




NCD Alliance Advocacy Briefing 75th Session of World Health Assembly (WHA75) 22 - 28 May 2022

This briefing note provides background and key advocacy messages on the noncommunicable disease (NCD) community's priorities for the 75th session of the WHO World Health Assembly (WHA75), covering NCD-relevant items.

The NCD community is encouraged to see the NCD-related WHA75 agenda, which demonstrates that much progress has been made and highlights the importance of action on NCDs at global and national levels. This is particularly timely given that we are now just three years ahead of the next UN High-Level Meeting on NCDs, and need concerted action at all levels, if global NCD targets are to be met by 2030. We welcome the prominence of NCDs in Member States' priorities within the context of the ongoing COVID-19 pandemic. On the whole, we align with the NCD Agenda outlined in the official documents and strongly recommend that Member States adopt the omnibus decision on NCDs (Agenda Item 14.1). We do see opportunities for the current text and associated actions to be strengthened as outlined in this briefing. We are concerned with some specific text included, particularly under Draft Action Plan (2022-2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority. Our recommendations are further detailed below.

To support meaningful action on NCDs, during the WHA75 we call for Member States to:






- Adopt the omnibus decision on NCDs (Agenda Item 14.1), including its 10 proposals and associated targets.
- Consider the NCD community's calls to action contained in this briefing when drafting WHA75 statements. Throughout this briefing, recommendation documents are classified as:

 We applaud	The NCD community welcomes and aligns with current text and associated action.
 We recommend	The NCD community sees opportunity for the current text and associated action to be strengthened (including alterations and additions).
 We express caution	The NCD community is concerned with the current text, and would recommend caution and alternation of the text and associated action.

Logistics: WHA75 will take place in person in Geneva, Switzerland in May 2022; however, proceedings will also be livestreamed on [WHO's website](#). A full list of documents, together with updated timetables for each day, can be found within the [WHA75 Journal](#).

WHA75 NCD related agenda items¹	
Pillar 1: One billion more people benefitting from universal health coverage	
14. Review of and update on matters considered by the Executive Board	
14.1 Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (Documents A75/10 , and EB150/2022/REC/1)	
EB150 unanimously adopted Decision EB150(4) and recommended that WHA75 adopts the following eight proposals:	<ul style="list-style-type: none"> • Annex 1 (a) Draft implementation roadmap 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013-2030 (A75/10 Add.8) <ul style="list-style-type: none"> 👏 ○ We applaud and warmly welcome the outline of the implementation roadmap and its emphasis on meaningful involvement of people living with NCDs. • Annex 2 (b) Draft recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes, including potential targets <ul style="list-style-type: none"> 👏 ○ We applaud the development of these targets and recommend their adoption at WHA75. • Annex 3 (c) Draft global strategy on oral health (A75/10 Add.1) • Annex 4 (d) Draft recommendations on how to strengthen the design and implementation of policies, including those for resilient health systems and health services and infrastructure, to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies (A75/10 Add.2) • Annex 7 (g) Draft intersectoral global action plan on epilepsy and other neurological disorders in support of universal health coverage (A75/10 Add.4) <ul style="list-style-type: none"> 👏 ○ We applaud and strongly endorse the WHO draft Intersectoral Global Action Plan (GAP) on epilepsy and other neurological disorders, including its indicators and targets. • Annex 8 (h) Draft action plan (2022-2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority <ul style="list-style-type: none"> 👏 ○ We applaud, welcome and endorse the WHO draft Global Alcohol Action Plan. ⚠️ ○ We express concern about the role that the alcohol industry is given in the draft and about alcohol industry interference in the development of the Global Alcohol Action Plan at all levels. • Annex 9 (i) Draft recommendations for the prevention and management of obesity over the life course, including potential targets <ul style="list-style-type: none"> 👏 ○ We applaud and welcome the recent attention on obesity and call on MS to endorse the WHO recommendations on obesity (Annex 9) and WHO's acceleration plan (Annex 12). 💡 ○ We recommend the development of a Global Action Plan as an essential next step to ensure a strong and effective global response. • Annex 10 (j) Draft workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases <ul style="list-style-type: none"> 👏 ○ We applaud and welcome the draft workplan for the GCM/NCD and urge all MS to leverage its renewed mandate to deliver strategic and sustained leadership for NCD responses through whole-of-government and whole-of-society action, in line with national and global NCD targets.

¹ It is understood that the NCD agenda sub-items in Agenda Item 14.1 will be grouped for Member State (MS) and non-State Actor (NSA) statements; however, the details of such groupings were not available at the time of the publication of this document.

	<ul style="list-style-type: none"> ○  We recommend all MS optimise the proposed guidance on benefits and risk management approaches for engagement with NSAs to guard against unhealthy industry interference in policymaking.
<p>EB150 also noted reports on the following texts, which WHA75 will also be asked to note:</p>	<ul style="list-style-type: none"> ● Annex 5 (e) Progress in the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem and in the achievement of its associated goals and targets for the period 2020-2030 (A75/10 Add.3) ● Annex 6 (f) Progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health
<p>Two additional proposals are included for WHA75's consideration:</p>	<ul style="list-style-type: none"> ● Annex 11 The preparatory process leading to the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases in 2025 (A75/10 Add.5) <ul style="list-style-type: none"> ○  The proposed Global Conference on People Living with NCDs and Mental Health Conditions in 2024 and call for robust representation from grassroots to global levels and across different disease groups within the NCDs cluster. ○  The possibility of including global updates on air pollution, mental health conditions (including mental, neurological and substance use disorders), climate change and social determinants of health in the 2024 progress report. Without a comprehensive assessment of the global NCD response, we will miss the opportunity to have an ambitious Political Declaration in 2025. ○  Alongside the Secretariat's concern, we express concern that the engagement between governments and certain non-State actors continues to be challenging, especially in regard to managing risks, including conflicts of interest and undue influence. ● Annex 12 The acceleration plan to support MS in implementing the recommendations for the prevention and management of obesity over the life course (A75/10 Add.6) <ul style="list-style-type: none"> ○  We applaud and welcome the recent attention on obesity and call on MS to endorse the WHO's acceleration plan.
<p>WHA75 will also note the following information document:</p>	<ul style="list-style-type: none"> ● Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control (A75/INF./4)

TO NOTE: In preparation for WHA75, Annexes 1, 3, 4, 5 and 7 (highlighted above in bold) were slightly revised based on comments received from MS during EB150.

NCD community calls to action²

Annex 1 (a): Draft implementation road map 2023-2030- for the global action plan for the prevention and control of NCDs ([A75/10 Add.8](#))

Annex 1 outlines elements of draft implementation road map 2023–2030 that WHO will develop during 2022. The implementation road map will complement the WHO NCD Global Action Plan (GAP) and aims to provide a range of tools and support for MS to accelerate progress and reorient their domestic action plans with a view to placing themselves on a sustainable path to achieve the nine voluntary global NCD targets and SDG target 3.4 by 2030 (SDG indicator 3.4.1). The roadmap will focus on: (1) Acceleration of tailored national responses with support to identify barriers and enablers to progress; (2) Supporting MS to select and scale up implementation of the most impactful NCD prevention and PHC/UHC interventions and to mobilise resources, engaging a whole-of-government and whole-of-society approach; and (3) Accountability, including support for surveillance and tracking progress.

As part of the implementation roadmap, WHO will provide guidance and tools to support MS to prioritise and take urgent measures through development of the following tools and guidance:

- Heat maps to identify the probability of premature mortality from NCDs by countries, by specific NCDs.
- An NCD web data portal which will provide a visual summary all NCD indicators to help countries track their progress against global NCD targets.
- A web-based simulation tool for MS to assess impact of recommended interventions for NCDs, aligned to PHC and UHC frameworks, in their countries to support their prioritisation.
- An update of the Appendix 3 of the GAP (WHO 'Best Buys') in consultation with MS, UN and non-State actors (NSAs).
- Guidance on policy coherence for NCDs and risk factors across government sectors; meaningful multistakeholder collaboration (including with private sector and civil society); use of the WHO Innovation Scaling Framework in the context of NCD prevention and control; and on meaningful engagement of people living with NCD.

It should be noted that the nine voluntary global NCD targets have been extended to 2030 with three welcomed modifications: the premature mortality target will be aligned to SDG 3.4 target; the target on reduction in physical inactivity will be incremented from 10% to 15%, in line with the Global Action Plan on Physical Activity ([WHA71.6](#), 2018); and the target on relative reduction in harmful use of alcohol will be incremented from 10% to 20% in line with, and only following the approval of, WHO's draft Global Alcohol Action Plan at WHA75 ([EB150/7 Add.1](#)).



We applaud and warmly welcome the outline of the implementation roadmap, which will provide valuable, practical support to MS. In particular:

- The emphasis on engagement, particularly the meaningful engagement of people living with NCDs, and civil society more broadly, in the development of NCD principles, policies, programmes and services, including the update of the WHO recommended NCD interventions and 'Best Buys'. This will catalyse action where it has been insufficient, enabling the roll out of people-centred, effective, impactful and urgently needed NCD prevention and care services.

² Agenda items are listed in the order of the provisional agenda of WHA75.

- WHO's call for the implementation roadmap to be implemented in full alignment with the commitments to reduce air pollution and promote mental health and well-being (the “5x5 NCD agenda”), as well as eye, ear and hearing care.
- The proposed support to countries to take tailored routes, adapted to their own national contexts and disease burden.

**We recommend:**

- MS commit to include people living with NCDs in their multistakeholder engagement, as co-developers and co-designers of their country's NCD principles, policies, programmes and services. We invite MS and WHO to sign up to the [Global Charter on Meaningful Engagement of People Living with NCDs](#).
- WHO develops clear guidance to support MS to identify and avoid potential conflicts of interest in multistakeholder engagement, particularly with regard to actors with vested interests in major NCD risk factors: alcohol, ultra-processed food and drinks, polluting industries.
- WHO and MS work towards better reflecting NCD-related indicators in health systems performance and access to health care metrics, improving inclusion and quality of NCD indicators in monitoring for PHC and UHC. We also recommend that MS consider, within their country's contextualised approaches, to rectify the key gaps in existing global NCD targets, in particular lack of targets for those:
 - under 30 years and over 70 years;
 - living with comorbidities;
 - living with conditions [beyond the '5x5' approach](#), such as kidney, skin, oral and musculoskeletal conditions.

Annex 2 (b): Draft recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes, including potential targets (EB150/2022/REC/1)

The last [IDF Diabetes Atlas](#) estimates that in 2021, one in 10 adults were living with diabetes (537 million); diabetes was responsible for 6.7 million deaths – one every five seconds; and the diabetes-related health expenditure reached US\$966 billion – a 316% increase since 2004.


Despite recent efforts, there has been insufficient progress and most countries are off-track to achieve the WHO target of zero increase in diabetes prevalence by 2025. There is also limited progress in diabetes as part of the efforts towards the achievement of UHC by 2030. Following a process of review and development, the WHO Secretariat recommends the establishment of five global diabetes coverage targets for achievement by 2030:

- 80% of people with diabetes are diagnosed.
- 80% of people with diagnosed diabetes have good control of glycaemia.
- 80% of people with diagnosed diabetes have good control of blood pressure.
- 60% of people with diabetes of 40 years or older receive statins.
- 100% of people with type 1 diabetes have access to affordable insulin treatment and blood glucose self-monitoring.



We applaud the development of these targets and recommend their adoption at WHA75. These targets have the potential to improve the lives of people living with diabetes in the coming decade,

by becoming a core component of the Global Diabetes Compact and providing a strong direction for MS to act on diabetes.


 **We recommend that MS consider pushing the ambition of these targets further.** These diabetes coverage targets are not perfect, notably when it comes to the diagnosis of people living with type 1 diabetes. A person living with type 1 diabetes cannot survive without insulin, and therefore a 100% diagnosis target would be more appropriate.

Annex 3 (c): Draft global strategy on oral health (A75/10 Add.1)

The global strategy on oral health was requested by MS in the 2021 resolution on oral health ([WHA74.5](#)). It aims to provide guidance to build strong national responses for the promotion of oral health as part of national UHC benefit packages and NCD programmes. The strategy will be followed by a WHO action plan for oral health to be approved in 2023, including a monitoring framework and 2030 targets.

 **We applaud:**

- The recognition that oral health is strongly associated with general health, mentioning the comorbidity burden between oral diseases – the most prevalent diseases worldwide – and other NCDs, and the vision for integration of oral health within MS' UHC structures, reiterating the essentiality of oral health services for individuals and communities and presenting oral health as a fundamental human right.
- The increased attention given to the social determinants of oral health; the different public policies that can support the reduction of sugar intake, tobacco and alcohol use; and the high out-of-pocket payments and catastrophic health expenditure associated with oral healthcare specifically.
- The new strategic objective on a health workforce to meet people's oral health needs, calling for the promotion of competency-based education, innovative planning models, and both intra- and interprofessional collaboration in line with [pillar 3 of FDI's Vision 2030](#).

 **We recommend** the following additional points for inclusion in the final global strategy on oral health and its subsequent action plan:

- Poor oral health should be further emphasised as an NCD risk factor in itself, given its impact on other NCDs and treatment outcomes, making the case that health systems can be optimised and strengthened by integrating oral health promotion and care.
- The new strategic objective on a health workforce for oral health also needs to address how current payment system models for oral health providers can be reformed to encourage a shift to further emphasise prevention in oral healthcare.
- The key role of the oral health community in efforts to reduce antimicrobial resistance (AMR) must be recognised, including through dental infection prevention and antibiotic stewardship. Dentists currently prescribe up to 10% of antibiotics worldwide. This is not acknowledged in the draft strategy, despite mentioning the impact of COVID-19 on oral health services, including increased antibiotic prescriptions.

Annex 4 (d): Draft recommendations on how to strengthen the design and implementation of policies, including those for resilient health systems and health services and infrastructure, to treat people living with NCDs and to prevent and control their risk factors in humanitarian emergencies (A75/10 Add.2)

This annex includes draft recommendations on how to treat people living with NCDs and prevent and control their risk factors in humanitarian emergencies and, in the face of COVID-19, recommends an all-hazards emergency preparedness and response approach for NCDs. Its aim is to support key stakeholders in ensuring the continuum and provision of essential health services and public health functions, in line with humanitarian principles. We appreciate the recognition of the work of regional NCD alliances, including the “Voices of People Living with NCDs in Humanitarian Crises”, in this report.



We applaud:

- Recommended actions for MS, international humanitarian partners, civil society and the private sector to support the COVID-19 response, which align with NCD Alliance’s 12 recommendations in [A Global NCD Agenda for Resilience and Recovery from COVID-19](#).
- The emphasis placed on the meaningful involvement of people living with NCDs.
- The development of a prioritised essential NCD health package to be guaranteed in health emergencies, at various levels of care, to ensure concrete action and coordination across partners.



We recommend:

- MS ensure NCD prevention and control is integrated into UHC packages and PHC in preparedness and response to public health and other emergencies.
- WHO include the voice of people living with NCDs in humanitarian settings as part of their review of current WHO NCD-related responses in countries in emergencies and the development of a prioritised essential NCD health package.

Annex 5 (e): Progress in the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020-2030 (A75/10 Add.3) – to note

This annex provides the first report back on the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem (2020-2030). Since its global adoption on 17 November 2020, the global strategy has mobilised action around three targets:

- 90% of girls fully vaccinated with the HPV vaccine by the age of 15.
- 70% of women screened using a high-performance test by the age of 35 and again by the age of 45.
- 90% of women with pre-cancer treated and 90% of cases of invasive cancer managed.

The report indicates the progress made around the world in laying the foundations for action across different WHO regions and countries and by the WHO team. These actions are very encouraging and should be applauded, as they are putting countries and communities on track to achieving the ‘90-70-90’.

However, the body of the report outlines some deeply concerning disruptions caused by the COVID-19 pandemic, including the decline in global coverage of HPV vaccines from 15% in 2019 to 13% in 2020. In addition to this, data from WHO indicates that the most disrupted NCD service was cancer screening, in


which nearly half of countries (49% of 86 countries) reported disrupted services, and 16 of 86 countries (19%) reported that cancer screening was disrupted by more than 50%.³ These trends put progress towards cervical cancer elimination at great risk, despite compelling and feasible examples from MS around the world demonstrating that cervical cancer services can be continued in the midst of the pandemic.

 **We express concern:**

- The COVID-19 pandemic has the potential to set cervical cancer elimination back at national, regional and global level as each of the targets have a narrow time window for effective intervention. Delay in accessing vaccination, screening and treatment has the potential to cost women their lives.

 **We applaud:**

- The numerous examples of MS and CSOs working to ensure the continuation of services in the midst of the COVID-19 pandemic, which could be utilised to support MS in protecting women and girls.

 **We recommend:**

- MS ensure the inclusion of cervical cancer and other core NCD services in pandemic response and recovery plans to address disruptions. Critically, these strategies need to look at putting countries back on track to achieving the 90-70-90 targets by improving the coverage of HPV vaccination programmes and cervical cancer screening, rather than simply returning to pre-pandemic levels.
- MS invest in the health information systems necessary to track vaccination, screening and treatment to ensure that key vulnerable populations are not left behind. Monitoring diagnosis, mortality and survival is essential in order to refine national strategies to reach all three targets.
- MS include cervical cancer elimination within national cancer control plans and UHC with adequate budgets for their operationalisation, including financial risk protection for women with cervical cancer.

Annex 6 (f): Progress achieved in the prevention and control of NCDs and the promotion of mental health (EB150/2022/REC/1) - to note

This report highlights the progress achieved in the prevention and control of NCDs, including mental health, over the past 20 years. It highlights that deaths from NCDs are on the rise, now accounting for 74% of global deaths. NCDs are responsible for nine of the 10 leading causes of death in high-income countries. Cardiovascular diseases continue to account for the largest number of premature NCD deaths and 85% of these deaths occurred in low- and middle-income countries in 2019. The report also highlights that close to one billion people experience a mental disorder, including one in seven adolescents. The report highlights that in 2021, 98% of countries have a unit, branch, or department responsible for NCDs and over 80% of countries reported funding available for selected NCD-related areas. 70% of countries have an NCD action plan or similar, but only 53% are multisectoral and cover all four major NCDs. Concerningly, 64% of countries reported disruption of NCD activities due to COVID-19. NCD risk factor surveys and mass communication campaigns were the most disrupted.

³ WHO (2021) Second round of the national pulse survey on continuity of essential health services during the COVID-19 pandemic. <https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS-continuity-survey-2021.1> [Accessed 17.01.2022]

Despite the WHA74 endorsing the updated comprehensive mental health action plan 2013–2030, including 10 global targets and associated indicators to measure progress, only 49 countries report integration of mental health into PHC. 75% of MS report having a stand-alone policy or plan for mental health. Only 2.1% of domestic government health expenditure is dedicated to mental health. 66% of mental health expenses are currently being allocated to mental hospitals. Encouragingly in 2021, a mental health and psychosocial support monitoring indicator was included in the COVID-19 Strategic Preparedness and Response Plan.



We recommend:

- MS step-up policy action and investment in cost-effective interventions for the prevention and control of NCDs and mental health.
- MS allocate sustainable financing for NCDs and mental health to protect the progress achieved to date and catalyze action where this is lacking. For more information on NCD financing, please refer to NCDA’s policy brief "[Invest to Protect: NCD financing as the foundation for healthy societies and economies](#)".
- MS include essential NCD and mental health care, medicines and products in UHC benefit packages, national essential medicines drug lists and national drug procurement systems to reduce catastrophic financial expenditure.

Annex 7 (g): Draft intersectoral global action plan on epilepsy and other neurological disorders in support of UHC (A75/10 Add.4)

With the acknowledgment of stroke as a neurological disorder in the International Classification of Diseases (ICD) 11, neurological disorders are now the leading cause of Disability Adjusted Life Years (DALYs) lost and the second leading cause of death globally, accounting for 9 million deaths per year.⁴



We applaud and strongly endorse the WHO draft Intersectoral Global Action Plan (GAP) on epilepsy and other neurological disorders, including its [indicators and targets](#). We believe that the GAP provides an ambitious, comprehensive, and multisectoral response to address neurological disorders and promote brain health. Investing in this holistic model can bring measurable health and economic gains by decreasing the incidence of neurological disorders, improving survival rates, reducing complications and disabilities, lowering treatment costs, and ensuring a better quality of life for those affected. We also appreciate:

- The recommended integration of neurological disorders into existing global frameworks for NCDs and the SDGs, as well as the emphasis on the central role of national neurological action plans, taking a bundle approach to neurological disorders by addressing their common challenges and solutions.
- Emphasis on developing a core set of intermediate indicators and targets in line with this GAP, other GAPs, WHO monitoring frameworks and national circumstances, to monitor outcomes.
- Attention given to improving strategic and coordinated research and innovation in neuroscience.



We recommend:

- WHO and CSOs develop compelling investment cases to assist with securing adequate budgets at all levels to successfully implement the GAP.

⁴ <https://www.thelancet.com/journals/lanneur/article/PIIS1474-4422%2819%2930029-8/fulltext>

- Adopting an entry point approach depending on the epidemiological profile of each country (e.g. epilepsy or stroke).
- Strengthening the role of WHO Regional Offices, which can be instrumental in boosting the implementation of the plan in their respective regions.

Annex 8 (h): Draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority (EB150/2022/REC/1)

Evidence shows implementation of the WHO Global Alcohol Strategy over the last decade has been ineffective, inadequate and outdated.

- No low-income country has reported increasing resources for implementing alcohol policy since the WHO GAS was adopted.
- Many countries have not yet implemented the alcohol policy best buy solutions, with LMICs less likely to have evidence-based and cost-effective policies in place.
- Without action, Africa could see an increase in both the absolute number and proportion of people consuming alcohol, the amount consumed per capita and heavy episodic alcohol use.
- Southeast Asia has seen a 29% increase in per capita alcohol use since 2010.

That is why a bold, ambitious, and action-oriented Global Alcohol Action Plan is urgently needed.



We applaud, welcome and endorse, together with Movendi International, the WHO draft Global Alcohol Action Plan. The draft contains important elements to accelerate action on alcohol as a public health priority. In particular, we welcome:

- A strong focus on the alcohol policy best buys and the SAFER initiative in the action plan will accelerate positive country impact to protect more people from alcohol harm. Best practice examples in almost all WHO regions demonstrate the positive impact on health, economy, and development when countries implement the alcohol policy best buys.



We express concern about the role that the alcohol industry is given in the draft and about alcohol industry interference in the development of the Global Alcohol Action Plan at all levels.

- In the consultation process, the alcohol industry mobilised tobacco industry affiliates, highlighting the need for WHO to better use FENSA protection concerning the alcohol industry. MS have consistently highlighted alcohol industry interference and conflicts of interests as the key reason for the lack of progress in the last ten years. But the draft Action Plan still affords a role to the alcohol industry, still maintains WHO's dialogue with the alcohol industry, and still maintains the flawed and outdated concept of "harmful use of alcohol". These are serious shortcomings of the alcohol action plan and might jeopardise urgently needed action to protect people from the harms caused by the alcohol industry. In this context of aggressive alcohol industry interference and persisting lack of protection measures, the task of the proposed expert committee to provide recommendations on the way forward is most welcome.
- The Action Plan increases the 10% target in relative reduction in the "harmful use of alcohol" (from the NCD Global Monitoring Framework) to 20%. However, it is concerning that the initial language in the draft action plan was "20% reduction in alcohol per capita consumption (APC) by 2030". APC is a stronger measure than the current "harmful use of alcohol", and is well accepted in the research community. Thus, it would be preferable to maintain this language rather than change it.

**We recommend:**

- Investment in the global, regional, and national alcohol policy infrastructure. The draft contains important elements, but more should be done. We call for an inter-agency initiative to support countries in the development of alcohol excise taxation. It is time for a global ministerial conference on alcohol policy to continue to build momentum and leadership.
- Regular review at the WHO governing bodies about the progress of implementing the action plan is essential. A mechanism that facilitates biannual review of progress or lack thereof at the WHO governing bodies is important and should be included in the decision.
- Placing the rights and needs of people and communities affected by alcohol harm need to be placed at the centre of action.

Annex 9 (i) Draft recommendations for the prevention and management of obesity over the life course, including potential targets ([EB150/2022/REC/1](#))
Annex 12 Acceleration plan to support Member States in implementing the recommendations for the prevention and management of obesity over the life course ([A75/10 Add.6](#))

Countries are missing the WHO obesity targets; 2030 projections for obesity show that rates are expected to double during a period when levels should have remained the same. Failure to coordinate and commit to action on obesity has not only resulted in missing the obesity targets for adults and children, but puts other NCD, nutrition, SDG and WHO's 3 Billion targets in jeopardy. Ahead of WHA75, we have an opportunity to take meaningful steps to address obesity, but failure to seize this opportunity to its full potential presents a real risk for leaving many behind.

**We applaud and welcome the recent attention on obesity and call on MS to endorse the WHO recommendations on obesity (Annex 9) and WHO's acceleration plan (Annex 12).** In particular:

- Overall, the recommendations on obesity are strong and reinforce existing recommendations on nutrition and physical activity, while also including new recommendations related to the management and treatment of obesity and the inclusion of obesity in PHC and UHC. The WHO acceleration plan provides a mechanism to support front-runner countries in the implementation of the recommendations, and to support tailored national plans/roadmaps.
- MS are encouraged to recognise the recommendations on obesity and WHO's acceleration plan as essential first steps towards more comprehensive and coherent action on obesity.

**We recommend:**

- The development of a Global Action Plan as an essential next step to ensure a strong and effective global response. Currently, an overarching framework that can support all countries with implementation and serve as a mechanism for accountability is still absent. A Global Action Plan on Obesity could serve as this overarching framework to bring together different initiatives on obesity, provide a basis for all countries to implement the recommendations, provide a strong accountability framework for all countries, support comprehensive action on obesity in line with recommendations, and provide recommendations for different actors to support action.
- WHO ensures the engagement of CSOs and people living with obesity in the intercountry dialogues and to develop tools for all MS, including on managing conflicts of interest with health-harming industries and addressing commercial determinants, which can support implementation of the recommendations away from undue influence for both the front-runner countries included in WHO's acceleration plan, as well as all others, to help ensure that no one is left behind.

Annex 10 (j) Draft workplan for the Global Coordination Mechanism on the prevention and control of NCDs (WHO GCM/NCDs) (EB150/2022/REC/1)

This document outlines the draft work plan of the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases (GCM/NCD) and five proposed priority areas of work to ensure a focused approach and alignment with WHO NCD-related programmes, and the NCD GAP.

No	Description
Priority area 1	Operational backbone for knowledge collaboration and the dissemination of innovative multistakeholder responses at country level.
Priority area 2	Enabler for the global stocktaking of multistakeholder action at country level and for co-designing and scaling up innovative approaches, solutions, or initiatives to strengthen effective multisectoral and multistakeholder action.
Priority area 3	Providing and updating guidance to MS on engagement with non-State actors, including on the prevention and management of potential risks.
Priority area 4	Global facilitator for strengthened capacity of MS and civil society to develop national multistakeholder responses the for the prevention and control of NCDs.
Priority area 5	Convener of civil society, including people living with NCDs, to raise awareness and build capacity for their meaningful participation in national NCD responses



We applaud and welcome the draft workplan for the GCM/NCD and urge all MS to leverage its renewed mandate to deliver strategic and sustained leadership for NCD responses through whole-of-government, and whole-of-society action, in line with national and global NCD targets. In particular:

- We endorse the increased focus on the meaningful involvement of people living with NCDs, and the decision to develop a WHO framework on the meaningful engagement of people living with NCDs and mental health conditions. Civil society, especially the representatives of people with lived experience continue to play a vital role in the NCD response and should be recognised.



We recommend all MS optimise the proposed guidance on benefits and risk management approaches for engagement with NSAs to guard against unhealthy industry interference in policymaking.

Annex 11: The preparatory process leading to the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases in 2025 (A75/10 Add.5)

The fourth United Nations High-Level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (UN HLM on NCDs) in 2025 will be a time to reflect on the challenges and successes of the global NCD response. MS will adopt a new, ambitious, and achievable political declaration on NCDs based on evidence and grounded in human rights that will serve as an important framework to accelerate the global NCD response from 2025. By the end of 2024, the United Nations Secretary-General will submit a report on the progress achieved in the implementation of the present political declaration to the General Assembly. This report may also provide updates on activities in the areas of air pollution, mental health conditions (including mental, neurological and substance use disorders), climate change,

and social determinants of health, including regional meetings and decisions. The proposal for the preparatory process includes meetings co-sponsored by WHO. Their outcomes may serve as an input into the development of the 2024 progress report of the United Nations Secretary-General and shape the preparatory process and the fourth UN HLM on NCDs itself.

 **We applaud:**


- The proposed Global Conference on People Living with NCDs and Mental Health Conditions in 2024 and call for robust representation from grassroots to global levels and across different disease groups within the NCDs cluster.
- The possibility of including global updates on air pollution, mental health conditions (including mental, neurological and substance use disorders), climate change and social determinants of health in the 2024 progress report. Without a comprehensive assessment of the global NCD response, we will miss the opportunity to have an ambitious Political Declaration in 2025.

 **We express concern:**

- Alongside the Secretariat's concern, that the engagement between governments and certain non-State actors continues to be challenging especially in regard to managing risks, including conflicts of interest and undue influence. The tobacco, alcohol, ultra-processed food, breastmilk substitute and fossil fuel industries are unrelenting in their efforts to influence governments to delay, weaken or overturn policies which are proven to protect public health, reduce inequalities and are needed to improve resilience to future health threats. In their lead up to the 2025 UN HLM on NCDs, we urge all MS to optimise the proposed WHO GCM/NCDs-led guidance and initiatives on benefits and risk management approaches.

Information Document: https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_INF4-en.pdf Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control (A75/INF./4)

This document reports on the main outcomes of the Ninth session of the Conference of the Parties (COP9) to the WHO Framework Convention on Tobacco Control (WHO FCTC) (8 - 13 November 2021), and of the Second session of the Meeting of the Parties to the Protocol to Eliminate Illicit Trade in Tobacco Products (15 - 18 November 2021).

 **We applaud:**

- The decision [FCTC/COP9\(13\)](#) launching the WHO FCTC Investment Fund to bridge the funding gap for FCTC implementation and other global tobacco control efforts. Donations should not come from organisations with links to any health-harming industry (tobacco, alcohol, ultra-processed food, breastmilk substitute and fossil fuel industries).
- The decision [FCTC/COP9\(10\)](#) adopting a declaration noting that tobacco use is a major risk factor for NCDs and that both tobacco use and NCDs contribute to developing severe COVID-19-related illness, and emphasizing that tobacco control measures, including tax measures, should be an integral part of pandemic recovery efforts.




We recommend MS and the NCD community follow COP10 (to take place in Panama around end November 2023), as Parties decided to defer all substantive and technical discussions to COP10 (including on novel and emerging tobacco products).

Pillar 2: One billion more people better protected from health emergencies

16.2 Strengthening WHO preparedness for and response to health emergencies Documents [A75/10](#), [A75/17](#), [A75/18](#), [A75/19](#), [A75/20](#) and [A75/21](#)

The Health Assembly will be invited to review the reports of the Working Group on Pandemic Preparedness and Response and consider the proposed amendments to the International Health Regulations (2005).

 **We recommend:**


- NCD prevention, screening, and treatment is prioritised in national COVID-19 response and recovery plans, including integration of monitoring and data collection on NCDs, through concerted co-creation and collaboration with people living with NCDs.
- Increased domestic allocation of resources and development of targeted policies to tackle NCD risk factors, including the commercial determinants of health, through funding mechanisms such as taxation of unhealthy commodities.
- Strengthened PHC to ensure equitable access to essential health services, particularly for people living with NCDs and in low-resource settings.

Pillar 3: One billion more people enjoying better health and well-being

Item 18.1: Maternal, infant and young child nutrition

Progress to meet childhood obesity targets remains inadequate and countries are off track to meet them. The [biennial report](#) noted at EB150 shows less than half of all MS enforce sugar-sweetened beverage (SSB) taxes or regulate the types of foods and beverages available in schools. Opportunistic [marketing of unhealthy commodities has seen a rise](#) during the COVID-19 pandemic.

Compliance with the International Code of Marketing of Breastmilk Substitutes is also unacceptably low: only 79 MS have prohibited promotion of breastmilk substitutes (BMS) in health facilities, and just 37 MS include digital marketing in their implementation of the Code. [Recent WHO Reports](#) note that exposure to marketing of BMS is linked to more positive attitudes towards formula feeding, thereby diminishing the perceived value of breastfeeding. Furthermore, digital marketing of BMS can target pregnant women and mothers with unprecedented precision and complicates scrutiny from national monitoring and health authorities.

 **We applaud and support [decision EB150\(7\)](#) and recommend its adoption at WHA75. This would enable WHO to provide guidance on regulatory measures aimed at restricting the digital marketing of BMS and ensuring the implementation of the Code. WHO would report on this task at WHA77 (2024).**



We recommend:

- Protect children's and mothers' health by promotion of breastfeeding as a [powerful and cost-effective double-duty policy action](#): it protects women against breast cancer and children against overweight and obesity, and therefore against developing other NCDs like cancer in the future.
- Strong action to address the commercial determinants of health and enforce the implementation of the International Code of Marketing Breast-milk Substitutes to safeguard communities, protecting mothers and babies from dangerous promotion strategies.
- With the expansion of digital marketing practices, we urge the development of new approaches to strengthening, monitoring and enforcing the implementation of the Code.

Item 18.2: WHO's implementation framework for Billion 3 (Document EB150/24)

At least 50% of the global disease burden could be prevented by ensuring safe, more supportive, and healthier environments. WHO has developed the implementation framework for Billion 3 to achieve WHO's third billion target in GPW 13: One billion more people enjoying better health and well-being. It is grounded on six objectives (1) scale up prevention and health promotion; (2) act on all determinants of health with health-in-all policies approaches; (3) empower the health sector; (4) enhance evidence and research agendas; (5) create a social movement for health equity; and (6) measure progress and results against GPW 13. These objectives are operationalised through 10 flagship initiatives, with health equity seen as a foundation for this implementation framework:

- **Environment, climate change and health:** Guidance was developed on climate-resilient and environmentally sustainable healthcare facilities, and safe use of radiation, and WHO participated at the latest Conference of the UN Framework Convention on Climate Change (COP26).
- **Strategic action for small island developing states (SIDS):** WHO launched a special initiative to ensure that SIDS become a global health priority and is working to strengthen technical capacity, resilient facilities, health workforces, supply platforms and evidence generation and use.
- **Urban health:** In 2021, WHO set up a new unit in the Department of Social Determinants to coordinate work to improve urban health, build partnerships and identify priority areas for country support.
- **Transport and mobility:** The UN have declared 2021–2030 as the Decade of Action for Road Safety and mandated WHO and relevant partners to prepare a plan of action for the Decade. A High-Level Meeting of the UN General Assembly on improving global road safety will be held in July 2022.
- **Food systems and nutrition:** The UN Food Systems Summit was held in September 2021, while the Nutrition for Growth Summit took place in December 2021. WHO supported countries with updated guidance, information briefs, implementation frameworks and tools to support transformation towards healthy food system. A new WHO obesity strategy is under development.
- **Health promotion and well-being:** WHO has established dedicated cross-cutting units on enhanced well-being; fiscal policies for health; and public health law.
- **Healthy ageing:** WHO provides strategic leadership on demographic change and healthy ageing and serves as the Secretariat for the UN Decade of Healthy Ageing (2021–2030).
- **Economic and commercial determinants of health:** A new commercial determinants of health unit has been established in the Department of Social Determinants of Health to ensure coherence. The biennium 2022–2023 will provide MS with guidance for addressing the economic and commercial determinants of health, including through a strengthened common UN approach.

- **One Health:** The Secretariat has established a One Health Initiative unit and strengthened its collaboration with the Food and Agriculture Organization; World Organisation for Animal Health; and UN Environment Programme (the Tripartite Plus: WHO-FAO-OIE-UNEP). The four agencies are developing a global plan of action for One Health to be finalised in the biennium 2022–2023.
- **Antimicrobial resistance (AMR):** WHO is working with the Tripartite Plus agencies on AMR, and supports countries in building sustainable institutional capacity to implement national action plans.

The EB150 recommended that the **two draft resolutions** under this agenda item be further negotiated and passed at WHA75: (1) **Health promotion and well-being** (proposed by UAE, [EB150/CONF./4](#)) and (2) **Outcome of the SIDS Summit for Health:** For a healthy and resilient future in small island developing states (proposed by Fiji, Cabo Verde and Vanuatu, [EB150/CONF./5](#)).



We applaud:

- The creation of a dedicated WHO unit on commercial determinants of health to address the undue influence of health-harming industries (involved in tobacco, alcohol, ultra-processed food, breastmilk substitute and fossil fuels) in public health and to ensure policy coherence by establishing a common UN approach to commercial determinants. Guidance must include mechanisms to identify and manage risks, including conflicts of interest and undue influence from these health-harming industries.
- The call for strengthened action on health promotion and the well-being agenda. NCDs are the leading cause of avoidable morbidity due to their chronic nature and their tendency to occur in clusters, which places significant burden on health systems. Many can be prevented through prioritised and sustained action on their risk factors and the social and commercial determinants of health, including by ensuring safe, more supportive, and healthier environments, and targeting the most marginalized groups.
- The call for support of small island developing states (SIDS), which are more vulnerable to climate change and its impact on health and local food production. SIDS have some of the highest prevalence rates of obesity in the world and require specific support to transform their food systems as they heavily rely on imported food products, which are mostly ultra-processed.



We recommend prioritising health promotion, prevention and treatment of NCDs, based on the life course approach to prevent further increases in prevalence. Failure to meet global NCD targets, including the target to halt the rise in obesity and diabetes, puts other targets in jeopardy, including the Sustainable Development Goals, NCD and WHO's triple billion targets.

In case of questions or feedback, please contact info@ncdalliance.org.⁵

⁵ Icons in this document sourced from <https://www.flaticon.com>