World Health Organization

SEVENTY-FIFTH WORLD HEALTH ASSEMBLY **A75/A/PSR/9**
2022

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE NINTH MEETING

Palais des Nations, Geneva
Thursday, 26 May 2022, scheduled at 18:00

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

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NINTH MEETING

Thursday, 26 May 2022, at 18:20

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

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

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

(c) Draft global strategy on oral health

(e) Progress in the 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

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

- **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)

The CHAIR drew attention to 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 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 acceleration plan to support Member States in implementing the recommendations for the prevention and management of obesity over the life course 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 ECUADOR welcomed the adoption of the declaration on the WHO Framework Convention on Tobacco Control and recovery from the COVID-19 pandemic. He supported the outcomes of the ninth session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control and the second session of the Meeting of the Parties to the Protocol to Eliminate Illicit Trade in Tobacco Products, in particular on: strengthening research on tobacco and its derivatives

and linkages with the social determinants of health; ensuring adequate resources for implementation of the workplan and budget for the financial period 2022–2023; including actions to achieve targets 3.a and 3.4 of the Sustainable Development Goals; and exploring health system adaptations to support alternative delivery options for tobacco dependence and cessation services. He urged all Parties to the Convention to take action to bring about social, environmental and health-related change.

The representative of NORWAY expressed concern regarding the increasing global prevalence of diabetes, in particular type 2 diabetes in younger populations. It was vital to guarantee access to affordable insulin and improve prevention, screening, early diagnosis and care. She therefore strongly supported the draft recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes, including the proposed coverage targets. A global insulin price reporting mechanism was needed to increase transparency and reduce prices. She also supported the draft recommendations for the prevention and management of obesity over the life course, including potential targets. Early interventions to encourage a healthy diet and physical activity were particularly important, as were fiscal measures and marketing regulations in relation to unhealthy products.

The representative of CHINA, noting the progress made towards the elimination of cervical cancer, described the measures taken by his Government to integrate cervical screening into primary health care services, develop a domestic human papillomavirus vaccine and pilot a comprehensive treatment model, and hoped that the Secretariat would continue to support that work. The Secretariat should continue to leverage the advantages of platforms and networks to increase support for the development of human papillomavirus vaccines and related technologies. He supported the draft intersectoral global action plan on epilepsy and other neurological disorders in support of universal health coverage.

The representative of AUSTRIA expressed support for global action on the prevention and control of noncommunicable diseases and highlighted the need for an emphasis on prevention and health literacy. A joint political and systematic approach was needed to address the wider socioeconomic and commercial determinants of obesity and diabetes; the acceleration plan to support Member States in implementing the recommendations for the prevention and management of obesity over the life course would help to harmonize efforts. With regard to the elimination of cervical cancer, her Government was implementing an extended human papillomavirus vaccination programme to increase the coverage rate.

The representative of JORDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, highlighted the need to strengthen and monitor diabetes responses, catalyse action and enhance return on investment, in line with other actions aimed at curbing risk factors for noncommunicable diseases. She welcomed the development of a framework of action to integrate oral health into universal health coverage and outlined research undertaken at the regional level to advance 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. Other regional efforts included educational and legislative measures to reduce the growing prevalence of obesity. Action must be scaled up across all regions. Lastly, the achievement of tobacco control objectives, notably the target of a 30% reduction in tobacco use, would depend on national ownership and efforts and require increased coordination between Member States and the Secretariat.

The representative of CANADA said that, in line with the draft recommendations to strengthen and monitor diabetes responses, her Government was investing in diabetes research and interventions focused on risk factors and priority populations. She welcomed the identification of priority actions and the promotion of a new global narrative to help address the stigma associated with obesity. Oral health was essential to good health and well-being and required particular attention in communities facing barriers. She therefore supported the draft global strategy on oral health. She also supported the call to consider the classification of noma within the road map for neglected tropical diseases 2021–2030 and highlighted the need to ensure access to primary health care services to prevent the

disease. Her Government was committed to advancing the global strategy to accelerate the elimination of cervical cancer and recognized the importance of publicly funded human papillomavirus vaccination programmes for girls and boys.

The representative of FRANCE, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, the European Free Trade Association country and member of the European Economic Area Iceland, as well as Ukraine, the Republic of Moldova and Georgia, aligned themselves with his statement. Welcoming the setting of ambitious targets to improve the detection and management of diabetes, he emphasized that strategies to address diabetes must pay critical attention to health promotion and in particular to the prevention of overweight and obesity and the adoption of a healthy diet. A holistic approach to addressing noncommunicable diseases and their determinants and risks factors was essential, ensuring that noncommunicable disease management, determinants and risk factors were addressed together. The draft recommendations on diabetes and obesity should be complemented by an acceleration plan clarifying how the Secretariat would support Member States in implementing the draft recommendations based on individual country needs and priorities.

Oral health care should be considered an essential service, including during pandemics and other health emergencies. He welcomed the fact that the draft global strategy on oral health supported and promoted the move from a treatment-focused to a preventive approach. The integration of oral health care in primary health care services was key to the success of the draft global strategy, as was the Secretariat's leadership. A surveillance and monitoring framework with clear, measurable targets was also essential to assess the success of the draft global strategy. In addition, an action plan was needed that took into account regional disparities in terms of human resources, education and the burden of oral disease, as well as determinants of health such as tobacco, alcohol and unhealthy diets.

He welcomed the progress made in implementing the global strategy to accelerate the elimination of cervical cancer and stressed the importance of upholding sexual and reproductive health and rights, without discrimination, and of ensuring universal access to quality, affordable and comprehensive sexual and reproductive health education. The European Union and its Member States remained committed to ensuring access to condoms as a multipurpose prevention technology, and to the ramping up of human papillomavirus vaccine production to enable the world to vaccinate boys as well as girls with a view to achieving herd immunity. Access to cervical cancer testing and treatment was also vital and the Secretariat should provide support to Member States through country and regional offices.

The representative of NAMIBIA said that his Government was committed to the prevention and control of noncommunicable diseases and outlined the steps taken at the national level to prevent and control cervical cancer, including interventions for early detection, the introduction of a national human papillomavirus vaccination plan and the development of a national cervical cancer elimination strategy.

The representative of SENEGAL, highlighting the importance of reversing current obesity trends, welcomed the draft recommendations for the prevention and management of obesity over the life course and called on the Secretariat and the international community to support Member States in implementing them. He outlined the measures taken by his Government to address obesity and cervical cancer and expressed strong support for the recommendations on strengthening the engagement of the global community and partners in tackling cervical cancer, which could only be eliminated through harmonized action.

The representative of THAILAND expressed concern regarding the progress made towards the WHO 90-70-90 targets on eliminating cervical cancer and underscored the importance of raising awareness of unsafe sexual behaviour and of vaccination, screening, diagnosis and treatment services. Human papillomavirus vaccines should be made available to all girls. Regarding obesity, political commitment and evidence-based policies, such as pricing policies, were needed to tackle the commercial determinants and achieve the ambitious global obesity targets. Regular and timely monitoring of

diabetes targets was crucial and should be disaggregated into subnational and key population groups in order to promote greater accountability.

The representative of SOUTH AFRICA said that achieving the five proposed global diabetes coverage targets would contribute to the achievement of target 3.4 of the Sustainable Development Goals and other key instruments. Expressing support for an integrated approach to oral health with a focus on social determinants, she urged the Secretariat to promote further investment in school-based preventive programmes to reach the most vulnerable children. The recommendations on the use of dental amalgam as a restorative material, in line with the Minamata Convention on Mercury, should be pursued. Lastly, her Government supported the strengthening of synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control and was developing a national strategic plan for the control of tobacco products.

The representative of URUGUAY recalled that States Parties should incorporate the key measures of the WHO Framework Convention on Tobacco Control into national programmes and apply the Protocol to Eliminate Illicit Trade in Tobacco Products, as his own Government had done. His Government had developed a national road map for the transformation of food systems with a view to preventing and managing obesity. He supported the draft recommendations to strengthen and monitor diabetes responses and welcomed actions to tackle oral health. Strong policies were needed to promote screening and detection of cervical cancer, and human papillomavirus vaccination programmes for boys and girls.

The representative of MONGOLIA outlined the action taken by her Government to tackle cervical cancer, including as part of the national action plan on cancer control. Efforts were under way to include human papillomavirus vaccine in the national immunization programme. Her Government was committed to implementing the global strategy to accelerate the elimination of cervical cancer.

The representative of JAMAICA said that the launch of the Global Diabetes Compact would offer an opportunity to build momentum and prioritize a targeted response to the worsening diabetes epidemic. His Government continued to implement initiatives that strengthened access to essential diabetes care. He supported the recommended actions from the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases and welcomed the creation of the WHO Framework Convention on Tobacco Control Investment Fund to support tobacco prevention activities. He looked forward to continued support from the Secretariat and PAHO in reducing risk factors for noncommunicable diseases and improving care for those affected.

The representative of ISRAEL highlighted the critical role played by environment in managing obesity and diabetes. His Government had implemented measures to encourage healthy lifestyles, as well as innovative methods to treat diabetes, and was working closely with regional partners to tackle diabetes and obesity.

The representative of BRAZIL said that diabetes, oral health, cervical cancer and obesity were strongly connected to the social determinants of health and the prevalence of other diseases. Food and nutrition security, breastfeeding, healthy eating and physical activity should be promoted. Her Government had implemented school-based initiatives as part of efforts to encourage oral health self-care, and had introduced a national tobacco control policy, leading to a significant reduction in the number of adult smokers in the country. The elimination of cervical cancer would only be possible by expanding human papillomavirus vaccination coverage, reducing barriers to screening and improving treatment. Regarding diabetes, prevention and early diagnosis should be prioritized, along with guaranteed and affordable access to insulin.

The representative of AUSTRALIA expressed support for multisectoral action for the prevention and management of obesity over the life course and outlined his Government’s strategies to prevent,

reduce and treat obesity. Universal access to sexual and reproductive health services was critical to prevent and control cervical cancer and fundamental to achieving gender equality. Cervical cancer represented a high burden for health systems in many countries in the Western Pacific Region; he therefore welcomed the strategic targeting of resources in the Region to advance the global strategy to accelerate the elimination of cervical cancer. He drew attention to his Government's efforts on reducing tobacco use and nicotine addiction, noting that addressing these formed part of the broader noncommunicable disease agenda via the draft implementation road map. He commended WHO and the secretariat of the WHO Framework Convention on Tobacco Control for reciprocal reporting on relevant resolutions and decisions and encouraged further strengthening of synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control.

The representative of the REPUBLIC OF KOREA welcomed the declaration on the WHO Framework Convention on Tobacco Control and recovery from the COVID-19 pandemic and highlighted the need to strengthen tobacco control measures as part of pandemic-related public health policies and recovery efforts. His Government had taken several steps to develop a tougher regulatory environment. However, international collaboration and information sharing were needed to reinforce tobacco control policies. His Government was engaged in discussions to ratify the Protocol to Eliminate Illicit Trade in Tobacco Products and looked forward to the establishment of an international collaboration mechanism.

The representative of JAPAN expressed support for the draft recommendations to strengthen and monitor diabetes responses, and the draft recommendations for the prevention and management of obesity over the life course and related acceleration plan. She also supported the draft global strategy on oral health and called for the development of an action plan to support its implementation. Her Government would continue to share its technical experience in preventive and curative oral health services. She welcomed the report on strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control.

The representative of MALDIVES welcomed WHO's efforts to eliminate cervical cancer. She outlined national efforts to implement the global strategy to accelerate the elimination of cervical cancer, including steps taken to roll out human papillomavirus vaccination and make screening more widely available.

The representative of PERU supported the draft recommendations for the prevention and management of obesity over the life course and emphasized the need for technical and financial support from WHO and PAHO for their effective implementation. To tackle obesity and its associated burden of disease, his Government had introduced a range of educational and regulatory measures to promote healthy eating and physical activity.

The representative of the RUSSIAN FEDERATION said that the increased prevalence of noncommunicable diseases due to the COVID-19 pandemic meant that active work was needed by Member States on the global action plan for the prevention and control of noncommunicable diseases 2013–2030 in order to achieve Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). Diabetes was a growing cause of disability and mortality worldwide; resolution WHA74.4 (2021) would be an important tool in that regard. Expressing support for the draft global strategy on oral health, including the elements regarding cancer prevention and the analysis of risk factors, she said that her Government was committed to working with the Secretariat and Member States on the issue. She stressed the importance of prevention and treatment of obesity, including through the draft recommendations and economic measures such as taxes on sugar-sweetened beverages and subsidies for fresh produce. Member States should speed up the introduction of human papillomavirus vaccination, as well as screening and treatment of pre-cancerous and cancerous cells to tackle cervical cancer.

The representative of BHUTAN said that the COVID-19 pandemic had increased the visibility of mental health, which in turn had highlighted the need to strengthen support and had created opportunities for dialogue, action and investment. Outlining measures taken by his Government to prioritize mental health, he underscored the importance of whole-of-society and community- and workplace-based approaches to prevent mental illness and promote mental health and well-being throughout the life course.

The representative of GHANA said that obesity was a major risk factor for many noncommunicable diseases and detailed the range of measures taken by his Government to address the issue. Member States should invest in healthy lifestyles and well-being to reverse the current upward trend in both child and adult obesity.

The representative of COLOMBIA, noting the progress made in the implementation of the global strategy to accelerate the elimination of cervical cancer, said that his Government was working towards the WHO 90-70-90 targets and had developed strategies to reduce the contribution of HIV to the cervical cancer burden. The priorities set out in the draft global strategy on oral health would help to bolster political commitment, thereby improving the allocation of the financial, technical and human resources required to achieve the related objectives. Further support was needed to build technical capacity, in particular in relation to human resources and infrastructure.

The representative of SLOVAKIA thanked the Director-General for his leadership in the field of noncommunicable diseases, especially cancer. The commitment of WHO to working with partners to achieve the goals of the global strategy to accelerate the elimination of cervical cancer was particularly welcome given the impact of the COVID-19 pandemic on progress. To reduce cervical cancer incidence and mortality, emphasis should be placed on the readiness of health systems, the safety and effectiveness of new technologies and evidence-based guidelines. A better understanding of how to ensure the sustainability of programmes globally and nationally was also important. Paediatric, hereditary and rare cancer diseases should be included in WHO's Global Initiative for Childhood Cancer, which her Government was co-piloting. She welcomed the creation of the Global Platform for Access to Childhood Cancer Medicines by WHO and called for further work on interventions to tackle noncommunicable diseases, which should be linked with efforts to achieve the objectives of the 2030 Sustainable Development Agenda and beyond.

The representative of SUDAN, drawing attention to the high level of undiagnosed diabetes in her country, called on the Secretariat to consider setting intermediate targets for diabetes detection and enrolment in treatment. Investment in preventive measures was needed, in addition to further commitment and progress towards achieving global targets related to healthy diet and physical activity. Non-State actors should support the integration of diabetes into existing noncommunicable disease packages and primary health care services. Her Government would continue to invest in digital solutions to improve the availability of quality, real-time data on noncommunicable diseases. Although steps had been taken at the national level to improve cervical cancer screening, there was an urgent need to establish referral pathways and people-centric linkages throughout the continuum of care. She called on the Secretariat to provide technical guidance and support for the development of a national cervical cancer elimination strategy.

The representative of the UNITED STATES OF AMERICA expressed support for efforts to prevent oral diseases, including through comprehensive, evidence-based strategies appropriate to the national and local context. The Secretariat should work more closely with the private sector to advance goals on oral health. She emphasized the importance of human papillomavirus as a causative agent of oropharyngeal cancers and the role of vaccination in their prevention. She welcomed the focus in the global strategy to accelerate the elimination of cervical cancer on scaling up human papillomavirus vaccination, screening, detection, early diagnosis and treatment and recognized the critical importance of integrating screening, detection and early diagnosis with sexual and reproductive health services and

of addressing the burden of cervical cancer among women living with HIV. The Secretariat, Member States and other stakeholders should support both the continued scaling up of human papillomavirus vaccines – including in partnership with Gavi, the Vaccine Alliance – and cooperative research to promote more timely and lower-cost cervical cancer control and elimination. Relevant health systems should be strengthened to evaluate progress towards the 2030 goals. Lastly, she welcomed efforts to address obesity and the focus on country-level action in the acceleration plan to support Member States in implementing the recommendations for the prevention and management of obesity over the life course. The national context must be taken into account in the related proposed actions and targets.

The representative of TIMOR-LESTE welcomed the guidance provided by the Secretariat to accelerate the elimination of cervical cancer, which was particularly important for the small island nation of Timor-Leste where essential health services were difficult to maintain and human papillomavirus vaccination, screening and treatment costs were high. Nevertheless, the elimination of cervical cancer would be achievable with technical and financial support from development partners and the global community, and innovative options for purchasing screening tests and other approaches to optimize costs should be explored. The development of a comprehensive national cervical cancer control programme was already under way thanks to guidance and technical support from the WHO regional and country offices.

The representative of INDONESIA expressed support for the draft recommendations to strengthen and monitor diabetes responses. The Secretariat should continue to promote access to better technology for diabetes management and affordable insulin. It was clear that substantial gaps remained in progress towards achieving universal health coverage for oral health. His Government continued to make efforts to improve oral health, including through the integration of health services and use of digital technologies. He outlined the national measures implemented to reduce the incidence of cervical cancer and increase early detection. To ensure quality and achieve the WHO 90-70-90 targets, WHO should continue to promote an integrated, multi-disease approach and sustainable and resilient health systems; develop effective country strategies based on lessons learned from the impact of the COVID-19 pandemic on essential health services; provide high-quality technical support; and improve the quality of cervical cancer surveillance.

The representative of the BAHAMAS said that her country was unable to commit to achieving the five proposed global diabetes coverage targets on the basis of current population-based survey data. Similarly, although efforts had been made to improve outcomes for cervical cancer, the target of an incidence rate of below four per 100 000 women remained out of reach. Robust public education campaigns were needed to accelerate action. She welcomed the draft global strategy on oral health, which effectively highlighted the link between oral health and noncommunicable diseases. In relation to the draft recommendations for the prevention and management of obesity over the life course and related acceleration plan, the Secretariat should consider adding a workstream on community empowerment, with clear health literacy tools, and should expand normative standards for the food manufacturing industry by setting minimum standards for the nutrition content to be displayed in restaurants and supporting countries to develop the regulatory capacity required to monitor them.

The representative of PANAMA urged States Parties to remain vigilant with regard to the tactics used by the tobacco industry to interfere in the establishment and implementation of public health policies on tobacco control. At a time of great uncertainty during the COVID-19 pandemic, the tobacco industry had suggested that tobacco consumption would stop people from becoming infected with COVID-19, and had also provided financial resources to the pandemic response. However, the declaration on the WHO Framework Convention on Tobacco Control and recovery from the COVID-19 pandemic stated that tobacco use was a major risk factor for noncommunicable diseases and that both tobacco consumption and noncommunicable diseases contributed to developing severe COVID-19-related illness, placing an additional burden on health systems. He therefore commended WHO for applying the Framework of Engagement with Non-State Actors in the case of a COVID-19

vaccine developed using financial resources from the tobacco industry. He called on all States Parties to avoid such engagement with the tobacco industry and de-link actions related to COVID-19 from tobacco industry interference.

The representative of TUVALU welcomed the draft implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030. Noncommunicable diseases, especially diabetes, remained a major challenge in many Pacific island countries. Her Government had developed a national strategy on noncommunicable diseases, which would contribute towards the achievement of target 3.4 of the Sustainable Development Goals. She requested support from the Secretariat and development partners to turn the Healthy Islands vision into reality, achieve the Sustainable Development Goals and ensure that people across the Pacific lived long, healthy and productive lives.

The representative of the UNITED REPUBLIC OF TANZANIA, describing the levels of tobacco use in her country, said that few national tobacco cessation facilities were available. Support from the secretariat of the WHO Framework Convention on Tobacco Control had enabled the development of a national tobacco control strategy, and further work was under way to accelerate implementation of the Convention. States Parties should support alternative delivery options for tobacco dependence and cessation services in line with Article 14 of the Convention.

The representative of MEXICO welcomed the development of the acceleration plan to support Member States in implementing the recommendations for the prevention and management of obesity over the life course, which should promote integrated, intersectoral prevention and control efforts, including transformation of the food system, and capacity-building at all levels. It should also address the commercial determinants of health. International coordination was vital to develop evidence-based public policies. Accountability would be improved through a common framework to monitor and evaluate the progress made by countries, without which it would be difficult to bring about the necessary transformation. Support from the Secretariat was essential to limit interference from multinational producers of highly processed food and beverages that were harmful to health. The Secretariat must take a firm stance on the actions of such companies.

The observer of GAVI, THE VACCINE ALLIANCE, said that global supply shortages and the COVID-19 pandemic had disrupted the delivery and uptake of human papillomavirus vaccines, particularly in lower-income countries. Improving vaccination coverage would require increased investment and sustained domestic funding, including for the promotion of disease prevention and the integration of vaccination programmes into national health systems. She therefore called on Member States to recommit to accelerating human papillomavirus vaccination coverage; ensure equitable provision and access to cervical cancer prevention services and interventions, namely vaccination, screening and treatment, with special attention paid to girls and young women, vulnerable populations and those in need; and prioritize sustainable disease control through significant investments and a holistic approach encompassing all life stages.

The representative of UNFPA thanked the Secretariat for the ongoing support provided to countries to implement the interventions recommended in the global strategy to accelerate the elimination of cervical cancer despite the challenges posed by the COVID-19 pandemic. The UNFPA Strategic Plan 2022–2025 positioned reproductive cancers and other morbidities within the UNFPA comprehensive framework on sexual and reproductive health and rights across the life course, while the Joint Global Programme on Cervical Cancer Prevention and Control enabled participating agencies to provide global leadership and technical support to governments to build and sustain high-quality national programmes and ensure equitable access to services. The elimination of cervical cancer was achievable but would require Member States to invest in human papillomavirus vaccination and screening, diagnosis, treatment and care services and address health inequities.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIR, welcomed the draft recommendations for the prevention and management of obesity over the life course and the commitment to biannual reporting. She also welcomed WHO's commitment to supporting selected front-runner countries with implementation of the draft recommendations through the acceleration plan, but expressed concern regarding the lack of accountability and support for implementation, especially for non-front-runner countries, which could lead to continued inaction and a failure to meet targets. An overarching framework, such as a global action plan, was needed to support comprehensive action in all countries, reduce fragmentation and ensure that no one was left behind.

The representative of the INTERNATIONAL AGENCY FOR THE PREVENTION OF BLINDNESS, speaking at the invitation of the CHAIR, drew attention to the global burden of diabetic retinopathy and highlighted the need to integrate associated control strategies into diabetes care, including by setting a specific target within the broader diabetes targets.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, welcomed the efforts of WHO and non-State actors to prevent and control noncommunicable diseases and their risk factors by establishing ambitious targets and comprehensive plans as part of a multistakeholder approach. She called on all stakeholders to implement policies that promoted equitable access to quality services while taking into account the social, environmental and commercial determinants of health and noncommunicable diseases and ensuring continuous health systems strengthening.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, called on WHO to develop clear recommendations targeting the commercial and social determinants of health. The food and agriculture industry must not be allowed to influence policy-making, such as taxation and food labelling. In relation to cervical cancer, screening and treatment should be promoted in addition to human papillomavirus vaccination, and a comprehensive primary health care approach should be favoured over vertical interventions.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, highlighted the high global burden of oral disease. She supported the draft global strategy on oral health and called on WHO to include the voices of young people in strategic global health partnerships and policy implementation.

Dr Nakatani took the Chair.

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

The meeting rose at 20:15.

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