

Statement to the 136th Session of the WHO Executive Board on agenda item 6.4 Follow-up to the 2014 high-level meeting of the United Nations General Assembly to undertake a comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases

Thank you, Chair, for giving me the opportunity of addressing the distinguished Members of the WHO EB on behalf of MMI and the PHM.

The burden of NCDs has become a global challenge, and is spreading fast. However, increasing attention to their prevention and control should not obscure continuing high rates of communicable diseases, undernutrition, and maternal and infant mortality. Underlying people's vulnerability to different diseases – communicable as well as non-communicable - are the same structural, social and economic determinants of health. Although the political declaration and the GAP both acknowledge the importance of addressing underlying determinants of health, to our disappointment the TORs of the IATF and the GCM/NCDs contain no action on these determinants.

We therefore urgently call upon Member States to address this gap in the GCM work plan. We also strongly suggest Member States to adopt process indicators in order to assess national progress so that it also addresses the underlying social determinants of health and inequality including the unequal distribution of risk factors and access to health, for reporting to the third HLM in 2018.

Secondly, another major shortcoming in the IATF and the GCM/NCDs, concerns the regulation of transnational corporations and the potential implications of trade and investment agreements for the policy space on NCDs. We call upon WHO to implement resolution WHA59/26 on International trade and health, become a protagonist in the IATF on this important topic and guide MSs in negotiations on trade and investment treaties in order to protect public policy space for health and nutrition.

Finally, we note the lack of reference in the GCM to conflicts of interest in the NCDs area and urge an additional function to be assigned to the GCM to monitor potential conflicts of interest in the policy processes associated with the GAP and to be alert for instances where conflicts of interest may lead to improper influence limiting public health policy space.

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