

Charting the Future of Global Health: Insights from WHO's 154th Executive Board Session

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The 154th session of WHO's Executive Board (EB154), which took place between 22-27 January 2024, has started the countdown towards the Fourth UN High-Level Meeting on NCDs and mental health in 2025 (HLM on NCDs). Many discussions revolved around NCD financing, the need for NCD targets and monitoring beyond 2025, social participation and integration of NCDs into Universal Health Coverage (UHC), and preparedness and response to both humanitarian settings and pandemics.

The mood at EB154 was fraught in the shadow of recent global armed conflicts, and complex power dynamics, resulting in contrasting views on the focus and language used across EB154 decisions. This led to many proposed decisions being delayed for consideration at the 77th session of the World Health Assembly (WHA77) in May. As well, questions were raised about the impartial application of the principles of WHO's Framework of engagement with non-State actors, based on the opposition of many Member States to approving The Centre for Reproductive Rights as a non-State actor in official relations with WHO.

Investing in NCD implementation remains a major gap

As we draw nearer to the 2nd WHO global dialogue on sustainable financing for NCDs and mental health (scheduled for June 2024), part of the [preparatory process for the HLM on NCDs](#) [1], the need to ramp up investments in NCDs, including mental health conditions, resonated strongly among Member States. Throughout many debates, representatives from the USA, Japan, Malaysia, Brazil, Yemen, and Denmark echoed this urgent call. During the opening session, Slovenia pointed out the availability of tried-and-tested, cost-effective tools such as WHO's [NCD 'best buys' and other recommended interventions](#) [2]. Senegal brought up the role of innovative sources of funding, such as taxes on tobacco, alcohol, and sugary products.

"[...] There is a clear need to explore how we strengthen the global funding landscape for NCDs based on existing models and importantly, how Member States can tap on these funds to support their NCD initiatives." – representative of Brunei Darussalam at EB154

In the follow-up to the [Bridgetown Declaration on NCDs and Mental Health](#) [3], several small island developing states (SIDS) reiterated the calls for a tailored approach to funding in the Caribbean Community (CARICOM) considering the specific local challenges that exacerbate their NCD burden, including dependence on imported food, commercial influence and trade-related challenges, and climate change.

Aligning NCDs and other Sustainable Development Goals

The deliberations delved into many structural matters that impact people's health – from the social determinants of health and economics of health for all, to climate change and nutrition. Member States welcomed the recommendations for [the World Report on Social Determinants of Health Equity](#) [4], to be published later in the year. The report flags the importance of monitoring social determinants, with countries now having access to [the Operational framework for monitoring social determinants of health equity](#) [5] as guidance.

In relation to the commercial determinant of health, the discussions on strengthening health and well-being in sports events resulted in [the adopted decision](#) [6] highlighting the importance of limiting the marketing of unhealthy products in sports events, which is imperative for protecting children and youth. More information on the lucrative marketing strategies of industries putting profit over the health of future generations is available in the report '[Selling a sick future](#)' [7].

During discussions on climate change and health, which will continue later in the year ahead of WHA77, Norway, on behalf of the Nordic and Baltic countries, emphasized the increased risks of mortality from climate-related impacts facing people living with NCDs. [NCD Alliance echoes](#) [8] the calls and underscores the crucial need to reduce fossil fuel use as the most significant driver of climate change. It will be key that civil society is consulted in the development of the requested WHO Global Plan of Action on Climate Change and Health.

Engaging and bringing lived experience to the policy table

On [the road to the HLM on NCDs](#) [1], we are also expecting the convening of two symposia on the meaningful engagement of people living with NCDs, including mental health conditions, later in 2024. In this vein, the support from many Member States for [the draft decision](#) [9] on social participation for UHC, health and well-being, led by Thailand and Slovenia, was truly heartening.

We hope as the negotiations continue that this document will maintain its acknowledgement of the value of lived and living experiences (especially of those in vulnerable situations) in informing health policy and programmes, with a strong focus on the need to implement formal, sustained, and meaningful social participation mechanisms that include monitoring and evaluation systems. This would ensure the resolution remains in line with [NCD Alliance's ask for meaningful engagement](#) [10] and that NCD and UHC programmes are inclusive and responsive to the needs of the people for whom they have been created.

Accounting for commitments and tracking progress on NCDs

Mental health and psychosocial support before, during, and after humanitarian crises, health and other emergencies was another topic of discussion. The relevant [draft decision](#) [11] led by the Netherlands and Ukraine will be further negotiated at WHA77. Given the greater challenges that people at risk of or living with NCDs, including mental health conditions, face managing their conditions during emergencies, the NCD Alliance is supportive of this document overall. However, we urge Member States to follow a unified approach and avoid reporting on mental health, dementia, alcohol, drugs, epilepsy, and other neurological disorders separately from the annual consolidated WHO progress report on NCDs and mental health, as the current text suggests.

Canada verbally requested WHO to outline the process for updating the Global NCD Monitoring Framework and its set of global NCD targets by 2025 and 2030, and to also extend them to 2050. The EB154 also witnessed substantial discussions on the future strategy of WHO (the GPW14). Countries such as Belgium welcomed the inclusion of work on commercial determinants of health and the focus on a primary healthcare approach for UHC, while also stressing the need for WHO to better reflect its prioritization exercise as its strategic agenda grows. Other Member States echoed concerns around priority-setting and also the need for the results framework to focus on measuring impact.

Responding to health emergencies in the midst of complex geo-political landscapes

Armed conflict and volatile political contexts, accelerating climate change, and food insecurity have weakened health systems and accelerated disease outbreaks globally. WHO highlighted that it is responding to more frequent, more complex, and longer-lasting health emergencies than at any time in its history. As this has led to a budget gap, in January WHO launched a \$1.5 billion appeal for work in emergencies.

EB154 adopted decisions on the topics of [the Universal health and preparedness review process](#) [12] and [strengthening laboratory biological risk management](#) [13]; and [a resolution on health conditions in the occupied Palestine territory](#) [14], including east Jerusalem. Spotlighting the needs of people living with NCDs in humanitarian settings will be the topic of the WHO high-level technical meeting in February 2024, where recommendations will also be made towards the HLM on NCDs. NCDA has produced [a policy brief](#) [15] on the topic, including three case studies.

The road ahead

The EB154 has given us a glimpse of the road ahead to the HLM on NCDs in 2025. We are awaiting the UN Secretary-General's report at the end of 2024, which will be informed by the Global high-level technical meeting on NCDs in humanitarian settings and the Global NCD financing dialogue in June. Stay tuned for NCDA's advocacy priorities for 2025!

Please read our more detailed report on EB154 [here](#) [16], providing more details about other major developments on NCDs, UHC, and health promotion.

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[1] <https://www.who.int/teams/noncommunicable-diseases/on-the-road-to-2025>

[2] <https://www.who.int/teams/noncommunicable-diseases/updating-appendix-3-of-the-who-global-ncd-action-plan-2013-2030/>

[3] <https://cdn.who.int/media/docs/default-source/ncds/sids-event/2023-bridgetown-declaration-on-ncds-and-mental-health.pdf>

[4] https://apps.who.int/gb/ebwha/pdf_files/EB154/B154_21-en.pdf

[5] <https://www.who.int/publications/i/item/9789240088320#:~:text=This%20Operational%20framework%20for%20m>

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[6] [https://apps.who.int/gb/ebwha/pdf_files/EB154/B154\(13\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/EB154/B154(13)-en.pdf)

[7] <https://ncdalliance.org/resources/selling-a-sick-future-counteracting-harmful-marketing-to-children-and-young-people-across-risk-factors-and-ncds>

[8] <https://ncdalliance.org/resources/who-eb154-individual-statement-agenda-item-22-climate-change-pollution-and-health>

[9] https://apps.who.int/gb/ebwha/pdf_files/EB154/B154_CONF10-en.pdf

[10] https://ncdalliance.org/sites/default/files/resource_files/NCDA_UHCBrief_EN_FINAL.pdf

[11] https://apps.who.int/gb/ebwha/pdf_files/EB154/B154_CONF11-en.pdf

[12] [https://apps.who.int/gb/ebwha/pdf_files/EB154/B154\(9\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/EB154/B154(9)-en.pdf)

[13] [https://apps.who.int/gb/ebwha/pdf_files/EB154/B154\(10\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/EB154/B154(10)-en.pdf)

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[15] <https://ncdalliance.org/resources/neglected-and-in-crisis-ncds-as-a-priority-in-humanitarian-settings>

[16] <https://ncdalliance.org/resources/ncda-analysis-of-the-154th-session-of-whos-executive-board-eb154>

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