

7.1 Follow up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases

Secretariat note: “The Sixty-sixth World Health Assembly, in resolution [WHA66.10](#), requested the development of draft terms of reference for a global coordination mechanism through a consultation process and a formal Member State meeting, as well as a similar process for the development of a limited set of action plan indicators to inform reporting on progress. The report [Document [EB134/14](#)] contains a summary of the actions taken and the next steps, and provides as annexes the outcome reports of the two formal meetings held. The report includes in addition an account of the progress made in implementing the global action plan for prevention and control of noncommunicable diseases 2008–2013, in accordance with resolution [WHA61.14](#), and the global action plan for the prevention of avoidable blindness and visual impairment 2009–2013.

The Board is requested to note the progress made, to consider the reports of the formal meetings and to give further guidance prior to the submission of the terms of reference and action plan indicators to the Sixty-seventh World Health Assembly.”

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Background

[EB134/14](#), ‘Follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases’ includes several separate sections and six annexes.

Annex 1 conveys the Final Report on the 2008–2013 Action Plan ([WHA61.14](#)) for the Global Strategy for the Prevention and Control of Noncommunicable Diseases (now superseded by the Action Plan for Prevention and Control of NCDs 2013-2020 presented in [A66/9](#) and endorsed by the WHA in [WHA66.10](#)) and the Global Action Plan on avoidable blindness and visual impairment, 2009-2013 (presented in [A62/7](#) and endorsed in [WHA62.1](#)). EB is invited to note this final report.

Annex 2 conveys a Progress Report on the Development of Terms of Reference for a Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases (as

required by paras 3.2 and 3.3 of [WHA66.10](#) and referred to in paras 14-15 of the new Action Plan in [A66/9](#)). The EB is note and provide guidance in relation to Annex 2.

Annex 3 conveys a Progress Report in Developing the Terms of Reference for the United Nations Inter-Agency Task Force on the Prevention and Control of Non-Communicable Diseases (responding to both para 3.5 of [WHA66.10](#) and para 4 of the EcoSoc Resolution [UN EcoSoc E/RES/2013/12](#)). The EB is invited to note Annex 3 and endorse it for submission to WHA67 in May, 2014.

Annex 4 conveys a Progress Report on the Development of a Limited Set of Action Plan Indicators for the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 (A66/9) as required by para 3.4 of [WHA66.10](#). Note that this project applies the global objectives and targets from the Global Monitoring Framework ([A66/8](#)) to the Member States level. The EB is invited to consider Annex 4 and endorse its recommendations for submission to WHA67 in May.

Annex 5 lists the reports which will have to be produced by the WHO Secretariat over the next several years and proposes a sequencing of these reports (see paras 6-11 of [EB134/14](#)). It appears that this annex is for information rather than discussion.

Annex 6 reminds Member States of the priority actions regarding governance, risk factors, health systems and monitoring to which they have committed under the Political Declaration ([UNGA A/66/L.1](#)) of 2011. The report describes arrangements in place for the UNGA comprehensive review and assessment of progress on the Political Declaration.

The Secretariat invites the EB to:

- note Annex 1; this is just a report on the implementation of the 2008 Action Plan;
- note and provide guidance in relation to Annex 2;
- note Annex 3 and endorse it for submission to WHA67 in May; and
- consider Annex 4 and endorse its recommendations for submission to WHA67 in May.

Earlier documents

WHO has been receiving reports and adopting resolutions on NCDs for many years. There are a few of these which are still useful and relevant to the present discussion. These plus the more recent UN ones include:

[WHA56.1](#) (2003) WHO Framework Convention on Tobacco Control (convention attached),

[WHA57.17](#) (2004) Global strategy on diet, physical activity and health (strategy attached),

[WHA58.26](#) (2005) Public health problems caused by the harmful use of alcohol (Refers to [A58/18](#) Secretariat report),

[WHA61.14](#) (2008) Prevention and control of noncommunicable diseases: implementation of the global strategy (Refers to [A61/8](#) Action Plan),

[WHA62.1](#) (2009) Global action plan for the prevention of avoidable blindness and visual impairment 2009–2013 (refers to [A62/7](#)), now superceded by WHA66.4 ([see](#)),

[UNGA A/66/L.1](#) (2011) Political declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases,

[WHA66.10](#) (May 2013) Follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (Refers to

- [A66/8](#): Draft comprehensive global monitoring framework and targets for the prevention and control of noncommunicable diseases; and
- [A66/9](#), & [A66/9 Corr.1](#)) Draft action plan for the prevention and control of noncommunicable diseases 2013–2020 (Replaces A61.14, 2008)

[UN EcoSoc E/RES/2013/12](#) (October 2013) United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases.

PHM Comment

Our comments on the specific annexes to this report follow below but two general comments apply to the package as a whole.

First, the package as a whole is weak in relation to social determinants of health and includes virtually nothing on trade/investment.

Second, WHO appears to have placed itself as secretariat to two largely similar coordinating mechanisms; one mandated by the ECOSOC resolution, the other by the 2013 WHA resolution A66.10 The terms of reference both are similar. Despite the ECOSOC structure putatively promoting coordination across UN agencies, it is still mostly about sharing information and best practices with member states.

Comments on Progress Report on the Development of Terms of Reference for a Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases (EB134/14 Annex 2)

The WHO is tasked with creating a global coordination mechanism for prevention and control of NCDs. Annex 2 provides a draft report, much of which lacks consensus. Paras 1-5 were agreed upon, and in many respects are the same as the objectives defined for the UN Task Force to be coordinated by WHO (Annex 3).

What is the relationship between this global coordination mechanism and the Task Force?

Table 1 (the contents of which have been agreed to although the Table itself appears bracketed) lines up the 'areas of work' required under WHA66.10 (the resolution mandating the GAP), the functions of the proposed WHO global coordination mechanism and the objectives of the UN Task Force. There is obvious redundancy.

Given the importance of 'health in all policies' (HIAP), should not the multisectoral Task Force supplant the WHO coordination mechanism, i.e., become that mechanism? In any case, there is

no reason why this coordination mechanism should not be tasked with the foreign policy coherence challenge, with specific reference to advice to MSs on what to include (and not to include) in new trade and investment treaties to protect public health policy space for NCD prevention/regulation.

Terms of Reference for UN Inter Agency TF (EB134/14 Annex 3)

The UN EcoSoc resolution ([E/RES/2013/12](#)) calls on the UN Secretary General to create a UN Inter-Agency Task Force on the Prevention and Control of NCDs, to be headed by WHO. This has potential to strengthen global policy coherence on NCDs and deal with SDH and trade/investment related issues.

However the proposed terms of reference (Annex 3) contain nothing about action on the social determinants of health or on the role of trade and invest agreements in limiting action on NCDs.

Annex 3 summarizes a two day meeting (Nov 13/14 2013) to discuss terms of reference for the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases. 116 MSs attended, but only four organizations of the UN system. Participating countries and UN agencies are not identified.

The Task Force objectives are quite bland: provide advice to MSs at their request, exchange information between international organizations (UN and otherwise), broker knowledge of best national level practices, strengthen NCDs' role in post-2015 via advocacy with heads of state, and strengthen international cooperation re: health promotion, health system strengthening on NCDs. This is a far cry from coordination of UN agencies towards prevention/control of NCDs as stated in the Eco Soc resolution ([UN EcoSoc E/RES/2013/12](#)).

Two meetings a year will be scheduled. A Secretariat housed in WHO will be created, but there are no details of staffing and the costs will be borne by WHO (para 19, p.26). Who will pay? What are the opportunity costs? Why are not other UN agencies pooling funds for the Secretariat's staffing? Only two other UN agencies (UNICEF and UNFPA) have committed to lead on certain work areas aligned with the six objectives of the WHA GAP (WHA 66/9).

Para 30 speaks of 'harmonization of activities across the UN system' but not of the need to reduce policy incoherence implicit in the mandates of several of the inter-governmental agencies. The WTO is mentioned twice in an accompanying table, but only as a source of information to MSs on its trade treaties with respect to NCDs (which is weaker than the reference to the WTO made in WHA66/9 GAP). There is no mention of the need to improve public health policy space for NCDs within trade treaty texts (albeit WTO negotiations have been eclipsed by bilateral and plurilateral ones, where the real trade-related problems are arising).

Of particular concern is the inclusion of **investor state dispute settlement provisions** in new trade agreements such as the Trans Pacific Partnership (TPP) and presumably also the Trans-Atlantic Trade and Investment Partnership (TTIP). These provisions provide a powerful weapon in the hands of transnational corporations to intimidate governments, in particular the governments of smaller L&MICs.

Guidance on trade and investment rules should be included in the terms of reference for the UN IA Task Force. This would include advice on trade agreements negotiation that could weaken public health regulatory policy space for NCDs and public health more broadly (such as the TPP

and the TTIP) and also the type of language in such treaty articles that should be incorporated to protect that policy space.

Does the WHO have the human resource capacity to lead such a Task Force? Does it have the political will to ensure that the Task Force tackles the SDH and equity issues and the trade-related/investment issues?

Comments on Progress Report on the Development of a Limited Set of Action Plan Indicators for the WHO Global Action Plan (EB134/14 Annex 4)

Annex 4 on Action Plan indicators for MSs (already agreed upon) makes no reference to providing HIAP advice to other sectors. This further weakens any requirements on MSs to indicate how they are addressing SDH of NCDs.

Comments on Sequencing of Reports and Evaluations (EB134/14 Annex 5)

Para 8 of EB134/14, referring to Annex 5, speaks about the global reports to be produced 'describing trends in noncommunicable diseases and risk factors and countries capacity to respond'. The report contains no reference to the underlying social determinants of NCDs despite referring to the WHO GAP third objective 'To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments'. Specific reference to SDH should be made here.

A note on the Global Action Plan for Prevention and Control of NCDs (WHA 66/9)

The goal, principles and objectives are good. The 'voluntary global targets' should be included in the post-2015 development goals. None of the global targets, however, address social determinants of health (lifestyle drift) or reducing inequity in the distribution of risk factors. Thus, need clearer SDH targets (including those related to trade and investment treaties affecting unhealthy products) and commitments to reducing inequities in distribution and not just in absolute percentages.

Although the GAP acknowledges SDH and a host of other related issues, it argues that one action plan addressing all would be unwieldy. This may be justifiable. However, clearer direction to MSs (member states) should be given on their need to develop an HIAP approach to NCDs (in which actions on SDH, intersectoralism, trade and investment, social protection etc. are brought into policy and program development at the national or sub-national levels).

Appendix 1 lists a number of related risk factors to the four behavioural ones highlighted throughout the GAP; but the Appendix contains no mention of either health equity in terms of risk factor reduction, or of SDH. Para 18 elaborating the principles is strong, but there is no implementation guidance (apart from passing reference to HIAP) or reporting advice on these. Trade and industry, one of the key determinants of the globalization of NCDs, appears buried in a shopping list of every possible sector. Para 21 (policy options for member states) identifies numerous useful areas for advocacy (though no reference to trade or industry) but excludes any reference to SDH. Para 22 (actions for secretariat) similarly is silent on SDH and trade but does

refer to management of conflicts of interest (code for reducing industry influence). Same comments apply to para 23 on private sector actions.

Importantly para 30(f) emphasizes strengthened multisectoral action on SDH of NCDs, some examples of which are in Appendix 5 (p.50). This needs more emphasis throughout the GAP, and accountability for how MSs are responding. Para 34 repeats the importance of multisectoral action including regulation, fiscal measures etc. But there is no reference to trade/industry, or to trade and investment treaties, and how these might undermine regulatory efforts. This applies particularly to several of the recommended healthy diet options proposed for MSs (para 39). For example, the cases mentioned in footnotes 4, 5 and 6 (p.21) could be challenged under provisions in the leaked text of the proposed TPP Agreement. Some of the strategies for alcohol (para 43a) could similarly be challenged under new generation trade and investment treaties. Emphasis on the use of trade-related IPR flexibilities (para 50) is good, but could be strengthened by importing specific reference to the Doha Declaration, e.g.: that every country “has the right to grant compulsory licences, the freedom to determine the grounds upon which such licences are granted” and “the right to determine what constitutes a national emergency or other circumstances of extreme urgency.”

The monitoring framework (para 59) excludes reference to SDH or determinants of NCDs, a point already raised during the 2013 WHA by Thailand, Iran, and the UK.

Finally, Appendix 4 (p.48 of A66/9) references the role of the WTO to support trade ministries with respect to ‘address the interface between trade policies and public health issues in the area of NCDs’ – but is this happening, and what is the relevant relationship between WHO and WTO in this regard?

Final set of Docs

[EB134/14](#)

[EB134/14 Add1](#)

Follow-up to the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases

[EB134/14 Add.2](#)

Draft decision proposed by the Secretariat

[EB134/14 Add.3](#)

Report on financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board or Health Assembly

Notes from EB Debate

The debate commenced on Day 1 (Monday Jan 20) and concluded on Day 2 (Tuesday Jan 21).

Australia opened the debate and congratulated the Secretariat for its work and supported the proposed second meeting to finalise the TORs for global coordinating mechanism. Australia observed that it would be important that the global mechanism not duplicate the work of the

IATF. Australia welcomed the report on the IATF on NCDs and the limited set of AP indicators and supports GAP 2013-2020. Also supported the call for better data systems

Myanmar thanked the Secretariat for the global action plan on NCDs. It's comprehensive and technical relevant. Suggested that headquarters work closer with the regional offices and implement regional activities; the success depends on the monitoring at the country level.

Malaysia was pleased with the progress made re the political declaration and action plan. The multisectoral approach needs to be strengthened. Agree that these two items go to the WHA. Much work is needed on the TORs. Supports need for a second formal meeting after WHA to finalise the TORs.

Qatar advised that MSs from EMR had reviewed the report on progress made in relation to the 2008 global action plan. Noted that substantial progress has been made in setting up inter agency task force on NCDs. More work needs to be done. Need for strong engagement of MSs in 2014; our regional committee would like WHO to strengthen cooperation.

Nigeria, speaking for the AFRO Region, identified the urgent need as implementation. AFRO has undertaken consultations on the status of NCDs in Africa and was involved in drafting the ToR of the global coordination mechanism and for the interagency task force. Concerned about low level progress on political commitment; low levels of control on risk factors: tobacco, alcohol, physical activity. Calls on WHO to develop mechanisms to compel MSs to demonstrate commitment on the declaration. Calls on WHO to work with AFRO to reduce the impact of risk factors.

DPR of Korea spoke of the need to review implementation of the last action plan and overcome shortcomings. Agree with taskforce. Suggest to add evaluation to the implementation efforts. We still have conflicting views of the expert of advisory group to resolve before the next WHA. [This is a reference to Annex 2, the report of the meeting of MSs to determine the TORs for the global coordinating mechanism.]

Japan emphasised the importance of NCD control. The action plan will contribute; the progress report 2008-2013 clearly shows the progress regarding the actions taken. We hope that WHO will continue to provide critical assistance, as will the global coordination mechanism.

Croatia speaking on behalf of the EU and its MSs supported the leadership of WHO. Significant progress has been made in the implementation of the global action plan. EU supports the proposed ToR for the interagency task force to be submitted to the WHA. We continue to work on ToR for the global coordination mechanism. WHO should continue to be the global leader, engaging with non state actors NGO and business to make a significant contribution to reduce NCDs but protected from CoI. Engagement of NSA can be decided in isolation with WHO reform, with decision to be taken in WHA in May.

The discussion continued on Day 2 (Tuesday Jan 21).

Lithuania aligned with the statement of Croatia. Since 1991 Lithuania was one of the leading countries in coordinating efforts. Lithuania wants to draw the attention to further innovation: promotion of implementation research, meaning that risk reduction also through SDH and reduction of inequities are central for more efficient NCDs control. The processes by WHO in putting NCDs high in the agenda are endorsed by many MSs and the implem of action plan is the logical continuation.

Brazil welcomed the report on NCDs. The NCDs are a priority and Brazil made its own plan to tackle NCDs. Support the submissions of document for the 67th WHA. Agrees that the plan is to facilitate multi stakeholder involvement. Attention on conflict of interest, mostly because the involvement of non state actors is unavoidable. Need to preserve independence and transparency in such cases.

Lebanon aligned with statement of EMRO. Commends Secretariat for the report. More information is still needed for the preparation for comprehension general review. WHO is invited to make a more active role in NY UN for the progress achieved in view of political declaration. Would be informative to know sec perception on lack of consensus with regard to the inter agency task force. It seems that coordination efforts did not find real expression in country level where NCDs do not appear in the agenda. Countries have differential capacities and and preparedness to measure indicators. To that end countries need more guidance from WHO.

Egypt calls on MSs to support measures already taken to control NCDs, big cause of morbidity. We would like to coordinate our efforts with WHO on the following fields: monitoring, tackle underlying causes, early detection and to provide treatment, human and financial resources, improve coordination not only in the health sector. We are fully committed to implement the political declaration and carry out the decisions at EMRO meeting.

Maldives fully supported the report. Progress is needed in Sout-east Asia. Global targets are often set lower for LMIC. There is a mismatch in global targets due to the fact that there are countries in very different situations.

Panama welcomed report and progress in implementation. We are sure that implementation will enhance WHO's leadership and ensuring that all peoples can achieve the highest level of health. Involves considerable work with NGOs and the private sector. We need to be aware of need for WHO sheltered from possible conflict of interest accusations. Panama is working on implementation of plan of action and having system of collecting info and data. Supports proposed TORs and the setting up of the inter agency UN task force and with the indicators for the plan of action.

Argentina thanked the Secretariat. The setting of national targets and the plan of action are supported. Need to follow up the process and provide data on NCDs prevalence and incidence, surveillance of risk factors and determinants is important. Need to boost physical activity and reduce fat and sugar level in food are crucial; improve nutrition in children and ensure more tobacco free environments and decrease the use of alcohol. We adopted law on tobacco and

now sugar in food products. Enhance the state role to protect the population from risk. On the draft resolution we have no comment.

Albania noted progress made in the implementation of the action plan. Supported the idea to conclude the work before next WHA. No equivocation regarding the leading role of WHO. Necessity to tailor the intervention on the basis of the situation of the country.

Iran strongly supported the political declaration and the WHO work plan. Concerned about global indicators as Lebanon stated as indicators may be important at the global level but not so useful at the country level if they are not sufficient for MSs to track progress in implementation. Need specific process indicators and health sectors need to be focused on key priorities for implementation of the action.

Canada welcomed the report and highlight the WHO leadership. In Canada's perspective significant progresses have been made and together we move forward the agenda. The proposed global coordination mechanism is innovative. Inclusiveness is crucial for intersectoral action. OK to convene a second meeting to finalise the ToR.

China noted that medicines are costly.

Norway noted that one of the remaining challenges for the global coordinating mechanism is defining the role of non-state actors which have a role to play in fighting NCDs. Traditional state measures such as legislation are not sufficient. Need to mobilise resources and partners. Need a genuine platform for them to engage upon which does not prejudice integrity and independent of WHO. At the national level we have entered into voluntary collaboration with NSAs. The global coordinating mechanism should facilitate this also at global level. There are no simple implementation paths. State of knowledge is evolving.e.g health effects of black carbon emissions is comparable to tobacco related deaths and should be approached with same resolve. Need for more attention from MSs and the WHO.

United States welcomed the report and the draft decision. MS needs to strengthen efforts in 2014-2020 period. Three suggestions, aligned with Norway:

- 1) the consultation of the WHA should take place after the consultation with non state actors. enable participation of multi stakeholders;
- 2) facilitate the accountability by reporting results;
- 3) development of a process to update annex 3

Multi stakeholder involvement is crucial.

Ecuador noted that the report is important and strategic for Ecuador. There have been gaps in Ecuador in ensuring a full response to NCDs but progress has been made also on the political field. We face challenges in design and implement plan, we hope action plan will help in the intersectoral work. To go forward we need leadership of health authorities. In Ecuador progress

made in regulating food, advertising and provision of good nutrition in school. This means challenging global food industries. Intersectoral cooperation is critical so we would like to see all the actors involved. The task force is important to coordinate more effectively our actions. If we work together in risk factors control it will be more efficient. Hope to produce action plan built on broad consensus.

Russian Federation appreciated the progress which had been made in implementing the political declaration. Attaches highest priority. Have been working on agreeing on global architecture. Good idea to have global coordination mechanism on the basis of WHO which has mandate and instruments to follow up. GCM could open meetings in forum open to private sector and civil society. We could then forward chairman's summary to next WHA and decisions could be made on the progress on implementation. Requires small staff and some financing. Could have special trust fund under WHO. Expect EB will have another session on TOR on GCM. Could then be adopted at WHA67. Welcome the TOR on UN inter agency task force. Would ensure global and comprehensive reach in fight against NCDs. In Nov 2013 official consultations on the 9 indicators believe that now will be more effectively carry out monitoring of NCDs. Essential that we keep fight against NCDs in post 2015 agenda.

Kazakhstan supported the work. Need laws to deal with the problem and in order to tackle lobbies and sectional interests! Early detection of NCD is important, so need to raise prevention. Need intersectoral approach and to raise a close attention to primary health care in multidisciplinary team, is important to involve workers of health care systems, not just to give medicine. Needs to strengthen research and appropriate use of technologies.

Libya aligned with the statement of EMRO but sought to address some important issues: congratulate MSs and secretariat on the great efforts on the targets and ToR and the data set for assessing progress and implementing gaps and the task force. However we are skeptical that this is enough to achieve the targets. We need to do more not only on NCDs but on the other items. As the DG said WHO has a lot to say but is not so strong when it comes to actions. We need a closer look to what happens on the ground including through interview countries representative and find mechanisms to develop from the ground. An option is to call us on regular basis to understand what has been really implemented regarding the governing bodies resolutions.

ICN (International Council of Nurses) applauds WHO for significant progress including adopting of WHA resolution. Finalising the terms of reference for global mechanism is vital. Global advisory group including nurses will facilitate coordinated action. Validated cost effective nursing are available. Expansion of nurses role will facilitate implementation. Effective health promotion are essential in reversing burden of NCDs. Need to strip away nursing barriers especially to implement actions in action plan. Transforming practice of evidence based interventions and speedy removal of regulatory barriers. Involvement of nurses in policy setting. Full and active involvement of nurses in GCM and in UN process.

International Alliance of Patient Organizations noted good progress to prevent NCDs. Develop national action plans. Implement the principle that people should be involved in controlling and preventing NCDs. Objectives at national level should be similar to the ones at global level. Support the inclusion of non state actors. Request clarification on how GCM is to be financed.

MMI / PHM Statement

This is a complex agenda item but because of limited time we shall focus on one issue only; namely the terms of reference of the UN Inter Agency Taskforce on NCDs as presented in Annex 3 to EB134/14.

In particular we note the absence of any reference in the proposed 'objectives' for the Task Force to the need to preserving policy space for action on NCDs in the face of investor state dispute settlement provisions in new trade agreements such as the Trans Pacific Partnership Agreement and presumably also the proposed Trans-Atlantic Trade and Investment Partnership.

The action by Philip Morris Asia in opening a dispute under the Australia Hong Kong BIT against Australia's tobacco plain packaging laws illustrates the potential of investor state dispute settlement provisions in new trade and investment treaties. The threat of such disputes has the capacity to deter countries from taking effective regulatory action in a relation to NCDs and range of other public health issues. These provisions provide a powerful weapon in the hands of transnational corporations to intimidate governments, in particular the governments of smaller L&MICs.

Chair we urge that the provision of guidance on trade and investment rules should be included in the terms of reference for the UN IA Task Force. This would include advice on the negotiation of trade agreements that could reduce public health regulatory policy space for NCDs and also the type of language that should be incorporated in such treaty articles to protect that policy space.

Union of Cancer Control noted that we now have strong pillars for NCD architecture. Delay no further in establishing robust global coordination mechanisms, incentives actions by all and full participation of NGOs at all levels; support successful UN review on NCDs. Call on MS to ensure that review held over two days in Sept at highest political ,support civil society in national legislation, ensure outcome document.

IFMSA emphasized that WHO should not be open to alcohol industry. Urge transparency and policies on conflict of interest. Support the ability of the MS to regulate trade. Should advocate for consumption of healthy food and full incorporation of TRIPS flexibilities into domestic law. Restriction of private sector involvement. Promotion of healthy life style.

Secretariat

Thanked delegates for comments and guidance; thank MSs of WHO who have been actively engaged in the work. We have now systems for monitoring and have concluded the work on

action plan and indicators to measure how we are moving ahead, we are also working on the UN interagency task force. We also are working on the contribution for the Secretary General for the implementation of Political Declaration. Reaching the final stage of the mechanisms. From you many interesting suggestions going in the right way and positive. A few were negative about involving other participants; there will be further consultation, delighted to see the end in sight even if is difficult task we are going ahead. With regard to EMRO's question about how it can be done at country level: we have not reached that point yet in our agenda. It depends on decision of DG, to keep NCDs high in the agenda after 2015 is her major task.

DG

Thank all MSs. Since 2011 and the political declaration from UN GA, you have given us guidance and much progress made. Only outstanding thing is to have another meeting to talk about global coordination mechanisms. You have managed to achieve so much. Fully confident that you will use the energy to complete task for global coordination mechanism. You have been talking about multi sectoral collaboration not only in health but in nutrition trade etc. Without this approach will not be able to implement what you want. Urge you to find solutions but make sure that conflict of interest protections are strengthened. No industry or others should get into that space. Another space is the normative standards space which is the prerogative space of WHO. These are red lines, no go areas. Those are for MS and Secretariat prerogative. But in other areas how do you want to engage with others? I hope you will guide us forward otherwise cannot make progress.

I will attend the 2nd consultation. Underline the importance of NCD review 2014. This is the prerogative of MSs. Consultations in NY on modalities. Already planning roadmap how we can support the countries here and in NY. if you want subsequent meetings we will support you. will make visits to NY and engage ambassadors.

Chair: the board takes note of the report. Draft decision 134/14 Add.2?

Brazil: modification in the draft res: 3 para meeting at the end of April of 2014

Chair: no objection to modification; decision as amended adopted.