

## **NCD Alliance Advocacy Briefing 150th Session of WHO Executive Board, 24-29 January 2022**

This briefing note provides background and key advocacy messages on the NCD Alliance's key priorities for the 150th session of the WHO Executive Board (EB150) in January 2022. The EB will take place in a virtual format due to the COVID-19 pandemic. A full list of documents, together with updated timetables for each day, can be found [here](#). This note deals with key NCD-relevant items in the order recommended for statements by WHO.

### **Pillar 1: One billion more people benefitting from universal health coverage**

**Agenda item 7 – Political declaration of the third high-level meeting of the UN General Assembly on NCDs ([Documents EB150/7](#), [Documents EB150/7 Add.1](#))**

**General Recommendation:** We call on the Executive Board to support the draft decision included in EB150/7 recommending submission of the draft policy instruments contained in Annexes 1, 2, 3, 4, 7, 8, 9, 10 to the 75th WHA (22nd – 28th May 2022) for adoption. Noting that people living with NCDs continue to be among those most affected by the COVID-19 pandemic and disrupted health services, we request that Member States strongly support this decision, and emphasise the importance of NCD action to pandemic preparedness and response. We welcome this constructive, practical and joined-up approach to WHO guidance, targets, technical support, and tools to support Member States to accelerate progress on care for people living with NCDs and prevention of NCDs. Specific key messages on each of these draft policy recommendations as well as reports detailed in Annexes 5 and 6 that the EB is invited to note are detailed below. **Recommendations are grouped according to the 3 groups by which they will be discussed during the Executive Board proceedings as communicated by WHO:**

Member States and Non-State Actors are invited to make statements on item 7 in the following groups:

- **Grouping 1.a**, which includes:
  - Annex 1 (a): Draft implementation road map 2023-2030- for the global action plan for the prevention and control of NCDs
  - 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
  - Annex 6 (f): Progress achieved in the prevention and control of NCDs and the promotion of mental health. To note
  - Annex 10 (j): Draft workplan for the global coordination mechanism on the prevention and control of NCDs
- **Grouping 1.b**, which includes:
  - Annex 2 (b): Draft recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes, including potential targets
  - Annex 3 (c): Draft global strategy on oral health

- 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
- Annex 9 (i): Draft recommendations for the prevention and management of obesity over the life course, including potential targets
- **Grouping 1.c**, which includes:
  - Annex 7 (g): Draft intersectoral global action plan on epilepsy and other neurological disorders in support of UHC
  - 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

#### **GROUPING 1.a.**

#### **Annex 1 (a): Draft implementation road map 2023-2030- for the global action plan for the prevention and control of NCDs**

Annex 1 outlines elements of draft implementation road map 2023–2030, that WHO will develop during 2022. The implementation roadmap will complement the WHO NCD Global Action Plan (GAP) and aims to provide a range of tools and support for Member States (MS), to accelerate progress and reorient and accelerate their domestic action plans with a view to placing themselves on a sustainable path to achieve the nine voluntary global NCD targets by 2025 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 most impactful NCD prevention, PHC/UHC interventions and to mobilise resources, engaging a whole-of-government and whole-of-society approach; (3) Accountability, including support for surveillance and tracking progress.

#### **Key messages:**

NCD Alliance and members warmly welcome the outline of the implementation roadmap, which will provide valuable, practical support to Member States and demonstrates the broad and constructive guidance and tools being developed by WHO in support of national action. We underline the critical importance of the following elements included in the implementation road map:

- **ENGAGE:** The WHO Secretariat will develop guidance for the meaningful engagement of people living with NCDs and mental health conditions, and civil society more broadly, in order to support WHO and MS in the development of NCD principles, policies, programmes and services. 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.
- **ACCELERATE:** WHO will provide guidance and tools to support MS to take urgent measures, including through strengthening national capacity for the governance of multistakeholder engagement, strengthening national monitoring and surveillance systems for NCDs and their risk factors and prioritisation of implementation research. We welcome the emphasis that WHO will support countries should take tailored routes, adapted to their own national contexts and disease burden. In particular, we call for MS to:

- Support the update of the WHO recommended NCD interventions and ‘Best Buys’ and actively participate in consultations, considering benefits across a broader range of NCDs and age groups including children, youth and older people.
  - Implement the Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through the Implementation of the WHO FCTC 2019–2025, WHO’s global strategy to reduce the harmful use of alcohol and its global action plan, WHO’s global action plan on physical activity 2018–2030 and WHO guidance and tools for promoting a healthy diet should be implemented to scale.
  - Implement fiscal measures aimed at minimizing the impact of the main risk factors for NCDs and including health taxes in their revenue programmes, linking these to NCD prevention and control.
  - Engage with WHO NCD special initiatives and technical packages for reducing NCD risk factors, health care for people living with all NCDs and rehabilitation for people experiencing disability in order to enable countries to implement evidence-based interventions.
  - Strengthen inclusion of NCD prevention and control in PHC and UHC benefit packages.
  - Incrementally increase the allocation for health, and within that for NCDs, and improve the effectiveness of catalytic funding support.
- **ALIGN:** 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 “5 by 5 NCD agenda”) as well as eye, ear and hearing care.
  - **ACCOUNT:** Endorse and use the upcoming WHO web portal enabling tracking of global, regional and cross-country NCD data across the NCD Global Monitoring Framework.

We invite MS to underscore the following **additional** points in relation to the implementation road map:

- **ENGAGE:** Call for MS to 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](#).
- Emphasise the urgent need for clear WHO 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.
- **ACCELERATE:** Call for the web-based simulation tool in development by the WHO Secretariat be open access to enable civil society organizations (CSOs) to engage with this data enabling accountability.
- **ALIGN:** Call for MS to 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.
- **ACCOUNT:** Call for WHO to 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.

NCDA and members pledge to assist and support in the development of the implementation road map across the strategic directions and actions at global, regional, country and local levels in 2022 and beyond. NCDA will publish a report examining the existing NCD targets and proposing additional key areas of action in 2022.

**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**

This annex includes draft recommendations on how to treat people living with NCDs and prevent and control their risk factors in humanitarian emergencies and is aimed at supporting Member States as well as helping to ensure 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.

**Key Messages:**

- Support 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](#) and aligned under the themes of governance, prevention and health systems.
- Emphasize the need to for MS to ensure NCD prevention and control is integrated into UHC packages and PHC in preparedness and response to public health emergencies.
- Encourage WHO to 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 prioritized essential NCD health package.
- Fully support the development of a prioritized essential NCD health package to be guaranteed in health emergencies, at various levels of care, to ensure concrete action and coordination across partners.

**Annex 6 (f): Progress achieved in the prevention and control of NCDs and the promotion of mental health. To note**

**PART I. PREVENTION AND CONTROL OF NCDs**

The first part highlights the progress achieved in the prevention and control of NCDs.

*The global burden of NCDs and risk factors during the past 20 years*

- Deaths from NCDs are on the rise, now accounting for 74% of global deaths and 7/10 leading causes of death. NCDs are responsible for 9/10 leading cause of death in high-income countries.
- While there has been a decline in mortality for all ages for chronic respiratory diseases (37%), followed by cardiovascular diseases (27%) and cancer (16%), diabetes has shown an unfavorable trend, with a 3% increase.
- Compared to 2000, the global risk of dying from NCDs between the ages of 30 and 70 (“premature” deaths), has declined more than one fifth, from 22.9% in 2000 to 17.8% in 2019.

- In 2019, 15.7 million premature NCD deaths were recorded and 1.9 million people died from NCDs before the age of 30.
- Cardiovascular diseases continue to account for the largest number of premature NCD death and 85% of these deaths occurred in low- and middle-income countries in 2019.

*National capacity for NCD prevention and control based on a NCD Country Capacity Survey to all Member States (2021)*

- 98% of countries have a unit, branch, or department responsible for NCDs. 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 covered all 4 major NCDs.
- Less than half of countries are implementing policies to reduce the impact of the marketing of unhealthy foods to children.
- 54% reported having population-based cancer registries and 51% reported having a diabetes registry. 39% had not collected population-based data for any of the risk factors. Screening programmes for breast cancer and cervical cancer are reported by nearly three quarters of countries.
- 53% reported availability of all six essential technologies for early detection, diagnosis and monitoring of NCDs; 22% reported 6 or fewer of the 11 essential medicines were generally available; 71% reported dialysis as being generally available in the publicly funded health system.
- 64% of countries reported disruption of NCD activities due to COVID-19. NCD risk-factor surveys and mass communication campaigns were the most disrupted.

## **PART II. PROMOTION OF MENTAL HEALTH**

The report highlights that close to 1 billion people experience a mental disorder, including 1 in 7 adolescents. The annex presents key data based on the responses submitted to the 2020 Atlas questionnaire. 171 of WHO's 194 Member States (88%) submitted responses to the questionnaire.

- WHA74 endorsed 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 is for mental hospitals.
- Worldwide, there are just 13 mental health workers per 100 000 people.
- In 2021, a mental health and psychosocial support monitoring indicator was included in the COVID-19 Strategic Preparedness and Response Plan.
- 28% of MS, reported for the first time the existence of systems for mental health and psychosocial preparedness for emergencies. WHO is providing ongoing support to countries with level 3 and level 2 emergencies.
- The WHO Special Initiative for Mental Health is supporting related actions in Bangladesh, Jordan, Paraguay, the Philippines, Ukraine, and Zimbabwe.
- **World Mental Health Report will be released in early 2022.** A course for general practitioners on integrating mental health into general health care will also be launched through the WHO Academy in 2022. WHO is supporting improved competency-based training at primary care and community levels to ensure access to evidence-based services for autism and other developmental disabilities.

**Key messages:**

- **Recognise the need to urgently step-up policy action and investment in cost-effective interventions for the prevention and control of NCDs and mental health:** One decade after the first high-level meeting of the United Nations General Assembly on the prevention and control of NCDs, and amid a pandemic that has preyed on people living with NCDs, the need to accelerate action on the risk factors for NCDs and mental health cannot be over-emphasized.
- **Secure sustainable financing for NCDs and mental health:** Despite the large economic and social burden of NCDs and mental health, the response remains chronically and disproportionately underfunded. We ask member states to ensure sustainable funding for country level action on both to protect the limited progress achieved and catalyze action where this is lacking.
- **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 10 (j): Draft workplan for the Global Coordination Mechanism on the prevention and control of NCDs**

We welcome the draft work plan of the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases (GCM/NCD) which focuses on the **5 priority areas of work** provided by Member States. The priority areas ensure a more focused approach and better alignment with the WHO's NCD-related programmes, and the NCD GAP.

No	Description	Initiatives
Priority area 1	Operational backbone for <b>knowledge collaboration and the dissemination</b> of innovative multistakeholder responses at country level, based on raising awareness and <b>promoting knowledge collaboration</b> among Member States and non-State actors and on co-creating, enhancing, and <b>disseminating evidence-based information</b> to support governments in adopting effective multisectoral and multistakeholder approaches.	<i>The GCM will ensure an enhanced role for the Knowledge Action Portal (KAP) and promote the health needs of marginalized groups and population groups.</i>
Priority area 2	Enabler for the <b>global stocktaking of multistakeholder action</b> at country level and for <b>co-designing and scaling up</b> innovative approaches, solutions, or initiatives to strengthen effective multisectoral and multistakeholder action.	<i>The GCM/NCD will develop an <b>online registry plus a special report</b> on successful multisectoral actions and host the <b>second general meeting of the WHO's GCM/NCD in 2023.</b></i>
Priority area 3	Providing and updating <b>guidance to Member States on engagement with non-State actors</b> , including on the prevention and management of potential risks.	<i>GCM/NCD will <b>provide guidance to Member States concerning benefits and risk management approaches for engagement with NSAs</b>, Support the WHO CSWG for</i>

		<i>meaningful civil society engagement for NCDs and UHC.</i>
<b>Priority area 4</b>	Global facilitator for <b>strengthened capacity of Member States and civil society to develop national multistakeholder responses</b> the for the prevention and control of NCDs.	<i>Develop/ support the implementation of a guidance framework for national multisectoral and multistakeholder coordination mechanisms on NCDs, strengthen the role of GCM/NCD participants in reaching the SDG target 3.4 target.</i>
<b>Priority area 5</b>	<b>Convener of civil society, including people living with NCDs, to raise awareness and build capacity for their meaningful participation</b> in national NCD responses	<i>Co-development of a WHO framework for the meaningful engagement of PLWNCDs and mental health conditions (Q4, 2022), establish and service a WHO symposium on PLWNCDs and mental health conditions to facilitate meaningful engagement and dialogue during the UN HLM on NCDs in 2025.</i>

The GCM will adopt implementation models that will promote more effective engagement with GCM/NCD participants, improve the accountability and responsiveness of GCM/NCD to the needs of Member States and enhance country-level impacts in support of the implementation of the NCD-GAP.

#### **Next steps:**

- The GCM/NCD will continue to engage with relevant stakeholders across WHO to amplify and foster meaningful engagement among WHO, MS and non-State-actors, including civil society, people living with or affected by NCDs, relevant private sector entities and academia.
- This draft workplan and the related draft theory of change and logic model will be refined based on continuing input from MS
- Performance measures will track progress towards objectives over time and will inform timely adaptation.

#### **Key messages:**

1. We welcome the draft workplan for the GCM/NCD and urge Heads of State and Government to leverage its renewed commitment to deliver on their commitment to provide strategic and sustained leadership for NCD responses through whole-of-government, and whole-of-society action, in line with national and global NCD targets.
2. **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 play a vital role in the NCD response. We call on governments to actively promote a strong NCD civil society voice at global, regional, and national levels, and as part of the preparations for the 3rd United Nations High-Level Meeting on NCDs 2025.
3. We urge all Member States to optimise the proposed **guidance on benefits and risk management approaches for engagement with NSAs** to guard against unhealthy industry interference in policymaking. 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. Hundreds of such health harming actions positioned to exploit the vulnerability of communities during the COVID-19 pandemic are documented in 2020 in [Signalling Virtue, Promoting Harm - Unhealthy commodity industries and COVID-19](#).



## GROUPING 1.b.

### **Annex 2 (b): Draft recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes, including potential targets**

The last [IDF Diabetes Atlas](#) estimates that, in 2021:

- 573 million adults (20-79 years) had diabetes.
- There were 6.7 million diabetes-related deaths.
- The diabetes-related health expenditure reached USD 966 billion dollars.

The situation is very challenging, with insufficient progress made to achieve the WHO target of 0% 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 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.

#### **Key Messages:**

- These diabetes coverage targets are not perfect, notably when it comes to the diagnosis of people living with type 1 diabetes, where a 100% diagnosis target would be more appropriate.
- However, these targets can become a core component of the Global Diabetes Compact and provide a sufficiently strong direction for Member States to act on diabetes in the coming decade.
- NCDA and members welcome these targets and recommend their adoption at next WHA.

### **Annex 3 (c): Draft global strategy on oral health**

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.

#### **Key Messages:**

We underline the critical importance of the following elements included in the updated global strategy on oral health:

- The vision that MS must integrate oral health within their UHC structures, reiterating the essentiality of oral health services for individuals and communities and presenting oral health as a fundamental human right.
- The recognition that oral health is strongly associated with general health, mentioning the co-morbidity burden between oral diseases – the most prevalent disease worldwide – and other NCDs.

- 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 underscore the following additional points for inclusion in the final global strategy on oral health:

- National dental associations (and health professional bodies) must be classified as civil society. The current draft strategy inaccurately depicts national dental associations as private sector. WHO has always recognized health professional bodies as members of civil society. National dental associations are independent, not-for-profit organizations that promote oral health to advance public health efforts. For instance, many of these associations have succeeded in promoting public regulation to reduce sugar consumption.
- Poor oral health should be further emphasized as an NCD risk factor in itself given its impact on other NCDs and treatment outcomes, making the case that health systems can be optimized 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 recognized, 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.

Finally, there are many opportunities to advance different NCD agendas through the oral health response that can be leveraged by the NCD community. For instance, the draft strategy brings new attention to smokeless tobacco as part of tobacco control policy; the social implications of alcohol use are also reflected in, and associated with, the prevalence of traumatic dental injury; more action on sugar intake reduction can be channelled through oral health promotion efforts; and the relevance of HPV vaccination in the context of oral cancer has also been highlighted.

#### **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**

The EB is invited to note this annex, which 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<sup>th</sup> 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; and
- 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 as disrupted services, and 16 (19%) countries reported as disrupted by more than 50%.<sup>1</sup> These trends put progress towards cervical cancer elimination at great risk, despite compelling and feasible examples from MS around the world around how cervical cancer services can be continued in the midst of the pandemic.

#### **Key messages:**

- 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.
- There are numerous examples of how MS and CSOs have been working to ensure the continuation of services in the midst of the COVID-19 pandemic which could be utilised to support MS to protect women and girls.
- Governments must 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.
- To help drive this progress, we urge governments to invest in the health information systems necessary to track vaccination, screening and treatment to ensure that key vulnerable populations are not left behind, as well as monitor stage at diagnosis, mortality and survival in order to refine national strategies to reach all three targets.
- Looking beyond the pandemic, we urge Governments to include cervical cancer elimination within national cancer control plans and universal health coverage with adequate budgets for their operationalisation, including financial risk protection for women with cervical cancer.

#### **Annex 9 (i): Draft recommendations for the prevention and management of obesity over the life course, including potential targets**

Countries have committed to halt the rise in obesity by 2025. However, efforts to address obesity continue to fail, and countries are catastrophically off track to meet the targets. Addressing obesity helps to prevent other NCDs, and failing to meet the targets puts other NCD, nutrition, SDG and WHO's 3 Billion targets in jeopardy. Success on obesity will not be achieved with a focus on single silo solutions as is currently the case – only through implementation of a comprehensive policy package across prevention and treatment relevant to all countries can we have any hope of achieving change.

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<sup>1</sup> 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]

Obesity needs to be integrated into the NCD response, with its own comprehensive action plan covering treatment and prevention across the lifecourse and healthcare systems, as well as integrated across the WHO portfolio – including nutrition and other relevant areas - as a key global health priority.

At the 2021 WHA, the WHO was requested to develop recommendations and targets on obesity prevention and management across the lifecourse as part of the Resolution on Diabetes, which the WHO Executive Board has been invited to review at EB150.

**Key messages:**

Overall, the draft recommendations are detailed and comprehensive, making important recommendations for the management and treatment of obesity, as well as building on existing commitments of MS to address NCDs, nutrition and physical inactivity.

However, while addressing what needs to be done, the recommendations do not sufficiently address how countries can take action; implementation, accountability, and country monitoring and surveillance of obesity remains weak. In addition, the recommendations are a missed opportunity to address commercial and social determinants which, if ignored, will hinder efforts to address obesity and other NCDs.

To support national implementation and action on obesity, and in turn support efforts to meet global targets, a Global Action Plan on Obesity is vital. We urge Member States to support the development of a Global Action Plan on obesity to support coordinated and integrated action across sectors in effectively addressing obesity.

Specifically, we urge WHO's Executive Board Members to:

- Adopt the recommendations on obesity, as well as the proposed targets and to recommend their adoption at 75th WHA .
- Request that WHO make obesity a strategic priority and develop a Global Action Plan on Obesity to support implementation and help translate the recommendations and targets into meaningful national action.
- Request that the WHO Secretariat works with MS to strengthen the draft Recommendations ahead of the WHA by strengthening the reference to the commercial and social determinants on health which, if not addressed, undermine our ability to make progress and achieve meaningful change

In addition to the Recommendations, Executive Board Member States have been asked to provide guidance on strengthening WHO's support to global efforts on obesity reduction as part of the Billion 3 agenda item. A request for an Action Plan on obesity would fulfil this request, and we strongly urge EB Members recommend this under the billion 3 agenda item as well (EB150/7).

## GROUPING 1.c.

### **Annex 7 (g): Draft intersectoral global action plan on epilepsy and other neurological disorders in support of UHC**

NCD Alliance and members strongly endorse the WHO draft 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. Neurological disorders such as stroke, dementia, epilepsy, headache, and meningitis, are the leading cause of disability adjusted life years (DALYs) and the second leading cause of death globally, accounting for 9 million deaths per year.

We call on the WHO Executive Board members to support the development and adoption of an ambitious GAP. Investing in this holistic model can bring measurable health and economic gains to MS by:

- **Decreasing the incidence** of neurological disorders
- **Improving survival rates**
- **Reducing complications and disabilities**
- **Lowering treatment costs**
- **Ensuring a better quality of life** for those affected

#### **Key messages:**

NCD Alliance and members underline the critical importance of the following elements included in the GAP:

- Central role of national neurological action plans, taking a bundle approach to neurological disorders by addressing their common challenges and solutions.
- Vital need to integrate neurology and brain health into existing global health frameworks such as NCDs and SDGs.
- 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 to improve strategic and coordinated research and innovation in neuroscience.

We underscore the following additional points that will be relevant to the GAP implementation:

- Urgency to develop compelling investment cases to assist with securing adequate budgets at all levels to successfully implement the GAP.
- Usefulness of adopting an entry point approach depending on the epidemiological profile of each country (e.g., epilepsy or stroke).
- Importance of strengthening the role of WHO Regional Offices who can be instrumental in boosting the implementation of the Plan in their respective regions.

Underlying all the above points is a necessity to have a plan that puts people at its centre, is orientated on ensuring better outcomes in their daily lives, and meaningfully engages patients' communities across all levels of its implementation.

## **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**

NCD Alliance and members, in particular Movendi International, welcome and endorse the WHO draft Global Alcohol Action Plan. The draft contains important elements to accelerate action on alcohol as public health priority – which MS for at EB146.

Nevertheless, we remain deeply concerned about the role the alcohol industry is given in the draft and about alcohol industry interference in the development of the global alcohol action plan.

The implementation of the WHO Global Alcohol Strategy (WHO GAS) has been ineffective, inadequate and outdated. Evidence shows that alcohol policy development has been ineffective over the past decade of the WHO Global Alcohol Strategy (WHO GAS).

- Technical support to governments has been inadequate, for example concrete technical tools have not been developed by the WHO and the WHO Secretariat has not allocated adequate resources to the work on alcohol policy, commensurate with the global health burden.
- 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.

### **Key messages:**

- **The target of a 20% reduction of per capita alcohol consumption is crucial to catalyse evidence-based public health action and reach the alcohol-related SDGs.**
- **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 harms.** Best practice example in almost all WHO regions demonstrate the positive impact on health, economy, and development when countries implement the alcohol policy best buys.
- **The way forward, paved by the global alcohol action plan, also needs investments 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. And it is time for a global ministerial conference on alcohol policy to continue build momentum and leadership.
- **The last 10 years since the adoption of the WHO Global Alcohol Strategy have been a lost decade for alcohol prevention and control. To ensure more attention and maintain much needed momentum, 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.
- **We remain concerned about alcohol industry interference on all levels.** In the consultation process, the alcohol industry mobilized 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 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 jeopardize 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.**

- **Alcohol policy solutions hold substantial potential to improve health and help achieve the SDGs. To unlock this potential the rights and needs of people and communities affected by alcohol harm need to be placed at the center of action.**



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

#### **Item 18: WHO's implementation framework for Billion 3 ([Document EB150/24](#))**

The WHO Secretariat has developed the implementation framework for Billion 3 to advance the vision of a world in which all people enjoy healthy lives and well-being, living in safe and supportive societies and healthy environments as members of an inclusive society. **It is grounded on six strategic objectives:**

- scale up prevention and health promotion;
- act on all determinants of health with health-in-all policies approaches;
- empower the health sector;
- enhance evidence and research agendas;
- create a social movement for health equity; and
- measure progress and results against GPW 13.

These **objectives are operationalized through 10 flagship initiatives that reflect the cross-cutting and multisectoral approach of Billion 3**. Healthy equity is a foundation for enabling healthier populations and **a connector for all the 10 cross-cutting initiatives of the Implementation Framework**.

- 1. Environment, climate change and health:** including guidance was developed on climate-resilient and environmentally sustainable health care facilities, and safe use of radiation, and WHO's role at the United Nations Climate Change Conference (COP26).
- 2. 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.
- 3. Urban health:** In 2021, the Secretariat 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.
- 4. 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 United Nations General Assembly on improving global road safety will be held in July 2022.**
- 5. Food systems and nutrition:** The United Nations Food Systems Summit held in September 2021, while the Nutrition for Growth Summit held in December 2021. WHO supported countries with updated guidance, information briefs, implementation frameworks and tools to support healthy food system transformation. **A new WHO obesity strategy is under development.**
- 6. Health promotion and well-being:** WHO's has established dedicated cross-cutting units on enhanced well-being; fiscal policies for health; and public health law.
- 7. Healthy ageing.** WHO provides strategic leadership on demographic change and healthy ageing and serves as the Secretariat for the United Nations Decade of Healthy Ageing (2021–2030).
- 8. Economic and commercial determinants of health.** **A new dedicated unit has been established in the Department of Social Determinants of Health, to ensure coherence in addressing the commercial determinants of health.** The biennium 2022–2023 will provide Member States with guidance for addressing the economic and commercial determinants of health, including through a **strengthened common United Nations approach.**

9. **One Health:** The Secretariat has established a One Health Initiative unit and strengthened its collaboration with Food and Agriculture Organization of the United Nations; World Organisation for Animal Health; and United National Environment Programme (the Tripartite Plus). The 4 agencies are developing a global plan of action for one health, which will be finalized in the biennium 2022–2023.
10. **Antimicrobial resistance.** WHO is working with the Tripartite Plus agencies on antimicrobial resistance, and supports countries in building sustainable institutional capacity to implement national action plans.

WHO's work to advance this vision of safe, supportive, and healthy societies has an enormous potential for advancing people's health and well-being, resilient health systems and sustainable economies: at least 50% of the global disease burden could be prevented by ensuring safe, more supportive, and healthier environments.

The latest GPW 13 analysis estimates that approximately 900 million more people are projected to be enjoying better health and well-being in 2023 compared with the baseline value of 2018. However, there is uneven progress across the areas of the healthier populations' strategic priority and across countries.

The Executive Board are asked to note the report and provide guidance on:

- Accelerating support to implement the strategic actions on small island developing States.
- Strengthening the work on health promotion and the well-being agenda as put forward by the Tenth Global Conference on Health Promotion.
- Strengthening WHO's support to global efforts on obesity reduction.

#### **Key messages**

- At least 50% of the global disease burden could be prevented. Most NCDs, the leading cause of death globally, can be prevented through prioritized and sustained action on its risk factors including through ensuring safe, more supportive, and healthier environments.
- We support 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 places significant burden on health systems.
- Failing to meet global NCD targets, including the target to halt the rise in obesity and diabetes, puts other targets in jeopardy, including the SDGs, NCD and WHO triple billion. We must prioritize prevention and treatment based on the life course approach to prevent further rises, including for example support for 800 million already affected by obesity.

#### **Pillar 4: More effective and efficient WHO providing better support to countries**

##### **Item 21.2: WHO reform: involvement of non-State actors in WHO's governing bodies ([Documents EB150/37](#))**

The report outlines that results from the web-based consultation on constituency statements were inconclusive, therefore it is proposed that a new trial should be held on three agenda items at the Seventy-fifth World Health Assembly, with more time given for non-State actors in official relations to prepare the constituencies, and for the Secretariat to consult with and brief Member States on the modalities in advance.

The Secretariat selected 3 agenda items for constituency statements based on a list of items likely to attract the most interest for statements by non-State actors. Non-State actors could make a maximum of five constituency statements on those items earlier in the debates at the invitation of the Chair of the meeting. Individual statements by non-State actors would not be made on the items where constituency statements are made. Only non-State actors in official relations may join the constituencies for a statement.

The Executive Board is being asked to consider passing a draft decision that proposes for:

- A pre-WHA informal meeting to be organized virtually on an annual basis (4-6 weeks before each WHA). Meeting format: 3-4 sessions of 3h each (sessions to be spread over 2-3 weeks). Each session to cover 3 WHA items (1/h). Agenda items to be discussed will be selected with MS and NSAs. Sessions to include participation of NSAs, MS and WHO.
- Constituency statements to be tested again for three agenda items during the Seventy-fifth World Health Assembly before making a final decision on their implementation during all WHO governing bodies meetings.
- The Director-General to report on the experience of the constituency statements during the Seventy-fifth World Health Assembly, as well the 150th session of the Executive Board, at the 152nd session of the Executive Board.

**Key messages:**

- NCD Alliance and members express concern in regard to constituency statements being tested again at the forthcoming EB, as this restricts engagement opportunities for civil society organisations. This indeed seems at odds with the welcome initiative to establish a WHO Civil Society Commission.
- We also encourage MS to call for official side events to be reinstated at WHA75, as key opportunities for MS to partner with civil society organisations to highlight key challenges and solutions for consideration at future Assemblies.

In case of questions or feedback, please contact [info@ncdalliance.org](mailto:info@ncdalliance.org).