PHM daily briefing of the WHO 140 EB Meeting: Day 6 (January 28, 2017)

The short Saturday session (9:30 am – 12:30 pm) covered:

- agenda item 10.1 on Preparation for the third High-level Meeting of the General Assembly on the prevention and control of non-communicable diseases, to be held in 2018;
- part of agenda item 10.2 on a Draft Global Action Plan on the public health response to dementia (to be continued Monday 30 January); and
- agenda item 10.6 on Physical Activity (a very brief item which had been added on the first day of the Executive Board meeting).

10.1 - **Preparation for the third High-level Meeting of the General Assembly on the Prevention and** Non-Communicable Diseases

Though somewhat unclear from its name, this agenda item provided an update on WHO's overall coordinating and norm-setting work related to NCDs. The relevant document (EB140/27) contained an update on the Secretariat's technical assistance work for tackling NCDs, including three specific global assignments:

- updating Appendix 3 to the global action plan (GAP) for the prevention and control of NCDs 2013–2020 (which is a menu of policy options and cost-effective interventions to assist Member States (MS) in achieving the nine voluntary global targets for the prevention and control of NCDs);
- developing a draft approach for registering and publishing contributions of non-State actors to the achievement of the nine voluntary targets for NCDs; and
- setting out a proposed workplan for the WHO's Global Coordinating Mechanism (GCM) on the prevention and control of NCDs for 2018-2019.

The document also mentioned that the Secretariat is coordinating evaluations of the GAP for NCDs and of the GCM for NCDs during 2017. In preparation for a comprehensive review of progress on NCDs by the UN General Assembly at the third High-Level Meeting (HLM) on the prevention and control of NCDs in 2018, the Director-General will prepare a report on progress in achieving the commitments in declarations from previous high-level meetings, and the Secretariat will hold global and regional multisectoral informal consultations of MS will be held between October 2017 and May 2018.

In general, most MS declared their support for the Secretariat's work on NCDs and preparation for the third high-level meeting, including the GCM workplan and preparations for the 2018 HLM.

Most of the discussion focused on the proposed resolution to endorse the revised Appendix 3. Many MS spoke in favour of endorsing it, while others asked for more transparency regarding the evidence base for policy prescriptions and interventions therein. Canada and New Zealand requested more information about the analyses of the evidence that informed the inclusion of policy options, as well as full CHOICE (cost-effectiveness) assessments. New Zealand specified that there should be convened a technical discussion of the evidence and that analyses and evidence should be published through open access. Some countries made similar comments, but focused specifically on the addition of recommendations for taxation of alcohol and sugar-sweetened beverages t in the revised version of the appendix. The USA explicitly criticized the inclusion of these policy prescriptions and Italy said that it would block the inclusion of the sugar-sweetened beverage provision without more information regarding the CHOICE analysis.

Norway emphasized lifestyle-related factors and the role of cities and need for optimal urban planning. In their statements, Colombia (EB member) and Pakistan recognized the underlying socio-economic issues/social determinants of health shaping NCDs and Ecuador emphasized the need for a preventative approach. Pakistan and South Africa cited the importance of health systems and primary health care as key features in addressing NCDs. Pakistan noted that barriers to progress include a lack of high-level political commitment and, along with others such as Jamaica, Kuwait, the

Democratic Republic of Congo, and Algeria (on behalf of the African region), noted the challenge of implementation and inadequate resource mobilization. Other countries mentioned the role of unhealthy commodity industries in shaping NCDs, including Jamaica, as well as Panama, Uruguay, and Ecuador who were quite strong in citing the power of industry and its 'pernicious' impact. Ecuador focused on concerns regarding nutrition, citing scientific evidence of the harmful impact of corporate practices, and arguing for the need for regulation of the food industry and private sector influence in implementing actions within the NCD agenda.

A number of MS stated the importance of multi-sectoral action and the need to cooperate with non-state actors (NSAs) on NCDs, including Kuwait, Monaco, and the USA, while Algeria (on behalf of the African region) stated that non-state actors should follow WHO directives.

Regarding the draft approach for registering contributions of non-State actors to NCDs, Norway agreed that the registering system should be self-reporting, and that participation criteria should be selective, also specifying that the registry of NSAs should not dilute the responsibility of state actions. India stated that it supports the faster development of the approach for registering contributions of private sector, however it specified that conflicts of interest are not only with the tobacco industry but could be with several others such as alcohol, beverages, and other food industries. The draft approach for registering contributions from the private sector, they argued, must therefore be consistent with the FENSA and must have a sound conflict of interest policy. They suggested increased use of IT platforms for implementing such an approach in a cost-effective way and to smoothen needs of transparency.

We presented a statement calling for, among other things, greater articulation of the management of conflicts of interest: https://extranet.who.int/nonstateactorsstatements/meetingoutline/7.

The response by the ADG for NCDs and Mental Health, Dr. Chesno, began with thanks to all stakeholders involved in the NCD agenda, explicitly thanking the private sector, with which he stated they work closely. His response was very general and did not address the concerns raised by MS about the harmful impacts of private sector practices on health. He focused on certain points raised by MS such as the importance of urban planning and emergencies. He thanked the countries that finance this area and said that they lack funds but are not complaining and with the support of the DG have had enough funding to move forward.

Regarding the amendment proposed by the US to bracket the term 'endorse' in the draft resolution, France expressed that they'd rather it not be so but in light of concerns raised by many MS about the need for the evidence to support the technical proposals in the revised Appendix 3 they did not oppose but that there is a need for an exclusively technical briefing on these policy prescriptions ahead of the WHA. New Zealand stated that the ADG didn't respond re the technical documentation and also stated that provided that it is provided then the amendment is fine. The ADG said that this documentation would be provided and that they would spend time in consultation with MS on this issue. Based on the amendment proposed by the US to bracket the word 'endorses' in the draft resolution, the Chair proposed to change the text in the resolution to 'consider' draft resolution rather than 'adopt' it since they cannot adopt a resolution with bracketed text.

10.2 –Draft Global Action Plan on the public health response to dementia

The topic Draft Global Action Plan on the public health response to dementia was deliberated on and the Executive board was asked to take note of the action plan.

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The discussion was restricted only to dementia and the topics of previously used category of organic mental disorders were not mentioned. The discourse of Executive Board and the non EB members on the topic is as follows.

The member countries declared their support for the draft action plan that was released and expressed that it was an opportunity to strengthen the management of dementia. It was accepted that dementia is a high priority with a large burden. To tackle it, strengthening of the systems is needed, with an emphasis on a multisectoral approach. Member countries supported the implementation of the action plan in all three levels of the WHO, i.e. the global, regional and local levels. Involvement of the community was one of the most stressed area of focus for dealing with dementia, this further included the needs of caretakers also.

The WHO was appreciated for the emphasis on creating awareness and early diagnosis of dementia. Integration with other NCDs, including stroke/thrombosis treatment was pointed out to be a roadmap in dealing with the issue of dementia. WHO was asked to help MS with technical matters of dementia. Also, the importance to prepare Indicators as a necessity to the successful implementation and monitoring of interventions was mentioned.

An extra amount of contribution (on top of their normal contribution) was declared for this area by the Netherlands. Fiji said that it was thankful for addition of dementia among younger populations. A few countries observed that focus should also be on the Research and Development of therapies for dementia. IFRC spoke about the plight of people with dementia in emergency settings and their needs being neglected.

Statements by NGOs and response to discussion on the topic was moved to Monday due to lack of time. Agenda item 10.6 on physical activity was postponed to Monday for discussion.