### Highlights from the first day of the 132nd Executive Board (Geneva, Monday, 21.01.13)

The 132nd Executive Board started on Monday 21st January 2013 in Geneva.

### Item 2. Report by the Director-General\_Document EB132/2

After adopting the agenda, Director General, Dr. Margaret Chan, gave her **opening speech** which is available at: <u>http://www.who.int/dg/speeches/2013/eb132\_20130121/en/index.html</u>

# Item 3. Reports of the Programme, Budget and Administration Committee of the Executive Board (Documents EB132/3 and EB132/43)

The chair of the Programme, Budget and Administration Committee (PBAC) of the Executive Board (EB) opened the agenda item presenting the report to the EB for comments.

Speaking on behalf of the European Union (EU), Lithuania said that improving financing of the WHO is not an end in itself but a mean to ensuring that the WHO can deliver. It also requested the Director General to explore options for the work of the governing bodies, added that increasing of assessed contribution is not an option, and welcomed the proposal around improved financing and the assessment of the full financing dialogue.

The United States of America (USA) said they are pleased with the outcomes of PBAC and that "considering the deadline, there is no need for an immediate action, but it is an important item to take into consideration".

Switzerland expressed its concern about the improvement of resource mobilization activities and the late release of documents emphasising that it undermines the quality of discussions. It also recalled the need to create subgroups with specific specializations.

Cuba was of the view that the meeting of PBAC should be held in December in order to allow additional time to look at the report. The country also said that the existing financial gaps need to be addressed, and that **more voluntary contributions from Member States have to be provided, when possible**. Cuba finally suggested the need to look at donors with caution because of the possible influence on the independence of WHO.

Cameroon, speaking on behalf of the African Region, expressed its support to the proposal of having the entire approval of the budget at the WHA. It also appreciated the budget allocated for polio and the possibility for the eradication to became a reality. Concerning human resources, Cameroon expressed the need for adjustments for recruitment and improvement of gender balance.

Closing the discussion on the PBAC report, the Director General of WHO thanked Member States for their comments and assured them by saying that **more information on how the financial dialogue should be run will be provided.** She also pointed out that, concerning the financial dialogue, it is not important who will participate, but which would be the expected outcomes.

#### Item 4. Report of the Regional Committees to the Executive Board (Document EB132/4)

The session concerns the presentation to the EB of the reports of the Regional Committees, as stated in the decision WHA 65(9). The introduction of this practice origins in the proposal for enhancing alignment between the Regional Committees and the Executive Board, and it calls for the Regional Committees to submit routinely to the Board a summary report on the advances on the global agenda.

This practice was appreciated by all Member States and represents a first step in the process of harmonisation of the work of the Regional Committees, but it has to be defined which further steps are following. Interesting issues have been raised by Mozambique on behalf of the African Region concerning the need to prioritise universal health coverage, as well as capacity-building and the strengthening of health systems, and to consider them issues to be reached as necessary steps to gain further advances in the global agenda.

The DG monitor "We must live within the budget" sounds like a reminder on the missing increase of the assessed contributions, and set a clear position that this practice doesn't intend to represent a consultation and requests by Member States will not be taken into account.

A final notice came from the European Committee about the next session, that will take place from the 16 to 19 September 2013 in Turkey instead of Portugal, as previously defined, because Portugal will not be able to support the event due to the financial situation.

#### Noncommunicable diseases

### 6. 1 Draft comprehensive global monitoring framework and targets for the prevention and control of noncommunicable diseases (Document EB132/6)

Member States congratulated WHO for its work on the global monitoring framework and welcomed the new draft on the NCDs action plan. Member States recognised risk factors, social determinants of health and equity in the fight against NCDs. Many also stressed a primary health care approach. They also emphasised the need to strengthen health information systems and capacity of countries. Member States also stated that country and regional specifics need to be taken into account. Regional offices should provide technical support. The USA, Cuba and Malaysia agreed with the proposal supported it without reopening the discussion. and Some countries from EMRO were reluctant to approve a larger set of targets because of the lack of monitoring systems in those countries. Some MS of EMRO find the current proposal too demanding and may not fulfil the request. Nigeria, on behalf of AFRO, asked the WHO to include the targets into the official work of WHO for the period 2014-2020. Timor-Leste stated that they are struggling with the shortage of the Health Workforce while Brazil noted that it had one single

strategy on NCDs. Maldives argued that border control on harmful goods such as tobacco, food and beverages harmful to health needs to be taken seriously. Morocco proposed a fund similar to the Global fund on TB/Malaria for scientific, technical and financial backing for NCDs. Panama sought to add palliative care, especially for cancer. Ecuador supported the initiative, stating that the next initiative is the fight against abuse of alcohol. Russia sought an intersectoral approach, including states, civil society and private institutions.

The NGO World Health Professions Alliance argued that there was a need to strike a balance between reducing mortality & morbidity, as well as the need for a target on sugars. Sugar should be no more than 10% dietary intake.

The Assistant DG stated that the unprecedented decision to allow NGOs to participate in the process was 'one of the key things behind our success'. A data base and information monitoring system is needed – WHO should be well placed to spearhead the global effort "within the limit of available resources".

The EB, having considered the report, decided to endorse the comprehensive monitoring framework for the prevention and control of NCDs and requested the DG to prepare a draft resolution for the WHA consideration.

## 6.2 Draft action plan for the prevention and control of noncommunicable diseases 2013–2020 (Document EB132/7)

Member States sought further work on the action plan before it arises at 66 WHA. Member States also sought integration of existing WHO strategies on tobacco, alcohol, healthy diet and physical exercise to be linked to the NCD action plan, as well as mental health. Norway did not agree with separation on action plan for NCDs and mental health while Myanmar requested collaboration between all technical units working on NCDs work together to avoid duplication. The EU concrete process indicators and sought not iust outcomes. Member States requested a regional dimension to the action plan and for WHO to include the existing regional strategies on NCDs on the website to compliment. They emphasised the role of country offices. Some of them also stressed a "health in all policies" approach. Members of the EMRO asked to revise the action plan for clarity, stating that the WHO actions were too broad and that it is not clear what needs to be done to strengthen country capacity. Actions should take into account country specificities, be focused and take into account regions. AFRO stressed the need for strengthening health systems to drive social determinants of health and risk factors. USA said that hearing from the NGO sector before Member States was useful and that this kind of process could be used in the future. Australia stated that indigenous people, children, maternal and gender issues would give the document more richness.

Mongolia requested an international convention on alcohol control while Cuba proposed to use the same references in this document for alcohol, including measures to have an impact on

sensitisation, awareness raising, community action. Thailand sought a separate section on implementation mechanisms. The action plan should protect and safeguard public health from any conflict of interests. They noted the impact of bilateral and multilateral trade agreements for countries. The action plan should support Member States to ensure access to medicines and technologies, crucial for functioning health systems and some are unaffordable in low income countries. TRIPS flexibilities should be better reflected in the draft action plan.

The International Labour Office urged for consideration of a plan for workers and occupational diseases. NGOs advocated for inclusion of oral health, as well as a people and patient centred approach.

The Director General, reflecting on comments by Mongolia in 6.1 and Cuba in 6.2 for an Framework Convention on Tobacco Control type framework on alcohol, stated that the only consensus at the moment is on the harmful use of alcohol. "I need to hear member states - do you agree or not on a convention? The secretariat is here and will be guided by you". The decision was to hold informal discussions in March with NGOs and the private sector with a plan to go ahead with a revised action plan to the 66th WHA. The Assistant DG asked member set and clarify the role of NGOs states to and the private sector. The NCD Alliance has also provided an update on the progress on NCDs at the 132nd EB on the first day here:

http://us4.campaign-archive1.com/?u=f8751cb14c745b632f0e2871c&id=a8f0325d17&e=020e0fbf35