

## Highlights from the First Day of the 66<sup>th</sup> World Health Assembly

20<sup>th</sup> May 2013

### Opening of the 66<sup>th</sup> World Health Assembly (WHA) and Election of President

The 66<sup>th</sup> WHA convened this morning in Geneva. Dr. Shigeru Omi of the Japanese Ministry of Health was elected as President of the Assembly. An additional five vice-presidents were elected from Haiti, Ukraine, Nepal, Angola, Oman.

### Side Event

#### **Public-Private Partnerships for Addressing NCDs: Food labeling other innovative instruments for involving the private sector and making healthy choices easier**

A side event hosted by the Netherlands, Canada, and Singapore concerning national strategies for cooperating with the private and public sectors to improve and reduce the impact of NCDs was held during the lunch break. The purpose of this session was to share examples of how governments, the private sector, and civil society groups have made innovative efforts to intervene in matters related to diet and physical activity. Examples of such interventions included 1) the introduction of the healthier ingredient logo in collaboration with the private sector and 2) the implementation of the government of Canada's widespread, [government-funded healthy eating awareness and education initiative](#).

#### **For information about this event:**

<http://www.choicesprogramme.org/events/wha-lunch-event-public-private-partnerships-addressing-ncds>

### Director General's Address and the Beginning of Committee Meetings

WHO Director General, Dr. Margaret Chan, addressed the Assembly this afternoon. In her speech, Dr. Chan made references to many of the Assembly agenda items including:

- (In)security and preparedness for new and emerging diseases,
- The post-2015 agenda and the Millennium Development Goals (MDGs),
- The importance of access and the appropriate use of medicines,
- The continuing plight of communicable disease,
- The rise of noncommunicable diseases (NCDs),
- The growing health workforce crisis,
- The significance of neglected tropical diseases (NTDs),
- Opportunities associated with universal health coverage (UHC).

Notably, Dr. Chan emphasized the need to ensure that the MDGs are incorporated into the post-2015 agenda. Strong comments were also made to make clear that WHO remains opposed to any sort of cooperation with the tobacco industry given that “there are no safe tobacco products”. However, Dr. Chan did note that while recognizing the conflicting interests of the food and alcohol industries, WHO must work with these stakeholders, as there are “healthier foods and beverages”.

Dr. Chan concluded her address by emphasizing the importance of improving “access to care and equity” to promote social wellbeing.

For a complete transcript of Dr. Chan’s opening speech, please visit the following link: [http://www.who.int/dg/speeches/2013/world\\_health\\_assembly\\_20130520/en/index.html](http://www.who.int/dg/speeches/2013/world_health_assembly_20130520/en/index.html)

## **Committee A**

*Draft comprehensive global monitoring framework and targets for the prevention and control of noncommunicable diseases (13.1)*

*Draft action plan for the prevention and control of noncommunicable diseases 2013-2020 (13.2.)*

Delegates of USA and Libya presented the drafts of the monitoring framework and plan of action indicating that it was developed based on long term consultation process. Libya representing 14 member states, which were involved in the drafting, called for forming a drafting committee to seek consensus among member states.

A large number of delegates commented. The discussion can be concluded in the following points:

- Several delegates requested the establishment of a **drafting committee** to further work on the plan of action and monitoring framework to reach consensus. Norway suggested that the monitoring framework should be adopted and only the plan of action is referred to a drafting committee. Russia nominated the USA to chair the drafting committee, which was supported by several states.
- The global voluntary targets are very ambitious especially for LMICs. There is need for national and sub-national targets. There is also a need to reduce the efforts needed for the observatory. It should depend on mapping the existing data and identify the gaps to limit the production of primary data (Bhutan on behalf of South East Asia).
- The monitoring system should also look at the social determinants of NCD (Thailand, Iran, UK).
- The role/leadership of the WHO secretariat is important in terms of providing technical support to member states to achieve the targets; monitoring the

implementation of targets at different levels; and provide reports. (Bhutan on behalf of South East Asia, Australia, Thailand, Bangladesh).

- The NCDs prevention and control should be in the post-2015 developmental agenda (Bhutan on behalf of South East Asia).
- The focus on equity was highlighted to address the uneven burden of NCDs.
- Palliative care should be strengthened
- The link between the current instruments (the action plan and monitoring framework) and similar instruments in other conventions especially the Tobacco were highlighted (Australia).
- The role of private sector is clear and important for coordinate global response (Australia). The need to further emphasis on the multi-sectoral coordination was spelled out by several countries (Vietnam, Botswana on behalf of Sub-Saharan Africa, Iran).
- The monitoring framework should focus more on measuring policy indicators (Ireland: on behalf of EU).
- There is a need to address the conflict of interest through safe guards (UK)