



General Assembly

Sixty-eighth session

74th plenary meeting
Monday, 10 February 2014, 10 a.m.
New York

Official Records

President: Mr. Ashe (Antigua and Barbuda)

The meeting was called to order at 10 a.m.

Agenda item 138 (continued)

Scale of assessments for the apportionment of the expenses of the United Nations (A/68/716/Add.1)

The President: Before proceeding to the items on our agenda, I should like, in keeping with established practice, to draw the attention of the General Assembly to document A/68/716/Add.1, in which the Secretary-General informs the President of the General Assembly that, since the issuance of his communication contained in document A/68/716, Kyrgyzstan has made the payment necessary to reduce its arrears below the amount specified in Article 19 of the Charter.

May I take it that the General Assembly duly takes note of the information contained in that document?

It was so decided.

Agenda item 116 (continued)

Appointments to fill vacancies in subsidiary organs and other appointments

(g) Appointment of members of the Committee on Conferences

Note by the Secretary-General (A/68/91)

The President: Members will recall that, at its 60th plenary meeting, on 5 December 2013, the Assembly took note of the appointments of Denmark, Japan, Mauritania, Qatar, the United Republic of Tanzania and the United States of America as members of the Committee on Conferences for a period of three years, beginning on 1 January 2014.

Members will also recall that there remained one seat to be filled from among the Latin American and Caribbean States for a three-year term of office, beginning on 1 January 2014.

On the recommendation of the Chair of the Group of Latin American and Caribbean States, I have appointed Jamaica as a member of the Committee on Conferences for a term of office beginning on 10 February 2014 and ending on 31 December 2016.

May I take it that the Assembly takes note of that appointment?

It was so decided.

The President: I would also like to recall to members that two seats from among the Latin American and Caribbean States — one seat for a term beginning on the date of appointment and ending on 31 December 2014 and one seat for a term beginning on the date of appointment and ending on 31 December 2015 — have remained vacant since the sixty-sixth and sixty-seventh sessions, respectively. I urge the Group to submit its candidatures as soon as possible.

The Assembly has thus concluded this stage of its consideration of sub-item (g) of agenda item 116.

Agenda item 118 (continued)

Follow-up to the outcome of the Millennium Summit

Note by the Secretary-General (A/68/650)

The President: Members will recall that the Assembly held a debate on agenda item 118 jointly with agenda item 14 and agenda item 125 at its 54th plenary meeting, on 20 November 2013.

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The Assembly now has before it a note by the Secretary-General transmitting the report of the Director-General of the World Health Organization on the prevention and control of non-communicable diseases (A/68/650).

I now give the floor to the representative of Suriname.

Mr. Mac-Donald (Suriname): I have the honour to speak on behalf of the 14 States members of the Caribbean Community (CARICOM).

CARICOM thanks the Secretary-General for transmitting the report of the Director-General of the World Health Organization (WHO) on the prevention and control of non-communicable diseases (see A/68/650).

Almost two and a half years ago, in September 2011, Heads of State and Government and other high-level officials gathered here to address, for the first time, the prevention and control of non-communicable diseases (NCDs) worldwide, with a particular focus on development and other challenges and the social and economic impacts of NCDs, particularly in developing countries. The Political Declaration adopted at the end of that historic meeting (resolution 66/2, annex) placed NCDs firmly on the development agenda, as world leaders recognized that non-communicable diseases constituted one of the major challenges to development in the twenty-first century.

The circumstances that drove the States members of CARICOM to bring the issue of non-communicable diseases to the highest multilateral forum were stark and alarming. The Caribbean region is being ravaged by an epidemic of NCDs. Chronic non-communicable diseases affect a large segment of the population, causing grave human suffering, including protracted periods of ill health, the impairment of the quality of life and premature deaths. They account for approximately 60 per cent of all deaths within the CARICOM subregion, and 74 per cent in one country. Moreover, one of our States members estimates that by 2030, 86 per cent of all deaths will be due to non-communicable diseases.

The prevalence of NCDs in the region has had profound socioeconomic impacts, such as the reduction or loss of productivity, loss of income and increased individual and household impoverishment. Chronic non-communicable diseases also have a direct negative impact on economic development, thereby creating a

significant economic burden in developing countries. The treatment of NCDs consumes a growing portion of national health-care budgets. In Latin America and the Caribbean, diabetes health-care costs alone are estimated at between 2 and 4 per cent of the gross domestic product, and 8 to 15 per cent of national health-care expenditures. The impacts of NCDs threaten to roll back development gains, and resources that might otherwise have been invested in development must be diverted to address NCDs.

The report of the Director-General of the WHO indicates that, while significant progress has been made in realizing the commitments made in the 2011 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, even in the poorest countries that progress has been insufficient and highly uneven.

It is now impossible to deny that the prevention and control of non-communicable diseases must be a priority on the global development agenda. That is particularly the case given the new data that has been collected, which reflect, *inter alia*, that in 2011 85 per cent of premature deaths from non-communicable diseases occurred in developing countries.

In its assessment of the progress made to date, the report details the significant progress made by the WHO in implementing measures to contribute to the realization of the commitments made in the Political Declaration. Those include, first, the World Health Assembly's endorsement of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020; secondly, the development of nine Action Plan indicators to inform reporting on the progress made in its implementation; and, thirdly, the establishment of the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases. It is noted that the World Health Assembly is scheduled to consider the terms of reference for the Task Force later this year. CARICOM commends WHO for the progress made so far.

CARICOM is in full agreement that the global nature of NCDs requires a coordinated global response, and is supportive of a global coordination mechanism. However, as the focus of the Political Declaration is NCDs as a global development challenge, that global mechanism must focus on NCDs as a development

issue. The mechanism must therefore be in a position to address the multisectoral dimension of NCDs, to ensure that NCDs are accorded due priority among sustainable development goals and in the post-2015 development agenda, and to engage with sensitive issues, such as trade.

The report highlights that many developing countries struggle to move from commitment to action due to inadequate human and financial resources and that national capacities to address NCDs are often weakest in the poorest countries. What is clearly indicated is the urgent need for international cooperation and assistance to help developing countries in building national capacity so as to achieve the desired goals on NCD prevention and control. That will require nothing less than that development partners accord a paradigm shift to health in terms of the priority and that NCDs be included as a priority in national development policies.

CARICOM wishes to highlight some formidable challenges that are not addressed in the report. One of those is the response by interests that are strongly opposed to addressing the prevention of NCDs. First among such interests is the tobacco industry. The report notes that the harmful use of alcohol is the least addressed risk factor. And the food and beverage industry remains resistant to reformulating products to be more consistent with healthy lifestyles.

Given what I have said here, one important factor that must be considered within the framework of development policies is the impact that the trade policies of exporting countries can have in impeding national efforts to reduce population exposure to risk factors associated with NCDs.

CARICOM faces the prospect that the classification of some Member States as high- or middle-income countries may hinder our ability to access urgently needed international assistance to prevent and control NCDs. The region may therefore face a situation whereby, having raised the issue to the global level, some Member States may be ineligible to receive the specific assistance and capacity-building proposed in the report.

Finally, the report transmitted by the Secretary-General indicates that bolder measures are urgently needed to address non-communicable diseases and to mitigate their impact. That is an assertion with which our Group strongly agrees.

CARICOM therefore looks forward to engaging in robust dialogue at the upcoming comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases.

The President: I now give the floor to the observer of the European Union.

Mr. Poulsen (European Union): I have the honour to speak on behalf of the European Union (EU) and its States members.

We welcome the report of the Director-General of the World Health Organization on the prevention and control of non-communicable diseases (see A/68/650) as a key element in informing our discussions in New York on that issue, which constitutes one of the major challenges in the disease burden of both developing and developed countries in the twenty-first century.

We believe that the scale of the problem and the challenges that we face fully merit the political attention that it is receiving at the highest levels. We reiterate our support for an integrated leadership of the World Health Organization (WHO) in response to the burden of non-communicable diseases (NCDs) at the global, regional and country levels.

We recognize that significant progress has been made in the implementation of the former WHO NCD global action plan. We welcome the adoption in 2013 by the World Health Assembly of a new Action Plan that will take us up to 2020 and that builds on past achievements and sets out clear goals and targets for all actors involved.

We also welcome the adoption of a global monitoring framework for the prevention and control of NCDs, including a set of nine voluntary global targets and 25 indicators. However, we stress the need for Member States to consider developing national NCD monitoring, including with targets and indicators based on national situations, taking into consideration the comprehensive global monitoring framework.

We recognize the achievements made in strengthening national capacities and in fostering international cooperation and coordination for the prevention and control of NCDs. However, we must also acknowledge that progress has been insufficient and highly uneven, and that continued efforts are essential to achieving a world free of the avoidable burden of NCDs.

We support the terms of reference of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, to be agreed during this year by the Economic and Social Council. We stress that the current work of the Ad Hoc Inter-Agency Task Force on Tobacco Control should not be compromised or diminished by that body being subsumed into the new Task Force. We note that, at the WHO level, the terms of reference need to be endorsed by the World Health Assembly. We are ready to fully support such endorsement in that forum.

We note that the discussions at WHO on a global coordination mechanism have not yet been completed. We will continue to work constructively with all partners in order to finalize that task before the upcoming sixty-seventh World Health Assembly. We call for a time-limited mandate and a streamlined mechanism, and we reiterate our view that the mechanism must be a part of the WHO secretariat and accountable to the WHO governing bodies. In order to be fully transparent, its tasks need to be thoroughly and precisely defined. The setting of standards and norms is the domain of WHO and must remain outside the scope of the coordination mechanism.

We look to WHO for global leadership on the NCD response but recognize that sustainable results in NCD prevention and control can be achieved only through commitments and actions across all sectors, at both the international and national levels. Engagement with non-State actors, including non-governmental organizations and business, is expected to tap into the potential for all partners to make a significant contribution to reducing the NCD burden. We note that the lack of an agreed framework for WHO to engage with the private sector continues to hamper its activities in this area. As engagement with non-State actors through the coordination mechanism cannot be decided in isolation from the debate taking place in the context of WHO reform, we express the urgent need to reach an agreement on organization-wide principles in the World Health Assembly in May.

We agree that the global achievements on NCDs have been insufficient, and it is our firm intention to accelerate efforts to address NCDs and mitigate their impact. The European Union and its States members believe that this is a very important topic, and we call for prevention and control of NCDs to be considered as a priority in the elaboration of the post-2015 development agenda. The EU and its States members

look forward to being an active and constructive partner in taking the NCD agenda further, including during the comprehensive review and assessment later this year of the progress achieved in the prevention and control of NCDs.

Mr. Khan (Indonesia): Allow me to begin by expressing my delegation's appreciation to the Director-General of the World Health Organization for the report on the prevention and control of non-communicable diseases (see A/68/650).

Non-communicable diseases (NCDs) are a clear threat not only to human health but also to development and economic growth. They decrease productivity in the workplace, prolong disability and limit families' resources. Globally, NCDs are the leading cause of death. According to the report, in developing countries alone they account for more than 80 per cent of premature deaths. Those are compelling reasons to make NCDs an integral part of the health dimension of development.

We need a unified front to turn the tide on NCDs. As a contribution to that effort, Indonesia facilitated the adoption, at the current session, of the resolution on global health and foreign policy (resolution 68/98) on behalf of the Foreign Policy and Global Health Initiative. The resolution focuses on partnerships for global health and a number of important elements concerning NCDs. Allow me to underscore the three important points in the resolution with a direct link to NCDs.

First, we must meet the commitments undertaken in the 2011 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex). Secondly, we must support, through international cooperation, the efforts made by Member States to strengthen their health systems to achieve health goals, including addressing NCDs. Thirdly, we must give appropriate consideration to the importance of health issues in the elaboration of the post-2015 development agenda and ensure that due consideration is given in particular to universal health coverage, the health-related Millennium Development Goals and non-communicable diseases.

Information and the supply of reliable data are critical factors in galvanizing NCD prevention and control measures. Information would help to identify where limited resources would best be spent and to derive important lessons from the progress made. We

therefore welcome the global monitoring framework adopted at the sixty-sixth session of the World Health Assembly, held in Geneva in 2013. We recognize it as an important component in the global health framework to track progress in preventing and controlling major non-communicable diseases such as cardiovascular disease, cancer, chronic lung disease and diabetes. The framework is likewise important in understanding the key risks.

The global monitoring framework, with nine global targets and 25 indicators set to be achieved by 2025, has helped increase awareness and enhance dialogue on the importance of NCDs and related risks. However, my delegation believes that some of the suggested targets and indicators in the framework need further refinement, elaboration and development in order to lead to effective and efficient programme development.

Furthermore, acknowledging the different opportunities, challenges and capacities that each country has in addressing NCDs, my delegation underlines the need to establish country-specific indicators and targets. Not only should each country be able to determine indicators that are easy to monitor and achieve, but the indicators should also reflect each country's specific circumstances and conditions.

Since 2006, the Government of Indonesia has been scaling up efforts for the prevention and control of NCDs. A national body for NCDs control was established that year. There is also a periodic national action plan on NCDs, developed every five years. The national action plan has facilitated the integration of NCD policies and programmes into national health strategic planning and the national development agenda. From this year until 2020, the national action plan will focus on NCDs risk intervention in the national health-care system with regard to tobacco control, the promotion of a healthy diet and physical activity and reducing the use of alcohol.

The Government of Indonesia recognizes that NCDs need to be addressed through a multi-stakeholder response. Therefore, we are involving all stakeholders, particularly at the local or community level, as partners to address NCDs in Indonesia. Through that process, a nation-wide community-based intervention was established, entitled "Integrated activities on early detection for NCD risk factors". The intervention has helped to increase the awareness and participation of communities in national efforts to prevent and control

NCDs. Furthermore, a user-friendly technical guide was also created to maximize the intervention's impact and ensure continued advocacy and education in targeted populations.

The report before us today shows that progress in addressing NCDs has been insufficient and highly uneven. My delegation supports the call to forge bolder measures to accelerate efforts to address NCDs and mitigate their impacts. The international community should scale up efforts to support national efforts in all areas, including in governance, reducing exposure to risk factors, strengthening health systems, measuring results and mobilizing resources.

The United Nations needs to mobilize more action to deliver on commitments. In that connection, my delegation welcomes the ongoing consultative process on the modalities for the comprehensive review and assessment of the progress achieved in the prevention and control of NCDs, which was facilitated by the Permanent Representatives of Jamaica and Belgium.

Mr. Maksimychev (Russian Federation) (*spoke in Russian*): We are grateful for the report prepared by the Director-General of the World Health Organization (WHO) on progress in preventing non-communicable diseases (NCDs) and in combating them (see A/68/650).

The Russian Federation attaches great importance to the deliberations at the United Nations on the prevention of NCDs, including in the context of follow-up to the Millennium Summit outcomes and establishing the global post-2015 socioeconomic agenda.

As is known, 2011 was a milestone in global health. The international community worked intensively to define the optimal format for multilateral cooperation on the prevention and control of NCDs, and notable results were achieved. The Moscow Declaration on Non-communicable Diseases (A/65/859, annex) and the United Nations Political Declaration on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex) were adopted. These documents provide clear drivers for the long-term development of national health systems, in cooperation with the World Health Organization (WHO) and the United Nations system overall.

Last year saw the laying of solid foundations for joint work in defining strategies and tactics for combating non-communicable diseases at the global level, agreement on goals to prevent the spread of

such diseases through 2025, the establishment of a system for monitoring the achievement of those goals and the adoption of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020, which brings together the political commitments of Member States and instruments for their practical implementation at the country level.

Current tasks include establishing systems to manage international efforts to combat NCDs. That involves a WHO global coordination mechanism in which an important role would be given to Russia's initiative for a United Nations inter-agency task force on non-communicable diseases.

Improving health is a fundamental priority of the Russian Federation. The efforts of States in this area are receiving increasing financial support despite the difficult economic situation resulting from the global financial crisis. Over the past 10 years, financing for our national health system has increased more than six-fold. That is not just budgetary expenditure; we believe that those allocations are one of the most important areas of State investment policy, which will contribute to the health of the population, increase the birth rate and help develop modern medicine and innovative pharmaceuticals.

Since 2009, our country has had a comprehensive programme in place to combat non-communicable diseases. We continue to step up our involvement in global health. Russia has allocated significant financial resources for WHO activities, including combating non-communicable diseases. We hope that other partners will be able to support this important area of the organization's work.

Russia is actively involved in the process of developing a comprehensive system to monitor NCDs and their risk factors. We trust that over time that will be mainstreamed into the global health information system under the auspices of WHO. We are planning for a WHO remote office to work on non-communicable diseases to open soon in our country.

This year, Russia will chair the Group of Eight. Among the priorities of the Russian chairmanship are health issues, including combating non-communicable diseases, with a focus on preventing strokes. We firmly believe that preventing NCDs should also be one of the priorities of the future global development agenda. We stand ready to cooperate constructively to achieve the voluntarily agreed global targets of "25 by

25" — reducing the index of premature mortality due to non-communicable diseases by 25 per cent by the year 2025. We will work with all interested stakeholders on that effort.

This year we will carry out a comprehensive review of the progress in preventing and combating NCDs. Russia is a leader in international cooperation on preventing NCDs and stands ready to participate actively in preparatory activities. A main task in that regard will be to agree on the thematic scope, format and modalities for that event. For us, the optimal format for the comprehensive review would be a high-level meeting of the General Assembly. We are also convinced that, irrespective of the decision taken on the format for reviewing progress on combating NCDs, its success will largely depend on the quality of the organization and substantive work in preparation for the process. We support the preparatory efforts of the coordinators of the review, the Permanent Representatives to the United Nations of Belgium and Jamaica. At the same time, we believe that WHO should play a leading role in all stages of preparing for and holding the review, as it is the main specialized agency of the United Nations working on this issue.

Ms. Derderian (United States of America): The United States welcomes the report (see A/68/650) outlining progress in realizing the commitments made in the 2011 Political Declaration on the Prevention and Control of Non-communicable Diseases (resolution 66/2, annex) and recognizes the continued need for urgency in addressing such diseases globally as the major cause of premature death worldwide.

Through the World Health Organization (WHO), we now have a significant body of work to underpin national and international action. The States members of WHO adopted a voluntary global target of a 25 per cent relative reduction in overall mortality from non-communicable diseases (NCDs) by 2025, along with eight other voluntary targets on a range of risk-reducing actions and control measures.

The new WHO Global Action Plan on NCDs 2013-2020 provides the framework for achieving the targets, with action envisioned at global, regional and country levels. The Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases is working to sharpen action on NCDs across the United Nations system. Under the leadership of WHO and with its technical support, countries have access to the tools

with which to put in place cost-effective measures and help turn the tide on NCDs.

The United States looks forward to agreement on a global coordination mechanism on NCDs for adoption at the upcoming World Health Assembly, as the final piece responsive to the 2011 Political Declaration. A nimble and effective mechanism can serve to inspire broad engagement for multisectoral and multi-stakeholder action both to prevent NCDs and to manage their long-term consequences.

We recognize that it will be important to take a stepwise approach to developing increased coordination under WHO's leadership. We are equally committed to ensuring that we create an enabling environment that takes seriously the ambitious goals and targets we have set for ourselves since 2011.

We also look forward to the comprehensive review and assessment later this year on the progress achieved in the prevention and control of NCDs.

Ms. Lee (New Zealand): I speak today on behalf of Australia and New Zealand.

In September of 2011, the General Assembly adopted a Political Declaration (resolution 66/2, annex) that recognized that death and disability from non-communicable diseases (NCDs) had reached epidemic proportions. Then, as now, non-communicable diseases represented a major threat to the economy and health of populations in all countries. NCDs pushed poor people further into poverty, and they impeded the achievement of the Millennium Development Goals. Others today have made important remarks here today about combating these diseases. We shall not repeat those, but focus on the comprehensive review.

In 2011, we the Member States all agreed that NCDs were one of the major challenges to development in the twenty-first century. They are also avoidable. The 2011 Political Declaration recognizes that the knowledge and expertise necessary to prevent deaths and disability from NCDs exists and that there is political will to prevent those diseases by using a range of solutions identified in the Declaration.

We welcome the report of the Director-General of the World Health Organization (see A/68/650), which sets out the progress achieved in realizing the commitments made in the Political Declaration. Unfortunately, however, the report shows that progress has not been as good as we had hoped when the commitments were

made. Concerted action is urgently needed to boost the momentum generated in 2011.

Australia and New Zealand look forward to the comprehensive review called for in the Declaration. We see it as an opportunity to identify actions to achieve a world free of the burden of preventable non-communicable diseases. We favour the review taking place during the current session of the General Assembly. Our preference is for a high-level event around July. There may be value in linking the timing to the Economic and Social Council in order to maximize ministerial-level attendance. We do not consider a renegotiation of the Political Declaration by the Heads of Government and State to be either warranted or desirable. Therefore, a meeting at the ministerial level is most appropriate.

Australia and New Zealand are open to the option of a negotiated outcome document, and we believe that whatever option is finally agreed upon, it should build on the 2011 Political Declaration and focus on gaps in implementation, complementing but not duplicating efforts by the World Health Organization. We are also of the firm belief that the discussion in New York should remain focused on the development aspects of the global challenge of NCDs, which was the basis of the 2011 Political Declaration.

Finally, Australia and New Zealand commend the Caribbean Community for its leadership in bringing the issue before the General Assembly. We also support the Pacific nations in our neighbourhood in their efforts to address NCDs and to contribute to regional and global debates on the social and economic development impact of NCDs. It is an issue that is relevant to, and will resonate at, the Conference on Small Island Developing States to be held in early September.

We stand ready to support Jamaica and Belgium in their role as co-Chairs of the review consultations, and all those States that are working to maintain the momentum generated by the 2011 High-level Meeting on NCDs.

Averting the NCD crisis is essential to ensuring that present and future generations have a chance to live long, healthy and productive lives. Australia and New Zealand therefore welcome the opportunity to focus further attention on how to address this regional and global crisis and to consider what can be done next.

Mr. Al-Dabag (Iraq): My country thanks the Secretary-General for transmitting the report of the

Director-General of the World Health Organization (see A/68/650) on the progress made in realizing the commitments made by Heads of State and Government in the Political Declaration on Non-communicable Diseases (resolution 66/2, annex). The report confirms that much progress has been made towards completing the work on the global assignments given to the World Health Organization (WHO) in September 2011.

My country would like to see the prevention and control of non-communicable diseases take a more strategic, systematic approach at the country level, driven by policies articulated through the Global Action Plan endorsed by the World Health Assembly in 2013. My country recalls that in 2012 and 2013, Member States in my region adopted the WHO regional committee resolutions to scale up work to meet the commitments included in the United Nations Political Declaration through a set of actions included in a strategic framework. My country is convinced of the positive role that that framework can play in advancing this agenda, which addresses one of the major challenges to development in the twenty-first century.

My country therefore calls on delegations to develop at the global level a similar country-level action framework for adoption by the General Assembly during its review on non-communicable diseases later this year. Those negotiations on a global framework for country-level action would represent a historic opportunity that must be seized. We need to take decisive steps to reverse the epidemic of non-communicable diseases. We need to ensure that globalization becomes a positive force for the present and future generations of all the world's peoples. We believe that, as delegations engage in consultations in New York on an outcome document for the General Assembly's review on non-communicable diseases, they should ensure that it encompasses such a framework for country-level actions.

My country is convinced that the review in the General Assembly in 2014 should be followed by another Assembly review in two to four years. We are aware that further discussions are required on the issue.

The President: We have heard the last speaker on this item. The Assembly has thus concluded this stage of its consideration of agenda item 118.

The meeting rose at 10.50 a.m.