WHO Watch Daily Report for WHA70
Daily report 30th May

Proceedings of Committee A

The committee started by adopting the Fifth Report of Committee A without any objections.

Sub-Item 16.1 - Progress in the implementation of the 2030 Agenda for Sustainable Development

Today's discussion on sub-item 16.1 was a continuation of yesterday's discussion. Member states confirmed their commitment to achieving the SDGs. **There was some disagreement on the issue of sexual and reproductive health rights (SRHR).** Sweden, speaking on behalf of sixteen countries, promised full implementation of all treaties in order to realise the SRHR rights and commitments set out in them. Poland noted that SRHR were a contentious issue amongst member states, and urged that the human rights of both mother and child be protected. In light of this Poland objected to abortion being used as a method of family planning.

Member states (MS) asked for clarification on a number of issues. Switzerland requested **more information about how the WHO budget would be aligned with work programmes** for specific SDGs, and on how the WHO will contribute to and report on high level consultations on SDGs. South Africa asked the Secretariat to clarify when it would **finalise the indicators** it planned to use for its programme of work on SDGs, and urged in to **ensure that the budgets for SDG work programmes would be sustainable over time**. Nepal also emphasised the need for a strong monitoring mechanism on SDGs. The USA welcomed the report but criticised it for containing dated data and called on the WHO to collaborate with partners to **collect timely and good quality data, and to make this available through the WHO data portal.**

Many MS, as well as the Secretariat for the Framework Convention on Tobacco Control (FCTC), emphasised that progress through SDGs would be made possible through **multisectoral collaboration**. Japan and Chile both emphasised the **importance of UHC as a mechanism for mitigating inequalities in health and achieving the SDGs**.
The session closed with a discussion about how WHO should report on its progress on the implementation of the SDGs. Zambia proposed that the DG continue to **report every two years on progress on health-related SDGs.** This proposal was accepted by the committee.

Sub-Item 16.2 - The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond

Discussion on this topic centred on the argument that a successful approach to international chemicals management depends on a **multisectoral approach**. Uruguay, the Philippines, Germany, Mexico, and Pakistan all argued that this issue was not the responsibility of the health sector alone, and that substantial improvements had to be made by other sectors involved in chemicals production, management, etc. However, Baharain argued that the

health sector had to take the lead in any multisectoral approach. Many MS called for the WHO to provide **technical assistance and health systems strengthening at national level in order to ensure better implementation, risk reduction and assessment, design of evidence-based interventions, and knowledge generation** in this area. The African and the America regions both spoke about the need for good quality data and ongoing research in this area.

Other MS emphasised oversights in the report. Canada and the Philippines called for **adequate financing for the implementation of the roadmap** on chemicals management. China argued that a **global agreement on hormone disrupting chemicals is needed**. Iraq argued that the report did not sufficiently address the **needs of vulnerable groups**. Thailand endorsed the draft, but requested **regulations on nanomaterials and POPs**. Pakistan highlighted the need for a c**ommon framework for evaluation of implementation efforts.** It also argued that **priority setting** would be important in implementing the recommendations in LMICs. At the end of the discussion the committee noted the report.

Sub-Item 16.3 - Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): adolescents' health

Most MS gave updates on national policies aimed at improving the health of women, children and adolescents. The African region asked the Secretariat for more data that is disaggregated by sex and age. Indonesia expressed appreciation for the inclusion of adolescents (as distinct from children) in the report. Once again SRHR were a flashpoint. For example, Poland expressed concern about the definition of SRHR in the report and stated that it could not accept this definition. South Africa welcomed the report but sought clarity on the recommendations it contained, i.e. it felt that it was not clear whether MS were expected to adopt the recommendations, nor how the recommendations related to existing UN instruments.

Afternoon session

Sub-Item 16.3 continued: Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): adolescents' health

The afternoon session in Committee A kicked off with the continuation of the agenda sub-item 16.3 Women, Children and Adolescent Health. There were still plenty of countries that were on the speakers list, starting with Namibia, which aligned with the statement of Mozambique and others. Most importantly, they called from full range of quality and sexual and reproductive health services. Iraq spoke on the behalf of EMRO region group, highlighting the particular challenges in the region and their reiteration by conflict and war in the region. As many states/regional groups reassured that maternal and child health is of top-priority and called for multi-sectoral approach to address these issues. Some countries like Germany highlighted that women empowerment is the key to gender equality. Canada spoke on the behalf of 16 member states and yet again reiterated the importance of full access to crucial services, importance of prevention and response to violence and action on FGM and child marriage. They also stressed the importance of good quality of collecting gender-based data. Several countries dedicated large portion of their speeches to presentation of their progress and implementation of their national plans, frameworks and

policies. Kenya highlighted, among other things already mentioned, the need for sustainable financing. Links between MCH and Universal health coverage were made and stressed in several statements. The main thing remains to develop further efforts to address challenges to adolescent health. USA called for the need to improve data and urged MS to continue prioritising efforts and mainly wanted to make clear that US does not support abortion nor recognises the global strategy as it does not create any new legal rights or obligations in MS - which implies the global gag. Thailand highlight that making a strategy is not enough - action plan with political commitment and capacity needed.

Apart from member state actors, other agencies spoke. Firstly, it was the head of secretariat of FCTC, who talked about the fact that while the rates for male smokers is now declining, for women and children it is now rising rapidly, especially among disadvantaged groups. FCTC Secretariat to work in collaboration with WHO on Gender Equity and will continue to work with them and others to strengthen their efforts in the future. Secondly, the UNFPA spoke, welcoming the report and urging specifically for continuous efforts to focus on adolescents. They also highlighted their 3 main priorities. IFRC talked about how young people should be included in all councils and how youth organisations should develop and scale up.

After the intergovernmental organisations, a number of non-state actors also spoke. The list of NSAs making a statement on this issue: Global Health Council, Inc., International Alliance of Women: Equal Rights-Equal Responsibilities, International Association for Hospice and Palliative Care Inc., International Federation of Medical Students' Associations International Secretariat, International Planned Parenthood Federation, IntraHealth International Inc., Medicus Mundi International, The Save the Children Fund, The World Medical Association, Inc., Union for International Cancer Control, World Heart Federation, World Vision International.

The secretariat responded by repeating some of the main points mentioned by the MS. There are huge cost benefits if we dealt with many issues of NCDs and the origins of NCDs are rooted in childhood and adolescence. Issues like FGM and violence were also covered. Mentioned how we have a global strategy portal that looks at 64 indicators to monitor outcomes and results. Also covered streamlined data: we have brought on UHC, SDG, violence and so on. This year it was adolescents and next year, the focus will be on early childhood.

The report was noted and agenda item was closed.

Sub-item 14.2 Vector Control

Most of the countries supported the document, some countries made several distinctive comments, eg. the links between high incidence of spread of communicable diseases due to migration and also about environmental aspects of vector control. Saudi Arabia spoke on behalf of EMRO and also mentioned links to migration and called for special support during emergencies. Panama called for measures focused on sustainability. Necessity of multisectoral approach to this issue has been highlighted by a number of countries including France. Niger emphasized the crucial roles of communities in addressing this issue. Brazil: Call WHO on developing a comprehensive framework on Vector Control 2017-2030,

Gambia: Call for WHO to draft a comprehensive strategy of Vector Control which will lead to achieve SDGs. A number of countries have also highlighted that WHO should take the leading role in providing technical and financial assistance in fighting this issue. Loss of human resources have been highlighted as one of the key challenges by a number of countries.

Secretariat responded: Document developed through fast-tracked process in wake of zika and yellow fever outbreaks and rising incidence of dengue, chikungunya and already massive burden of malaria. Key objective to build political momentum. Development of response after EB139. Consultation process (2 consultations) engaged MS and range of partners. MS expressed support for draft GVCR and proposed draft resolution, which was developed in past few months. At EB were asked to make changes, which have done. ave highlighted need for combination of scaling up vector control measures that are effective in multiple diseases & environmental measures, involving communities and intersectoral approach, enhanced surveillance, build peripheral capacities for surveillance, link this with other initiatives, including ethical aspects of interventions. Will promote and guide development of new strategies thru vector control advisory group, especially control of Aedes. Will continue to support implementation plans of regions. Thanks the MS for their strong support. Resolution was adopted.

Agenda item 17 Progress report was subsequently discussed lastly, however, the watchers did not follow this debate.

Proceedings of Committee B

Sub-Item 15.4 - Outcome of the Second International Conference on Nutrition

The committee continued the previous day's discussion of sub-item 15.4. Three UN Agencies - the FAO, UNSCN and the WFP - expressed their commitment to offer continued support to improve education on nutrition, eliminate malnutrition, encourage MS to develop national plans on nutrition, and to encourage implementation of the ICN2 framework for action. This was followed by the committee noting the report.

Sub-Item 15.1 - Preparation for 3rd High-Level Meeting on NCDS to be held in 2018

The committee continued yesterday's discussion of sub-item 15.1. For the main part, this item was re-opened so that NSAs could deliver their statements on it. After they did so, the committee noted the report without objections. The Chair then asked the Chair of the informal working group of this sub-item, New Zealand, to report on its work. It noted that, following one country reserving its position, a consensus was eventually reached to invite Committee B to adopt as written the draft resolution recommended by the EB in EB-140.R7 and to endorse the updated Appendix 3 from the GAP-NCDs 2013-2020. The committee approved the resolution without objections. The USA and Italy expressed some reservations about the resolution. The USA emphasised that they didn't see Appendix 3 as creating legal rights of obligations under international law, but rather as setting out non-binding guidelines that MS could consider when designing interventions. They emphasised the sovereign rights of nations to determine domestic laws and policies, including tax laws and policies. Both Italy

and the US were not convinced that the efficacy of the recommendations in Appendix 3 could be supported with reference to empirical evidence. They also emphasised an approach to preventing and managing NCDs that emphasised eating all foods in moderation, and with an appreciation for the cultural practices surrounding foods in MS. The Chair closed the discussion by again stating that the Committee adopted the resolution EB140.R7 but that the position of the US delegation would be duly noted.

Sub-Item 15.5 - Report of the Commission on Ending Childhood Obesity: implementation plan

During the discussion on sub-item 15.5 almost all MS reported that childhood obesity (CO) was a serious problem, and that it had become worse in recent years. Many MS used the opportunity to report on their progress in addressing this issue. The vast majority of these plans focused on educating children about how to make better nutritional choices and to remain physically active. Schools were often identified as a key site where children could be targeted for education. In short, many national policies typically focus on behavioural interventions.

Some MS emphasised the importance of addressing malnutrition during a child's formative years by encouraging exclusive breastfeeding for at least 6 months, and to regulate breast milk substitutes. They therefore identified the need to improve maternal health as an important component of ending CO. Others emphasised the importance of policies that address obesity throughout the lifecourse, and in taking into account the social determinants of health and their contributions to the increasing burden of CO. Crucially, the UAE called for the need to also strengthen food systems in order to ensure that the problems of malnutrition and CO were addressed.

Many LMICs reported that they had, or intended to, tax sugary drinks in an effort to combat CO. They requested technical support in order to draft and implement legislation aimed at regulation unhealthy foods, particularly excessive consumption of sugar, salt, alcohol and transfats. Several MS felt the issue of CO could only be effectively addressed through cooperation with all stakeholders, including the food industry, which should be encouraged to produce healthier formulations of unhealthy foods, comply with new food labelling laws, etc. Some MS from Latin America indicated that they had changed public procurement regulations so as to favour small local farmers, or local foods without transfats and added sugars, when purchasing food.

The US once again emphasised that it was concerned about the prescriptive language of the report, and that it regarded it as inappropriate that the report contained language usually reserved for binding agreements. Like Italy, it emphasised the need for evidence-based policy and that priority be given to local circumstances in deciding on policies to combat CO. It suggested several revisions. In response to this the Chair proposed that the sub-item be moved to a working group for further discussion. Ghana objected that it was too early in the discussion to do so. The Chair then decided to advise that the working group commence its work at 1pm, so as to first provide for an exchange of views in the committee.

At the end of the discussion the Secretariat noted the calls for technical support, and indicated that it was willing to assist LMICs in particular. It also mentioned that it may not have sufficient funds to offer financial support. The Secretariat also noted that it would be giving priority to assisting small island states in addressing CO, as their burden of CO was particularly high. It also emphasised that the various reasons for obesity in children should be taken into account when designing policy. For example, obesity should not only be seen as the result of behavioural choices. It could also be seen as a diseases of the endocrine system, in which case medical interventions may also be required. The discussion on the sub-item was suspended at 1pm, to give space to the informal working group to start its work.

Afternoon session

Sub-Item 15.6 - Cancer prevention and control in the context of an integrated approach

Again, majority of countries supported the document and some made some additional comments or recommendations. Links between cancer prevention and control and universal coverage and strong health systems was made by a number of countries, including India on behalf of SEARO. Most of the countries talked about their national policies and country updates. Zambia talked on behalf of AFRO, talks about limitations of the countries to address this issues in terms of HR, generally a lot more needs to be done in the African region to tackle the rising incidence of cancer in general. The problem of getting accurate stats and data on cancer in the region still remains an issue. More emphasis needs to be put on prevention of cancer worldwide that links to lifestyle factors and other aspects contributing to other NCDs. The unaffordability of new cancer drugs has been mentioned in some of the LMIC speeches, especially with regards to palliative care. Australia mentioned the importance of cancer registries.

Subsequently, the floor was given to non-state actors. After that, the Secretariat responded. They mentioned that about 40 percent of countries do not have cancer guidelines. Members states have asked for better coordination between HQ and region - they will aim to do it in the future. Welcomed the adoption of this resolution. Start working tomorrow with MS and CSOs for prevention, treatment and palliative care.

India proposed an amendment. The Amendment will replace sub para 10 OP2-To synchronize and integrate the periodic report on progress made into the timeline of the NCD prevention and control as in resolution. The Committee accepted the resolution with the amendments.

Sub-Item 15.7 Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control

Most of the countries welcomed the report presented, some made some comments. A number of countries presented/talked about their national policies/strategies during their speeches. Philippines asked WHO to strengthen their advocacy work and ensure effective measures to tobacco control. Eritrea spoke on behalf of AFRO region, and highlighted the spread of new tobacco products as one of the key remaining challenges. Surinam called for

second-hand smoking to be controlled too through effective measures. As with many issues, the need for multi-sectoral response is being mentioned in many of the speeches. Thailand mentioned the need to address corruption/financial accountability, also mentioned the lack of human resources and how it results in the weakness of the FCTC. Almost everyone speaking highlighted the need to tackle tobacco use in terms of it links to NCDs.

After MS spoke, non-state actors were given the floor.

The resolution was adopted with the amendment of wording proposed by Norway.

Sub-Item 15.8 - Prevention of deafness and hearing loss

All of the countries who spoke supported the document and made some comments. The negative social and economic consequences, which make deafness a serious health problem were highlighted by a number of countries. By many countries, WHO was asked to provide technical assistance that will enable each country to prevent deafness and hearing loss. Congo suggested modification of the report - para 2 and 6 to add adults and older persons. Zimbabwe highlighted the need for specialised Human Resources for deafness and the need of quality training of health professionals. Algeria spoke on the behalf of AFRO region, concerned with the extent of suffering due to hear loss. Takes note of key role of prevention. African region furthermore welcomes cooperation between WHO and International Telecommunication Union. Korea spoke on behalf of the South Asian region. They also highlighted the impact of the conditions on economy. Moreover, they mentioned infections due to unsafe use of sound devices. The measures adopted by WHO should integrate with the health systems of the region to prevent hearing loss including the primary health system.

The deliberations were to continue till 9pm. The Watch did not follow any further discussions on this issue.