Statement by Zimbabwe on Agenda Item 6, Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases,

• Oral health

Mr Chair,
Director General,
Distinguished delegates,

Zimbabwe aligns its statement to the one delivered by Madagascar on behalf of the WHO Africa Region. We thank the Secretariat for the reports and commendable work.

Mr Chair, We are concerned that progress in preventing and controlling premature death from Non Communicable Diseases has been inadequate and that many countries remain off track to achieve the related Sustainable Development Goals. In this regard, we call for greater political and financial commitment to NCDs.

Chair, We also note with concern that in low-and middle-income countries, the premature mortality rate due to diabetes increased in the reporting period. The overall lack of progress in addressing diabetes as a public health problem is particularly also concerning as people living with diabetes are at a higher risk of developing severe COVID-19 symptoms.

Consequently, we look forward to the Director General’s report to WHA74 including the Annex on major obstacles in achieving the diabetes-related targets in the Global Action Plan and other proposals to ensure the efficient achievement of diabetes-related objectives to catalyse enhanced action.

Mr Chairperson, with regards to oral diseases, we are concerned over their high prevalence. It is also concerning that oral health care is often not covered in primary health care, leading to high out-of-pocket expenditure which many especially in developing countries cannot afford.

In light of the foregoing, we recommend that there be increased mobilisation of resources especially flexible funds including in the context of the ongoing discussions on the programme budget and sustainable financing. We also believe that to achieve greater progress there is need for oral health to be effectively integrated into NCDs, Universal Health Coverage, neglected tropical diseases and environmental health.
In conclusion, the training of the oral health workforce should be designed to foster integrated, people-centred health services by enabling interprofessional education, task shifting, a wider team approach that involves mid-level and community health providers as well as the development of ‘best buys’ interventions on oral health.

I thank you.