into all policies in order to stop inappropriate partnerships and ensure that public health policy decisions were not influenced by commercial interests. In times of crisis, baby food companies exploited public fears and donated inappropriate products that even claimed to build immunity. She welcomed WHO's support for the UNICEF-led statement warning of such risks in Ukraine.

The representative of the INTERNATIONAL SOCIETY ON THROMBOSIS AND HAEMOSTASIS, INC., speaking at the invitation of the CHAIR, said that prioritizing the prevention of venous thromboembolism was essential in order to meet WHO's aim of reducing deaths and disabilities from noncommunicable diseases. It was therefore crucial to develop and validate a relevant risk assessment tool. Her organization stood ready to lend its expertise and resources for that purpose.

The representative of the WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIR, congratulated WHO on its efforts to tackle noncommunicable diseases, in particular its strong focus on increasing access to palliative care in its work on eliminating cervical cancer. She requested WHO to: include access to palliative care in the monitoring of progress on noncommunicable diseases; ensure that palliative care was included in all work on noncommunicable diseases in humanitarian situations; and continue building access to palliative care for women with cervical cancer.

The representative of ALZHEIMER's DISEASE INTERNATIONAL, speaking at the invitation of the CHAIR, urged Member States to include specific wording and recommendations on people living with dementia in the draft recommendations on how to strengthen the design and implementation of policies to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies. People living with dementia had been disproportionately impacted by the COVID-19 pandemic. In other humanitarian emergencies, such as in Ukraine, issues of access to dementia medicines existed, and case studies had shown that those in the later stages of the condition often resisted or were unable to leave dangerous environments and were therefore frequently left behind. Publicly available safeguarding and protection polices and emergency response mechanisms often failed to explicitly mention those living with dementia, despite their vulnerability.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIR, called on Member States to implement noncommunicable disease strategies that supported efforts to achieve universal health coverage and resilient health systems. Such strategies should be integrated into national noncommunicable disease plans in order to avoid disruption to cancer services during health emergencies, such as that experienced during the COVID-19 pandemic. Her organization had issued a set of clinical practice guidelines on cancer service planning and prioritization that had been adapted to include guidance on cancer management during the pandemic.

The representative of HELPAGE INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed calls for a package of essential noncommunicable disease interventions for emergencies, which should meet the physical and mental health needs of older people and persons with disabilities and include access to services, medicines and assistive technology. Health workers must be trained to identify and support people to manage noncommunicable diseases through person-centred approaches that promoted healthy ageing. Older people and persons with disabilities must be involved in the design and delivery of noncommunicable disease interventions and preparedness and response plans. In addition, data should be inclusive and data on older people should be disaggregated by age, sex and disability, with no age caps.

The representative of the INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE, speaking at the invitation of the CHAIR, said that the prevalence of noncommunicable diseases contributed significantly to the high number of people who would benefit from rehabilitation globally. He called on Member States to integrate rehabilitation into all levels of the health system, include rehabilitation in home- and community based services, and to place rehabilitation on the agenda of the Health Assembly.

The representative of the INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS, speaking at the invitation of the CHAIR, highlighted the importance of pregnancy as the window to the future health of women and their families. Recognized pregnancy complications could predict the long-term risk of cardiovascular disease, and noncommunicable diseases could be transmitted across generations. He called on Member States to embed coordinated early interventions and ongoing prevention strategies in national health systems. Strategies based on a life course approach were underpinned by principles of human rights and equity and complemented efforts to achieve universal health coverage and the health-related targets of the Sustainable Development Goals.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIR, welcomed the focus on health system capacity and primary health care as a vehicle for the equitable and sustainable delivery of services, including palliative care. Palliative care delivered at the community level was the most sustainable means of relieving serious health-related suffering and bringing peace to people without access to diagnostic and treatment services and in conflict settings. The integration of palliative care into health systems strengthened health system capacity and protected against workforce burnout. Member States should train community health workers and all practitioners in the delivery of basic palliative care.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR and also on behalf of the Global Medical Technology Alliance, the Global Diagnostic Imaging Healthcare IT and Radiation Therapy Trade Association, and the Global Self-Care Federation, said that weak health systems were hampering collective efforts to deal proactively with health crises. The COVID-19 pandemic had served as a reminder that those with chronic conditions and co-morbidities were often the most vulnerable, and had demonstrated the importance of investment in the prevention and control of noncommunicable diseases and the need to include those diseases in national pandemic preparedness

and response plans. The private sector remained a critical partner in addressing gaps in the response to noncommunicable diseases.

The REGIONAL DIRECTOR FOR THE AMERICAS said that the contribution of noncommunicable diseases to adverse outcomes during the COVID-19 pandemic was well known. Noncommunicable diseases were the principle causes of ill health, death and disability in the Region of the Americas. Primary health care services continued to experience disruption in the context of the COVID-19 pandemic and the poorest health outcomes were a result of forgone or delayed care. The integration of noncommunicable diseases into universal health coverage and universal access was a priority and work was under way in collaboration with Member States to expand services, implement policies, interventions and technical packages, such as HEARTS, and improve diagnosis and treatment. Work had been strengthened on regulatory measures for tobacco control, alcohol reduction and healthy eating, in addition to measures to promote physical activity and clean air.

An ambitious telehealth initiative for noncommunicable diseases had been launched by PAHO together with several Member States with the aim of incorporating the needs of persons living with those diseases in the Region's digital transformation of health agenda. Advocacy and political engagement were crucial to maintaining governments' focus on noncommunicable diseases. The high-level technical meeting of national noncommunicable disease directors and programme managers from small island developing States, which would take place in Barbados in October 2022, and the ministerial conference of small island developing States on the prevention and control of noncommunicable diseases and mental health, which was scheduled to be held in Barbados in March 2023, would serve as part of the preparatory process for the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases.

The DEPUTY DIRECTOR-GENERAL welcomed the guidance and support from Member States on the issue of noncommunicable diseases, which represented a serious public health and development challenge. Noncommunicable diseases received only between 1% and 2% of official development assistance for health, despite being the world's leading cause of death. The objectives of the global action plan for the prevention and control of noncommunicable diseases 2013–2030 and targets of the Sustainable Development Goals were still far from being achieved. The draft implementation road map 2023–2030 would accelerate national responses through its three strategic directions, and was linked to an equally ambitious agenda to reduce environmental risk factors of particular importance to noncommunicable diseases, such as air pollution.

The Secretariat would build on the success achieved in the field of mental health, including by advancing implementation of the WHO Special Initiative for Mental Health, and would increase support for countries affected by humanitarian emergencies. Special emphasis would be placed on young people and adolescents. Since 2019, the Secretariat had been required to provide the governing bodies with consolidated reports on noncommunicable diseases. That requirement could, however, be modified at the request of and with agreement from Member States. She suggested that Member States should consider the issue during the intersessional period with a view to submitting a proposal on the matter to the Executive Board at its 152nd session

Alongside the lessons learned from the COVID-19 pandemic, a number of major issues had emerged, such as the need to address the persistent inequalities in health outcomes and determinants, including risk factors for noncommunicable diseases, social determinants and access to health services. The pandemic had also highlighted the lack of health system capacity to adequately address, prevent and manage noncommunicable diseases and the need to include those diseases in work on preparedness. Work on noncommunicable diseases should be integrated into existing global and national efforts in order to build the resilience of health systems; there was clear support from Member States for a focus on noncommunicable diseases and mental health through the radical reorientation of health systems towards primary health care. The Secretariat would also build on the work under the Universal Health Coverage Partnership and the Norwegian flagship initiative on noncommunicable diseases.

Special attention, increased investment and a multisectoral, all-hazards approach were needed to address the needs of people living with noncommunicable diseases in humanitarian emergencies. The

Secretariat would continue to lead advocacy work on mental health at the global level, including with the launch of the *World Mental Health Report* in June 2022, and through the incorporation of mental health in other policy areas, such as climate change, with related guidance to be published shortly. Multistakeholder engagement for the prevention and control of noncommunicable diseases would be strengthened through the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases. Calls for guidance on effectively working with non-State actors, including the private sector, would be taken on board. A leap forward was needed to take collaborative, coherent, multisectoral and multistakeholder action on the prevention and control of noncommunicable diseases and mental health. The implementation of effective measures to increase physical activity, reduce alcohol consumption and strengthen tobacco control needed to be scaled up as part of the draft implementation road map 2023–2030. Lastly, 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 would be critical in galvanizing momentum and placing countries on a sustainable path.

The CHAIR took it that the Committee wished to note 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 and the reports contained in documents A75/10 Add.2, A75/10 Add.5 and A75/10 Add.8.

The Committee noted the reports.

The meeting rose at 18:05.

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