

ADVOCACY
WEBINAR
SERIES



Q2 Advocacy Webinar

Thursday, 16th May 2024
14:00 – 15:00 CET



Agenda

Time	Agenda item	Speaker
14:00 – 14:05	Welcome	Alison Cox, Policy and Advocacy Director, NCDA
14:05 – 14:10	On the road to 2025 – open consultations <ul style="list-style-type: none">International dialogue on sustainable financing for NCDs and mental healthWHO DG’s Progress Report on NCDs (Phase 1)	Marijke Kremin, Policy and Advocacy Manager, NCDA
14:10 – 14:55	WHA77 – NCD-related agenda items	Joanna Laurson-Doube, Policy and Advocacy Manager, NCDA Anne-Marie Andreasen, Policy and Advocacy Officer, NCDA Kelcey Armstrong-Walenczak, Policy and Advocacy Manager, WHF Tolulope Osigbesan, Advocacy and Policy Manager, FDI Rosie Tasker, Global Advocacy Manager, UICC
14:55 – 15:00	Q&A and Close	Alison Cox, Policy and Advocacy Director, NCDA

International Dialogue on Sustainable Financing for NCDs and MH

Important Changes since Q1

- NEW name
- NEW dates (20-21 June)
- In-person attendance is LIMITED but the meeting will be live-streamed
- The medium is the message



Web-based Consultations

- Consultation period is 1–26 May
- Message to PLAN for Inclusive Agenda sent yesterday

Financing	DG Report
Draft response – Input opportunity	Resources shared
Feedback by 19 May	
Sign on 22–24 May	Sign on 22–24 May

- Separate organizational responses encouraged
- Send responses to membership@ncdalliance.org



WHA77 – NCD-related agenda items

Joanna Laurson-Doube, Policy and Advocacy Manager, NCDA

Anne-Marie Andreasen, Policy and Advocacy Officer, NCDA

Kelcey Armstrong-Walenczak, Policy and Advocacy Manager, World Heart Federation

Tolulope Osigbesan, Advocacy and Policy Manager, FDI World Dental Federation

Rosie Tasker, Global Advocacy Manager, Union for International Cancer Control

NCD-related agenda items:

11.1 Universal Health Coverage

11.2 NCDs

11.8 Antimicrobial resistance

13.4 INB to draft and negotiate a WHO convention, agreement or other international instrument on PPPR

14.1 WHO's work in health emergencies

15.1 Social determinants of health

15.2 Maternal, infant and young child nutrition


15.3 Well-being and health promotion

15.4 Climate change, pollution and health

15.5 Economics and health for all

17 Draft fourteenth general programme of work (GPW 14)

- **Written Advocacy Briefing published by this week**



NCD Alliance Advocacy Briefing
77th World Health Assembly
27 May – 1 June 2024


This briefing note provides background and sets out key advocacy messages from the NCD community for consideration by WHO Member States on the following agenda items of the 77th session of the World Health Assembly (WHA77):

- [11.1 Universal health coverage \(EB154/6\)](#)
- [11.2 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 \(EB154/7\)](#)
- [11.8 Antimicrobial resistance: accelerating national and global responses \(A77/5\)](#)
- [13.4 Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response](#)
- [14.1 WHO's work in health emergencies \(A77/13\)](#)
- [15.1 Social determinants of health \(EB154/21\)](#)
- [15.2 Maternal, infant and young child nutrition \(EB154/22\)](#)
- [15.3 Well-being and health promotion \(EB154/23\)](#)
- [15.4 Climate change, pollution and health \(EB154/24\) and draft resolution on Climate change and health \(EB154/CONF/132\)](#)
- [15.5 Economics and health for all \(EB154/26\)](#)
- [17. Draft Fourteenth General Programme of Work \(A77/16\)](#)

Key message

The world is not currently on track to meet the global NCD targets set for 2025 and SDG target 3.4 for 2030, which in turn affects related goals, including SDG target 3.8 on ensuring universal health coverage. The upcoming Fourth High-Level Meeting on NCDs in 2025 is crucial for reshaping the agenda. Member States must actively engage in the preparatory process, exchange best practices at the highest political level, and foster stronger political and financial commitment for national NCD responses through the WHA77, the international dialogue on the sustainable financing for NCDs and mental health, and the WHO Director-General's Progress Report on NCDs to the WHA78.

Classification of comments:

 We applaud	The NCD community welcomes and aligns with current text and associated action
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Agenda items	Speakers
Pillar 1: One billion more people benefiting from universal health coverage	
11.1 Universal Health Coverage	Kelcey Armstrong-Walenczak, Policy and Advocacy Manager, World Heart Federation Anne-Marie Andreasen, Policy and Advocacy Officer, NCD Alliance
11.2 Follow-up to the political declaration of the third high-level meeting of the General Assembly on NCD prevention and control	Anne-Marie Andreasen, Policy and Advocacy Officer, NCD Alliance Tolulope Osigbesan, Advocacy and Policy Manager, FDI World Dental Federation
11.8 Antimicrobial resistance	Rosie Tasker, Global Advocacy Manager, Union for International Cancer Control
Pillar 2: One billion more people better protected from health emergencies	
13.4 WHO Pandemic Agreement (INB process) 14.1 WHO's work in health emergencies	Joanna Laurson-Doube, Policy and Advocacy Manager, NCD Alliance
Pillar 3: One billion more people enjoying better health and well-being	
15.1 Social determinants of health	
15.2 Maternal, infant and young child nutrition	
15.3 Well-being and health promotion	
15.4 Climate change and health	Rosie Tasker, Global Advocacy Manager, Union for International Cancer Control
15.5 Economics and health for all	
Pillar 4. More effective and efficient WHO providing better support to countries	
17 Draft fourteenth general programme of work (GPW14)	Anne-Marie Andreasen, Policy and Advocacy Officer, NCD Alliance

Pillar 1: One billion more people benefiting from universal health coverage

Item 11.1 Universal health coverage

WHO DG report to be noted and resolution

- Progress towards SDG target 3.8 remains off track post-UN High-level Meeting on UHC, with only 290 million added towards the 1 billion target by 2023
- Over half of the global population lacks full coverage of essential health services, leading millions into extreme poverty annually through catastrophic OOP spending
- Despite NCDs being the leading global cause of death (74%), with a staggering 82% occurring in LLMICs, countries have made almost no progress since 2000 in expanding UHC services for the prevention, screening, diagnosis, and treatment of NCDs. Moreover, only a handful are on track to meet SDG target 3.4. **Achieving UHC and SDG target 3.8 will only be possible if NCDs are included in national UHC health benefit packages and in conjunction with efforts towards SDG target 3.4**
- Furthermore, aligning NCD services with other critical global health and development priorities is essential

Asks for Member States:

- **Invest** in the prevention and control of NCDs through **adequate, predictable, and sustained resources** for UHC
- Incorporate quality **NCD prevention and care** services into **health benefit packages**
- **Align and integrate NCDs** with other **global health priorities** to support patient-centred care and effective use of health systems to achieve UHC
- **Engage** people living with NCDs to keep UHC people-centred

Pillar 1: One billion more people benefiting from universal health coverage

Item 11.2 Follow-up to the political declaration of the third high-level meeting of the General Assembly on NCD prevention and control

WHO DG report to be noted and two resolutions

- NCDs account for 7 of the top 10 global causes of death, with **progress off track for SDG target 3.4 and 2025 NCD targets**
 - Obesity-related costs may reach \$3 trillion annually by 2030, surpassing \$18 trillion by 2060
 - Cancer rates expected to double by 2030, particularly concerning in least-developed countries
 - Diabetes results in 1.5 million deaths annually and significant complications
 - Air pollution contributes to approximately 6.7 million deaths annually, with 85% attributed to NCDs
 - Mental health and neurological conditions, exacerbated by COVID-19, are major NCDs
- Many countries face **substantial gaps in funding allocation** and lack **comprehensive multisectoral action plans**, despite the availability of effective policy, legislative, and regulatory tools
- **There is an urgent need at the upcoming HLM in 2025 for an honest and transparent review of progress, strong political commitments, and a reset of the agenda to set the course for NCDs for the next 10 years, with WHO facilitating preparatory meetings**
- WHO will develop additional guidance and a process for Member States to consider an **updated NCD Global Monitoring Framework** and the set of global targets for NCDs by 2025 and 2030, which will be expanded to 2050

Pillar 1: One billion more people benefiting from universal health coverage

Item 11.2 NCDs - On the road to 2025

SIDS Ministerial Meeting on NCDs
June 2023

Global HLM on NCDs in humanitarian settings
February 2024



2023 Bridgetown Declaration on NCDs and Mental Health

The Small Island Developing States (SIDS) member countries leverage the opportunity provided by the SIDS Ministerial Conference on noncommunicable diseases and mental health, held in Bridgetown, Barbados on 14-16 June 2023, to:

1. Reaffirm our commitment to take bold SIDS-specific action to accelerate progress in SIDS to, by 2030, reduce by one third premature mortality from noncommunicable diseases (NCDs) through prevention and treatment and promote mental health and well-being, in line with the 2030 Agenda for Sustainable Development.
2. Acknowledge and reaffirm that the Caribbean Community (CARICOM) Part of Spain Declaration in 2007 was crucial to catalyse the first High-Level Meeting of the United Nations General Assembly on NCDs in 2011 and recognise that SIDS continue to demonstrate global leadership in promoting awareness and actions to address the NCD and mental health epidemic and the climate crisis, as exemplified by the Pacific Islands NCD Roadmap, the SIDS Accelerated Modalities of Action (SAMOA Pathway), the Barbados Declaration on Achieving Sustainable Energy for All in SIDS and the Bridgetown Initiative.
3. Remain deeply concerned that premature mortality from the NCDs, the challenges to the livelihood and wellbeing of people living with NCDs and mental health conditions, coupled with the escalating climate crisis, represent an existential threat to health and development in SIDS.

HCC

An NCD Civil Society Response in Support of the 2023 Bridgetown Declaration

The Moment for Caring in Small Island Developing States (SIDS) is Now

This submission provides key messages and follow-up recommendations to the Healthy Caribbean Coalition and the NCD Alliance. It represents civil society's ongoing contribution to the development of the 2023 Bridgetown Declaration and accompanying Annexes for adoption at the Small Island Developing States (SIDS) Ministerial Conference on Noncommunicable Diseases (NCDs) and Mental Health (14-16 June 2023). It is hoped that this Conference will be a turning point for SIDS, supported by the global community, to accelerate action on the largely preventable burden of NCDs, including mental, neurological and substance use disorders (MNSUDs), that disproportionately impacts SIDS. People living in SIDS are at higher risk of dying prematurely than a major NCD, and SIDS show the highest rates of childhood and adult obesity worldwide.

NCD Alliance

POLICY BRIEF

NEGLECTED AND IN CRISIS

NCDs as a priority in humanitarian settings

January 2024

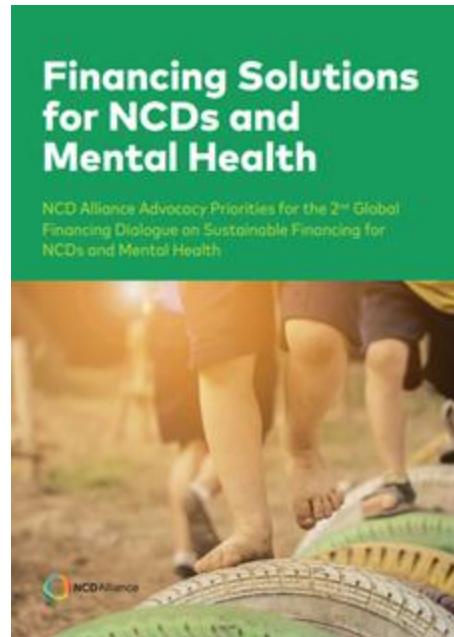
NCD Alliance

Pillar 1: One billion more people benefiting from universal health coverage

Item 11.2 NCDs - On the road to 2025

International Financing Dialogue on NCDs
June 2024

WHO DG Progress Report on NCDs
WHA78 through EB156



Pillar 1: One billion more people benefiting from universal health coverage

Item 11.2 NCDs - On the road to 2025



- **1–26 May 2024:** (Phase 1) [Consultation on key priority areas to inform the recommendations to be considered in the WHO Director-General’s report to the World Health Assembly 2025](#)
- **1–26 May 2024:** [Consultation on the international dialogue on sustainable financing for NCDs and mental health](#)
- 27 May–24 June 2024: Consultation on inclusion of NCDs in humanitarian settings
- June–August 2024: Regional consultations (details to be announced)
- 1–15 August 2024: (Phase 2) Consultation on the WHO Director-General’s draft report to the WHA 2025
- May 2025: Multistakeholder forum on the zero draft of the political declaration of the Fourth UN High-level Meeting on NCDs (to be announced and led by the co-facilitators of the UN high-level meeting, to be appointed in late 2024)

Pillar 1: One billion more people benefiting from universal health coverage

Item 11.2 NCDs

Key asks to Member States:

- Engage in **HLM4 preparatory process**, including by participating in **WHO consultations**
- Establish **deadlines to deliver national cross-sectoral NCD plans**, aligning with WHO NCD Global Monitoring Framework, and including implementing NCD ‘best buys’ of Appendix 3
- **Align and integrate** NCDs into **global health and development agendas** due to the close relationship with NCDs and their risk factors
- Commit to **global financing targets** for NCDs, increase **domestic budget allocations** considering disease burdens and intervention effectiveness, and strengthen **social and financial protection schemes** and **service coverage** to minimise OOP expenditures
- Strengthen **national surveillance and monitoring**, inclusive accountability mechanisms, and data collection
- Engage with **civil society and NCD communities**, ensuring good governance, institutionalising **meaningful engagement**, and providing necessary support
- Engage with WHO for **transparent and inclusive** process to update and revise **NCD Global Monitoring Framework**

Pillar 1: One billion more people benefiting from universal health coverage

Item 11.2 NCDs - Spotlighting the baseline report on the Global Oral Health Action Plan

- **Background:** The Global Oral Health Action Plan 2023-2030 (GOHAP) has ambitious overarching targets.
- Para 39, GOHAP: *“Annually, WHO will report back to the World Health Assembly on progress and results of the Global Oral Health Action Plan as part of the consolidated report on NCDs, in accordance with paragraph 3(e) of decision WHA72(11)....”*
- **EB154 reviewed the baseline report of the Global Oral Health Targets included in the DG’s report on NCDs.**
- The report also includes **the first set of best-buy interventions on oral health namely:**
 1. to implement a population-wide mass media campaign to promote the use of toothpaste with a fluoride concentration of 1000–1500 ppm;
 2. to apply silver diamine fluoride for arresting dental caries and its progression; and
 3. to use glass ionomer cement as a filling material for cavities, after removal of decayed tooth tissue using hand instruments.

Strategic objective	Global target [Baseline 2023]
Over-arching	Universal health coverage for oral health A.1. By 2030, 80% of the global population is entitled to essential oral health care services [23%]
	Reduced oral disease burden B.1. By 2030, the combined global prevalence of the main oral diseases and conditions over the life course shows a relative reduction of 10% [45%]
Oral health governance	National leadership for oral health 1.1. By 2030, 80% of countries have an operational national oral health policy, strategy or action plan and dedicated staff for oral health at the health ministry or other national governmental health agency [31%, 61 out of 194]
	Environmentally sound oral health care 1.2. By 2030, 90% of countries have implemented measures to phase down the use of dental amalgam as stipulated in the Minamata Convention on Mercury or have phased it out [43%, 83/194]
Oral health promotion and oral disease prevention	Policies to reduce intake of free sugars 2.1. By 2030, 50% of countries implement policy measures aiming to reduce intake of free sugars [20%]
	Optimal fluoride delivery for population oral health 2.2. By 2030, 50% of countries have national guidance on optimal fluoride delivery for oral health of the population [20%]
Health workforce	Innovative workforce model for oral health 3.1. By 2030, 50% of countries have an operational national health workforce policy, plan or strategy that includes a workforce trained to respond to population oral health needs [being assessed]
Oral health care	Integration of oral health into primary care 4.1. By 2030, 80% of countries have oral health care services generally available in primary health care facilities [58%, 113/194]
	Availability of essential dental medicines 4.2. By 2030, 50% of countries include dental preparations listed in the WHO Model Lists of Essential Medicines in their national essential medicines lists [21%, 40/194]
Oral health information systems	Monitoring implementation 5.1. By 2030, 80% of countries have a monitoring framework for the national oral health policy, strategy or action plan [being assessed]
Oral health research agendas	Research in the public interest 6.1. By 2030, 50% of countries have a national oral health research agenda focused on public health and population-based interventions [being assessed]

Pillar 1: One billion more people benefiting from universal health coverage

Item 11.2 NCDs - Spotlighting the baseline report on the Global Oral Health Action Plan

Key asks to governments:

1. Develop national oral health action plans aligned with the WHO Global Oral Health Action Plan (2023 - 2030) or adapt existing ones with it.
2. Ensure adequate surveillance systems for oral health, and contribute to the agreed reporting timelines in preparation for the UN High level meeting on NCDs in 2025
3. Implement evidence-based practices especially the first oral health specific best buys
4. Prioritize the integration of oral health services in national NCDs and UHC benefit packages
5. Plan to attend the WHO Global Oral Health Meeting planned for December 2024 in Bangkok, Thailand



The poster features a large, faint background image of a harp, the national symbol of Ireland. At the top left is the harp logo, and to its right is the text 'Rialtas na hÉireann Government of Ireland'. The main text is centered and reads: 'Time for Commitment and Action: Defining and measuring success of WHO Global Action Plan', 'SAVE THE DATE', 'WHA77 Side Event: WHO Global Oral Health Action Plan Implementation', 'WHEN 18:00 CEST, 28th May 2024', 'FORMAT Hybrid', and 'REGISTRATION Register for event [HERE](#)'. At the bottom, it lists co-sponsors: 'Co-sponsored by Ireland (Host), The Republic of Kenya, State of Kuwait, Malaysia, Canada, and the Democratic Socialist Republic of Sri Lanka.' Below this text are the logos for the Republic of Kenya, the Ministry of Health of the Democratic Socialist Republic of Sri Lanka, the Government of Canada, and the State of Kuwait.

Rialtas na hÉireann
Government of Ireland

Time for Commitment and Action: Defining and measuring success of WHO Global Action Plan

SAVE THE DATE

WHA77 Side Event: WHO Global Oral Health Action Plan Implementation

WHEN
18:00 CEST, 28th May 2024

FORMAT
Hybrid

REGISTRATION
Register for event [HERE](#)

Co-sponsored by Ireland (Host), The Republic of Kenya, State of Kuwait, Malaysia, Canada, and the Democratic Socialist Republic of Sri Lanka.



Pillar 1: One billion more people benefiting from universal health coverage

Item 11.8 Antimicrobial resistance

WHO DG report to be noted and resolution

Issue headlines:

- Directly results in 1.27 million deaths in 2019, contributed to a further 4.95 million deaths globally ¹
- Undermining achievement of UHC by reducing the availability, accessibility, and affordability of care
- World Bank forecast suggests US\$1-4.3 tn loss in GDP by 2030, costs of health alone US\$1tn by 2050 ¹
- Drivers of AMR amenable to policy action

Cancer community:

- Antimicrobials essential to preserving effective cancer care
- 1 in 5 cancer patients will be hospitalised with an infection during their treatment.² Hospitalised cancer patients 1.5-2 times higher antimicrobial resistance than non-cancer patients ³
- Impacts patients in two ways :
 - Second leading cause of death in cancer patients inc. estimated 8.5% cancer deaths due to severe sepsis ⁴
 - Delays to treatment potentially catastrophic, particularly for paediatric patients

AMR CONTROL SUPPLEMENT

THE CHALLENGE FOR THE CANCER COMMUNITY



FOREWORD: ANIL D'CRUZ
PRESIDENT, UNION FOR INTERNATIONAL CANCER CONTROL

SUPPLEMENT EDITORS: SHALINI JAYASEKAR ZÜRN AND SONALI JOHNSON
UNION FOR INTERNATIONAL CANCER CONTROL

THE CHALLENGE OF AMR • AMR AND CANCER TREATMENT
CONSERVING ANTIBIOTICS • COUNTERING THE AMR CHALLENGE • RESOURCES

PUBLISHED IN OFFICIAL ASSOCIATION WITH THE UNION FOR INTERNATIONAL CANCER CONTROL (UICC)



1. WHO factsheet on AMR <https://www.who.int/news-room/fact-sheets/detail/antimicrobial-resistance>
2. Bos et al. Intensive care admission of cancer patients: a comparative analysis <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4529335/>
3. Cancer and AMR consortium <https://antimicrobialresistancefighters.org/cancer-and-amr-consortium>
4. Williams et al. Hospitalized cancer patients with severe sepsis: analysis of incidence, mortality, and associated costs of care <https://pubmed.ncbi.nlm.nih.gov/15469571/#:~:text=Overall%2C%20severe%20sepsis%20is%20associated,costly%20complication%20in%20cancer%20patients.>

Pillar 1: One billion more people benefiting from universal health coverage

Item 11.8 Antimicrobial resistance

WHO DG report to be noted and resolution

Asks to Member States:

- **Adopt and support the resolution**
- **Develop and implement a robust national action plan on AMR** encompassing
 - safe, effective, and quality medicines, diagnostics, and vaccines using the WHO Model list of essential medicines
 - strengthening regulatory systems, procurement strategies, and policies for stewardship based on WHO's AWaRe classification
 - strengthening data collection and sharing data with care providers, the general public and the Global Antimicrobial Resistance Surveillance System
 - engagement beyond the health sector using the One Health approach
 - mobilising sustainable investment
- **Support and engage in multi-sectoral partnerships for R&D** in novel antimicrobials, rapid diagnostic tests, and vaccines. Ensure that global access strategies to these innovative medicines and diagnostics are included early in the research and development pipeline.
- **Engage the cancer and NCD community**, infectious diseases groups, and other relevant stakeholders to collaborate in raising awareness of AMR, sharing best practices, capacity building for R&D, and evaluating progress made with interventions to address AMR.
- **Support the establishment of the Independent Evidence Panel** to ensure effective evidence-based policies are in place to address AMR.
- **High level participation at the upcoming UN HLM on AMR**

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

Item 13.4 Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on PPR

Next steps under consideration – INB9RR negotiations continue 20 - 24th May:

- Adopt under Article 19 of the WHO Constitution, the WHO Pandemic Agreement
- Establishing three open-ended Intergovernmental Working Groups:
 1. Conference of Parties (COP IGWG) - ratify the new pandemic treaty
 2. WHO Pathogen Access and Benefit-Sharing System (PABS IGWG) - draft an instrument for access and sharing benefits
 3. One Health (OH IGWG) - draft an instrument to define the modalities, terms and conditions, and operational dimensions

Issue: People living with NCDs can be particularly vulnerable to pandemics (COVID-19: 60-90% mortality associated to pre-existing conditions) and disruption of essential health services causes worse outcomes.

NSA engagement with the process has been challenging.

Joint recommendations to the draft text of WHO Pandemic Agreement requests Member States to:

- Ensure definition of “persons in vulnerable situations” recognises that persons with chronic health conditions are those likely to be most severely affected by pandemics.
- Retain the commitment to developing, strengthening and maintaining resilient health systems, particularly primary care, with a view to achieving universal health coverage and maintaining continuous access to essential health services.
- Recognise the critical importance of safeguarding, protecting, investing in, retaining and sustaining an adequate, skilled and trained health and care workforce.
- Demonstrate support for the essential role that civil society plays and support the meaningful engagement of civil society, as well as communities, as part of the whole-of-society approach, and throughout the Pandemic Agreement.

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

Item 15.4 Climate change, pollution and health

Climate change and health resolution

WHO DG report to be noted and resolution

Context:

- On of the most pressing health concerns of the 21st century
 - 3.6 billion people already live in areas highly susceptible to climate change
 - IPCC AR6 concluded that climate risks are appearing faster and more severe than previous modelling suggested
 - Direct damage costs to health estimated to be between US\$ 2–4 billion per year by 2030
- Understanding of links between climate and health advanced significantly since 2008 resolution, together with a growing body of data e.g. [Lancet Countdown on Climate Change and Health](#)
- Mentioned in several WHO resolutions and action plans, adopts a single disease, risk factor or geographical approach - resolution help to galvanise and align work
- Seeing greater focus on climate and health in non-WHO fora e.g. [Paris Declaration](#), Health day at COP 28 including the [COP28 Health Declaration](#)
- Strong civil society support - coalition of CSOs calling for resolution have [mapped out aspirations in a concept note](#)

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

Item 22. Climate change, pollution and health

Climate change and health resolution

WHO DG report to be noted and resolution

Asks for Member States:

- **Adopt the resolution and consider co-sponsorship**
- **Develop health national adaptation plan** based off a robust national risk assessments and recognising climate change as a risk to health equity.
- **Support health sector engagement across all sectors to deliver health-in-all policies** - the health sector is responsible for 5.2% of global emissions and provides a compelling argument to support accelerated across energy generation, transport, agriculture, etc.
- **Support explicit calls for reductions in investment in and use of fossil fuels** as part of a just transition
- **Integrate climate resilient health systems into UHC**
- **Recognise and call for greater regulation of fossil fuels as a health-harming industry**
- **Proactively engage with civil society organisations** in the development, implementation and evaluation of national strategies
- **Integrate climate change education and training as part of healthcare professional curricula** and continuing professional development.

For WHO:

- Encourage WHO to engage civil society organisations in the development of the Global Plan of Action on Climate Change and health
- Update figures on the global burden of disease and mortality
- Scale-up support and technical guidance for Member States to respond including analysing impacts on vulnerable groups, quantifying the health co-benefits, developing new tools as needed.
- Engage with wider UN including UNFCCC processes to ensure the integration of health e.g. global goal on adaptation

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

Item 17 Draft Fourteenth General Programme of Work, 2025-2028 (GPW 14)

- During the consultation period, the NCD Alliance submitted **four comments**
- Positive changes were introduced in the March version, including:
 - Additional outcome indicators that address strengthening **health systems for UHC**; promoting **equitable access to quality NCD services**, and improving **health financing while reducing OOP payments**
 - The acknowledgement of **people living with NCDs** as **vulnerable populations** during emergencies

⇒ **However, with NCDs accounting for 74% of the global disease burden, the lack of comprehensive NCD outcome indicators represents a missed opportunity for prioritisation of these diseases for progress.** Incorporating such indicators would enhance focus, facilitate resource allocation, and bolster efforts toward achieving agreed NCD targets

Key asks to Member States:

- Consistently **measure and assess NCD-specific outcome indicators**, despite not being explicitly mentioned in GPW 14
- Prioritise the **meaningful involvement of people living with specific health conditions**, such as NCDs, in implementing and evaluating GPW 14, ensuring health policies and services are responsive to community needs and inclusive
- Pledge **full, sustainable, and predictable financing** for the WHO's budget for 2025-28, along with **flexibility** to ensure sufficient funding for the delivery of NCD programmes

NCD Alliance Activities at WHA77



Q&A and Close

THANKS

ADVOCACY WEBINAR SERIES

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