NCD Alliance Advocacy Briefing
158th Session of the Executive Board Meeting (EB158)
2 February – 7 February 2026

This briefing note provides background and key advocacy messages on the noncommunicable diseases (NCD) community's priorities for the 158th session of the Executive Board (EB158), covering NCD-relevant items on the provisional annotated agenda. The brief is based on the information available at the time of preparation. Where access to specific resolutions or decisions was not possible, we have explicitly noted this.

The human toll of noncommunicable diseases (NCDs) is unacceptable, inequitable, and increasing. NCDs lie at the heart of any discussion on health equity - equity cannot be achieved without addressing NCDs, and progress on preventing and mitigating their impact is inextricably linked to closing inequities and tackling the determinants of health. As we enter 2026, only 19 countries and territories are on track to meet the United Nations (UN) Sustainable Development Goals (SDGs) target 3.4 to reduce premature NCD mortality by one-third by 2030.

EB158 marks the first World Health Organization (WHO) gathering in the aftermath of the fourth UN High-Level Meeting of the General Assembly on the Prevention and Control of NCDs and the Promotion of Mental Health and Well-being (HLM4). The UN General Assembly's adoption of the Political Declaration on NCDs and Mental Health represents a significant milestone for the global NCD agenda, particularly with the introduction of new, action-oriented targets designed to accelerate progress on prevention, care, and investment. We now need champions across the system to continue driving implementation, upholding UN commitments, and sustaining the momentum needed to deliver real improvements for people living with NCDs and mental health conditions worldwide.

Throughout this briefing, recommendation documents are classified as:

We applaud	The NCD community welcomes and aligns with the current text and associated action.

We recommend	The NCD community sees an opportunity for the current text and associated action to be strengthened (including alterations and additions).
We express concern	The NCD community is concerned with the current text and would recommend caution and alteration of the text and associated action.

Logistics: EB158 will take place in person in Geneva, Switzerland, from 2 to 7 February 2026. A full list of documents, together with updated timetables for each day, can be found in the EB158 Journal.

Summary of EB158 NCD-related agenda items covered in this briefing document
5. Report of the Standing Committee on Health Emergency Prevention, Preparedness and Response
Provide health
6. Follow-up to the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases
7. Mental health
9. Universal health coverage • Draft global strategy for integrated emergency, critical and operative care, • 2026–2035 Increasing availability, ethical access and oversight of transplantation of human cells, tissues and organs • Rare diseases: a global health priority for equity and inclusion
10. Primary Healthcare
11. Health in the 2030 Agenda for Sustainable Development
12. Substandard and falsified medical products
13. Report of the Expert Advisory Group on the WHO Global Code of Practice on the International Recruitment of Health Personnel
Protect health
16. WHO's work in health emergencies
Promote health
22. Strengthening rehabilitation in health systems
23. Well-being and health promotion

25. Maternal, infant and young child nutrition
26. Economics of health for all
Power and performance
28.6 Report on the Implementation of the Framework of Engagement with Non-State Actors
29.1 Reform of the global health architecture and the UN80 Initiative

To engage further with NCD Alliance or for more information on our advocacy asks, please contact Mina Pécot-Demiaux mpecot-demiaux@ncdalliance.org

NCD community calls to action [1]

5. Report of the Standing Committee on Health Emergency Prevention, Preparedness and Response (EB158/5)

The report (EB158/5) provides an overview of the global health emergency landscape and the committee's ongoing work to strengthen the global architecture for health emergency preparedness, response and resilience. Underlying conditions, such as NCDs, can increase the vulnerability of populations to infectious diseases and malnutrition, and people living with NCDs face greater challenges during health emergencies. Health systems and services that were previously provided within a country may be completely destroyed or seriously undermined, including due to the disruption in the delivery of healthcare and supplies of medicines and products. Wider systems also come under stress, with people more exposed to NCD risk factors, such as tobacco or alcohol use, physical inactivity and lack of good nutrition.

 **We welcome:**

- The commitment to supporting governments to build sustainable, resilient health systems and to adopt whole-of-government, whole-of-society approaches to advance the strengthening of national health systems.
- The recognition of the importance of empowered and engaged communities in containing and preventing emergency responses.
- The recognition of the urgent need for stronger international cooperation and sustainable financing to strengthen prevention and preparedness capacities, build resilient health systems and ensure effective responses to future health threats and crises.

[1] Agenda items are listed in the order of the provisional agenda of EB158

We urge Member States:

- To ensure the integration of NCD prevention and care into national health strategies and emergency prevention, preparedness and response, as strengthening health systems for effectively addressing the growing burden of NCDs is essential for building resilience and ensuring continuity of care during crises.

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

6. Follow-up to the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (EB158/6)

The report (EB158/6) presents a follow-up to the outcomes of the HLM4 on NCDs and associated actions, including responses to resolution WHA74.5 (2021) on oral health and updates on the implementation of resolution WHA71.6 (2018) on the Global Action Plan on Physical Activity 2018–2030. The Executive Board is invited to note the report (EB158/6) and recommend continued reporting and support for implementation through 2031.

This report (EB158/6), presented a few months after the HLM4, comes at a time of growing concern over the plateauing and, in some cases, reversal of progress in reducing NCD mortality, as highlighted in the status report. In this context, we nevertheless welcome the overall HLM4 process, including the adoption of the Political Declaration by vote with 175 votes in favour, and the broad participation and support demonstrated by Member States, civil society and partners.

NCDA welcomes the commitment by Member States of the UN to establish targets within the Political Declaration as well as their recommitment to many of the principles and actions set forth at the three previous High-Level Meetings (HLMs) on NCDs in 2011, 2014, and 2018. The commitments include three 2030 outcome targets: 150 million fewer tobacco users; 150 million more people with controlled hypertension; and 150 million more people with access to mental health care. We also applaud the five system-level targets that cover governance, financing, primary care strengthening, multisectoral action, and data and accountability.

The Political Declaration also partially recognises a more inclusive NCD agenda beyond the 5x5 framework, further acknowledging NCDs characterised by high prevalence, morbidity, or mortality, and how they interlink and share common risk factors, especially for oral health, renal and hepatic conditions, sickle-cell, and rare diseases. This helps integrate considerations for these conditions when addressing shared risk factors, and scaling up access to their care as part of UHC and health system strengthening efforts.[2]

We nonetheless express concern regarding the significant industry influence reflected in the outcome of the political declaration negotiations. We are particularly concerned by weakened text on conflicts of interest and health taxes, which no longer reflect best practices. We are also concerned that fossil fuels were not recognised as a primary driver of air pollution. Those missed opportunities hindered

[2] The report covers the progress in implementing the action plan on oral health 2023–2030, with additional recommendations presented later in the document.

efforts to advance more ambitious and progressive commitments to address NCDs and their risk factors.

 **We welcome:**

- The report's (EB158/6) emphasis on the urgent need to scale up cost-effective best buy interventions, to strengthen primary healthcare (PHC) delivery and to renew political commitment and sustainable financing.
- The requested technical guidance on environmentally friendly, less-invasive dentistry developed by WHO.

 **We express concern:**

- That progress in reducing NCD mortality is slow, and that most countries remain off track to achieve Sustainable Development Goal target 3.4, which aims to reduce premature NCD mortality by one third by 2030.
- That persistent inequalities and regional disparities remain. Although NCD mortality declined globally between 2010 and 2019 for more than 70% of the world's population, progress slowed compared to 2001–2010 in 60% of countries, and in some cases, previous gains were reversed.
- Where people live continues to determine their risk of dying prematurely from an NCD. The probability of dying from an NCD before the age of 80 is below 20% in some high-income countries in East Asia and Western Europe, but exceeds 60–70% in several Pacific Island countries and in parts of sub-Saharan Africa.
- That only 24 Member States are on track for a 15% relative reduction in physical inactivity by 2030, with progress being slow and uneven across regions, and with widening gender disparities, which calls for stronger political will, coordinated multisectoral policies and a bigger focus on addressing inequities.

 **We urge Member States to:**

- **Accelerate implementation:** Develop (or update) and implement comprehensive, funded national NCD plans that incorporate actions on mental health, neurological conditions, and air pollution, along with cost estimates to improve financial planning. Draw on the guidance from the NCD 'best buys' and other recommended interventions, as well as the WHO menu of cost-effective interventions for mental health, to identify priority actions for NCD prevention and control and ensure collaboration with relevant government sectors for implementing population-wide interventions.
- **Break down siloes:** ensure an inclusive approach in reporting and monitoring the implementation of the Political Declaration. This should include consideration for mortality, age span, and morbidity of NCDs and mental health, as well as neurological conditions, air pollution (aligned with the 5x5 approach), other disease areas such as oral health and cross-cutting topics, such as humanitarian settings.

- **Mobilise investment:** encourage stronger political and financial commitment towards national NCD responses as part of governments' efforts to achieve UHC and integrated health systems through the Lusaka Agenda's "one plane, one budget" objective and supported by increased data collection, transparency, and accountability for NCD financing and spending within national health accounts, integrated health systems and cross-government multi-sectoral action on NCDs, and development assistance.
- **Deliver accountability:** Support the mandate for WHO to update the Global NCD Monitoring Framework in collaboration with Member States, to ensure that the extended global NCD targets are strengthened with a comprehensive set of indicators and support the development of improved accountability processes and the involvement of civil society in these processes.
- **Engage communities:** Engage and support communities, civil society organisations, and people living with NCDs to lead and scale up the implementation of the NCD response, ensuring sufficient structural, technical and financial support. Ensure multistakeholder engagement in NCD policymaking processes and forums is safeguarded from the undue influence of health-harming industries, such as those involved in fossil fuels, unhealthy foods, breastmilk substitutes, alcohol, and tobacco products.

On physical activity, we urge Member States to:

- Implement the WHO best buys and other recommended interventions for physical activity, and ensure access to physical activity opportunities for people living with NCDs.
- Recognise and optimise the co-benefits of NCD interventions that promote physical activity and support reducing other NCD risk factors, such as air pollution, through the promotion of walking and cycling, green spaces, etc.

On oral health, we urge Member States to:

- Prioritise oral disease prevention as the most sustainable oral healthcare strategy.
- Strengthen national capacity and build technical expertise for mercury-free alternatives and non-invasive interventions.
- Ensure continuity of oral healthcare, as well as monitoring and evaluation for conditions where dental amalgam was the gold standard, as WHO's guidelines are implemented.[3]

NCDA takes note of the resolutions on **Global action to advance health equity for people with haemophilia and other bleeding disorders** and on **Steatotic liver disease: a missing piece in the global NCD response.** Liver disease is an important NCD and has often been overlooked within the broader NCD response, despite the comorbidities and shared risk factors with other NCDs.

7. Mental health (EB158/7)

The report (EB158/7) provides an overview of progress in the execution of decision WHA74(14) (2021), the implementation of the comprehensive mental health action plan 2013–2030, and resolution WHA77.3 (2024) on strengthening mental health and psychosocial support before, during and after

[3] The recommendations on Oral Health were developed in consultation with the World Dental Federation (FDI).

armed conflicts, natural and human-caused disasters and health and other emergencies. The report also covers progress in relation to brain health and substance use, including implementation of the global alcohol action plan 2022–2030 and the intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 (decision WHA75(11) (2022)).

In 2021, 3.4 billion people were affected by a neurological condition (about one third of the global population), 1.1 billion people were living with a mental disorder, 400 million with an alcohol use disorder, and 64 million with drug use disorders. While actions have been taken by the Secretariat and Member States to scale up the public health and societal responses to the growing burden of these conditions, including increased pursuit of rights-based approaches in mental health policies, new guidance on mental health policy, training courses, and the WHO's suicide prevention initiative, (among others) countries are still off-track in meeting the global targets.

The report (EB158/7) draws attention to the new Global Status Report on Neurology, which highlights the burden of these conditions. 80% of Disability-Adjusted Life Years (DALYs) from neurological conditions occur in LMICs, where there is often a lack of understanding of brain health, a lack of policy prioritisation and resource allocation. Moreover, workforce shortages and limited access to preventive measures, essential diagnostics and medicines, and rehabilitation lead to large treatment gaps in many countries, exceeding 75% in LICs. Neurological conditions also place an enormous economic burden on health systems. Systemic barriers to addressing the burden of neurological conditions include insufficient policy prioritisation, treatment gaps and underdeveloped data systems. Increased focus is crucial to address the overall burden of NCDs, as cost-effective solutions exist and can be scaled.

We welcome:

- The UN Political Declaration from the HLM4 and the commitment to 150 million more people with access to mental healthcare, along with two other commitments and five system-level targets.
- The large number of member states that contributed to the discussions at the HLM4 and provided an outline of their current and/or intended work on mental health, including in priority areas such as service reform and suicide prevention.
- The emphasis placed by WHO on the interlinkages between NCDs and mental health;
    - The WHO Special Initiative for Mental Health, which has advanced the integration of mental health services into UHC.
- The growth in the number of countries that have incorporated mental health and psychosocial support into disaster risk management and preparedness (rising to 48% of countries had done so in 2025, up from 28% in 2019).
- The Secretariat's new initiatives for the meaningful involvement of people living with NCDs, and particularly those with lived experience of mental health conditions.
- The new Global Status Report on Neurology, which highlights the burden of these conditions on individuals and health systems.
- The focus on providing support for training non-specialist health workers on the identification and management of mental, neurological and substance use conditions, particularly in LMICs.
- WHO's ongoing support to Member States to implement the global alcohol action plan 2022–2030 and the SAFER technical package.

⚠ **We express concern:**

- That levels of mental health problems among young people have risen since the Covid-19 pandemic, with suicide the third leading cause of death in young people aged 15 to 29 years in 2021.
- That countries remain off track to meet global targets on mental health, and that financial and human resources made available for mental health services have not increased since 2020.
- That neurological conditions were inadequately reflected in HLM4: while there was some recognition of NCDs beyond the 5x5, there was a lack of consideration and specific action outlined for neurological conditions to further emphasise the need for an integrated and cross-cutting NCD response.

 **We urge Member States:**

- 150 million more people to have access to mental healthcare by 2030, along with the commitments to increase investment, especially in child and youth services, to increase efforts to prevent suicide (including by decriminalising suicide) and to reform mental health services away from institutions and towards community-based care.
- To fully integrate neurological conditions into plans for implementing the UN Political Declaration from the HLM4, and when measuring progress towards the targets set out in WHO's action plans on mental health and related conditions, considering the burden of these diseases and the impact that addressing them may have.
- To address the risks of digital technologies on mental health, as acknowledged in other EB148 documents (see EB158/27), including harmful digital marketing practices that particularly threaten the health and well-being of children and youth.
- To implement health taxes on substances linked with mental health conditions to raise funds for mental health programs.[4]
- To implement the WHO SAFER technical package at the country level, along with other recommended interventions outlined in Appendix 3 of the Global NCD Action Plan (the NCD "best buys" and other recommended interventions). This includes providing consumers with clear information on the content of alcoholic beverages and the health harms associated with alcohol consumption, such as through labelling and health warnings. Public awareness of the links between even moderate alcohol consumption and NCDs remains unacceptably low and must be strengthened.[5]

9. Universal health coverage

UHC has the potential to significantly improve global health and reduce poverty. However, it can only be achieved if NCDs are addressed. The Political Declaration adopted following HLM4 recognises that achieving UHC is essential for the prevention and control of NCDs, with a strong focus on a PHC approach.

[4] For instance, Somaliland has decided to tax Khat to fund its recent mental health services (more information here).

[5] The recommendations on Mental Health were developed in consultation with the United for Global Mental Health (UGMH).

Yet, progress remains off track. As highlighted in the 2025 Global Monitoring Framework, NCDs continue to test health systems' capacity to provide effective, affordable and continuous care for chronic conditions. While service coverage has expanded in some areas, particularly for NCDs, these gains are increasingly challenged by the rising burden of NCDs.

 **We urge Member States:**

- To include NCD prevention and health promotion, interventions (PEN Package), treatments, diagnosis, care, and palliative services, in national health benefit packages across the continuum of care, while also aligning and integrating NCD services with other global health priorities;
- To prioritise PHC as a cornerstone of a sustainable people-centred, community-based and integrated health system and the foundation for achieving UHC;
- To invest in preventing and controlling NCDs by ensuring adequate and sustained resources for UHC, through establishing a national financing target, which can be supported by the revenues from the effective implementation of excise taxes on tobacco, sugar-sweetened beverages, and alcohol;
- To engage people living with NCDs to keep UHC people-centred.

Leveraging the upcoming UN High-Level Meeting on Universal Health Coverage 2027 offers an important opportunity to move this agenda forward, to secure stronger commitments and ensure the full integration of NCDs and mental health into UHC and financing agendas.

Rare diseases: a global health priority for equity and inclusion (EB158/13)

Millions of people worldwide are affected by rare diseases, many of which are NCDs, and face significant barriers to timely diagnosis, effective treatment, and equitable access to care. The report **(EB158/13)** outlines the key preparatory work undertaken by the Secretariat to develop a comprehensive 10-year draft global action plan on rare diseases for consideration by the Eighty-first World Health Assembly in 2028.

 **We welcome:**

- The commitment to build on existing WHO technical standards and normative work, including but not limited to the WHO Model List of Essential Medicines for Children, the WHO Model List of Essential In Vitro Diagnostics, standards related to neurological diseases, mental health and brain health, cancer, disability, the health workforce, technical and normative work on access to medicines, and clinical trials.
- The recommendation of the forthcoming technical report to integrate rare diseases into UHC frameworks.
- The recognition of the need for coordinated global action to improve early diagnosis, ensure equitable access to care and treatment, and enhance the visibility of rare diseases within health systems.

 **We urge the WHO Secretariat:**

- To move forward with the development of the Global Action Plan for Rare Diseases (GAPRD) with a clear roadmap and inclusive consultation process, as well as the establishment of a workstream to promote UHC for PLWRD, both of which were requested in WHA 78.11.
- To work with the rare disease community,[6] WHO Regional Offices and Member States in different regions to support the implementation of the Resolution and development of GAPRD.[7]

Draft global strategy for integrated emergency, critical and operative care (EB158/11)

We recognise the importance of the draft global strategy and urge Member States and the Secretariat to integrate NCDs to ensure a comprehensive and equitable response to emergency care.

2026–2035 Increasing availability, ethical access and oversight of transplantation of human cells, tissues and organs (EB158/12)

We recognise the importance of the global strategy for addressing patients' needs for lifesaving or enhancing transplantation and urge Member States and the Secretariat to continue to engage in the next steps of the strategy's development.

***Resolution*: Reducing the burden of stroke strengthening prevention, acute care, rehabilitation and health system readiness (R)**

 **We welcome:**

- The Resolution on Reducing the Burden of Stroke: Strengthening Prevention, Acute Care, Rehabilitation and Health-System Readiness, which responds to the opportunity to drive achievement of global health and development goals through effective stroke care across the full patient journey.
- Member States for their commitment to a coordinated and strategic global response to the specific challenges of providing comprehensive, integrated and equitable stroke care. This Resolution will support ongoing efforts of Member States to address the global burden of noncommunicable diseases (NCDs), as set out in the Political Declaration of the Fourth High-level Meeting on NCDs and Mental Health, and will build on the inclusion of evidence-based stroke treatments in Appendix 3 of the extended WHO Global NCD Action Plan 2013–2030.

[6] The rare disease community is mobilising through regional engagement task forces, which have already convened in the Latin America and Asia-Pacific regions, with others to form in the coming months

[7] These recommendations were developed in consultation with RDI. Please contact Alanna Miller (alanna.miller@rarediseasesint.org) for any specific questions on this item.

⚠ **We express concerns:**

About the persistent gap in global and national policy responses and health system planning to meet the specific needs of stroke. Stroke is a leading cause of NCD-related death and disability, responsible for 7 million deaths and 145 million disability-adjusted life years (DALYs) each year. Without prioritisation and coordinated action, the global stroke burden is projected to rise by one-third by 2050, at an estimated economic cost of US$1.6 trillion. Almost all of this burden will be borne by people living in low-middle income countries, where healthcare systems face significant challenges in providing basic stroke care.

- Over 80% of strokes are linked to manageable risk factors, and despite significant advances and opportunities for effective prevention, have not been fully realised - particularly in LMICs. Access to acute stroke treatment within organised systems of care, which can transform outcomes for patients, remains insufficient and inequitable, while provision of stroke rehabilitation and psychosocial support continues to undermine the recovery and mental health of 94 million stroke survivors and their families.

 **We urge Member States:**

- To adopt this Resolution, with a commitment to bringing forward national stroke action plans, developed with meaningful engagement of people with lived experience, strengthened by robust surveillance, data and accountability mechanisms.

We also note the resolutions on Precision medicine: a path toward personalised and equitable care, on Strengthening equitable access to diagnostic imaging through teleradiology and on Advancing Smart Pharmacovigilance as an essential tool for robust, sustainable, resilient and responsive health systems, for everyone, everywhere.[8]

10. Primary Healthcare (EB158/14)

The report (EB158/14), submitted in response to resolution WHA72.2 (2019) and decision WHA77(16) (2024), provides an overview of global progress towards UHC by 2030, with a particular focus on strengthening PHC as the foundation for resilient, equitable and people-centred health systems. It reaffirms the central role of PHC in achieving UHC, as set out in the Declaration of Astana on PHC (2018). It also aims to give guidance on priorities in preparation for the third UN HLM on UHC, to be held in 2027.

PHC can deliver more than 90% of the essential health interventions required to achieve UHC, and is therefore a central platform for NCD prevention, treatment and long-term care. As NCDs are the leading cause of death globally and account for the majority of health needs across the life course, placing a growing burden on health systems, strengthening the integration of NCDs into PHC is therefore essential to ensure UHC goals. We applaud the importance given to strengthening primary

[8] These recommendations were developed by the World Stroke Organisation (WSO).

healthcare in the most recent HLM Political Declaration on NCDs, and its target, which rightly and explicitly sets out a commitment to integrating essential NCD medicines into primary health care.

We look forward to the upcoming HLM on UHC next year, which will offer an important opportunity to elevate the importance of PHC and secure commitments to further action.

 **We welcome:**

- The fact that this important issue is being discussed as a stand-alone agenda item, while rightly recognising PHC as the foundation of UHC.
- The work undertaken through the UHC Partnership, including support on service delivery and quality, governance and social accountability, health financing reforms, workforce capacity and the integration of essential public health functions within primary care.
- The establishment of the Global Coalition on PHC, launched in Astana, to advance implementation and investment.
- The highlighting of regional achievements, including the integration of 7000 PHC centres in 26 countries into the Better Care for NCDs Initiative—a Pan American Health Organization (PAHO)-led initiative that aims to strengthen the integration of NCD services within PHC.

 **We express concern:**

- That the integration of NCDs into PHC is only marginally addressed in the report, with no global objective identified. NCDs are the leading cause of death globally and account for the majority of health needs across the life course, placing a growing burden on health systems

 **We urge Member States:**

- To follow the target set by the last Political Declaration on NCDs, by integrating NCDs into their PHC systems, with at least 80% of PHC facilities in all countries having availability of WHO-recommended essential medicines and basic technologies for NCDs and mental health conditions, at affordable prices, by 2030.
- To further integrate NCDs prevention and care into PHC as part of UHC, across the continuum of health services. These interventions should be embedded into PHC benefit packages and service delivery platforms.
- To ensure a people-centred approach: PHC systems should be people-centred and equitable, ensuring services are accessible to all, including vulnerable and marginalised populations.
- To engage communities and people living with NCDs in designing, implementing, and evaluating PHC services.
- To increase financing and reduce financial barriers at the PHC level, avoiding out-of-pocket expenses.

On diagnosis, we also urge Member States:

- To adopt an “early is better” approach by prioritising prevention, screening, and early-stage treatment for NCDs. We urge MS more specifically to:

- To increase capacity for PHC to focus on NCD prevention and early intervention to achieve the vision of the Declaration of Astana and fulfil commitments under WHA72.2 and WHA77(16) and embed NCD screening (blood pressure, glucose, cancer, kidney function) into routine PHC visits.
- Scale community-based outreach programs to close detection gaps.
- Strengthen PHC coordination and referral systems for timely treatment.
- Monitor and report screening coverage and effective control to drive accountability.[9] [10]

11. Health in the 2030 Agenda for Sustainable Development (EB158/15)

The report (EB158/15) provides an overview of health-related SDG progress to date, and describes the progress made in strengthening data and health information systems, including by harnessing frontier technologies, such as artificial intelligence (AI), to address persistent gaps in timely and disaggregated data.

 **We welcome:**

- The report (EB158/15) and particularly applaud Member States for being globally on track to reduce per capita alcohol consumption by 20% by 2030, while recognising that further progress is needed across all regions. We also commend:
- The progress made in SDG indicator data coverage, with 70% of indicators now having good coverage in 2025, compared to only one-third in 2016.
- The revision of UHC indicators in 2025, aligned with the principle of leaving no one behind.

 **We express concern:**

- That despite gains since 2015, the world remains significantly off track to achieve the health-related SDGs by 2030. As highlighted in the report, stagnation, and in some cases reversals, in maternal and child health, or UHC, with 4.5 billion people still lacking access to essential services and financial protection weakening, underscores the urgent need for stronger, more timely and more reliable health data systems to better guide global and national agendas.
- About the lack of action on NCDs, resulting in slow progress in achieving the SDG target of a one-third reduction in premature NCD mortality by 2030 and the persistent gaps in strong, reliable and timely data on NCDs, which continue to hinder accurate monitoring of trends and assessment of progress against NCD targets.
- On the reduction in official development assistance, leading to the disruption of population surveys that collect disaggregated data.

[9] These recommendations on diagnostic were developed in consultation with the Global Alliance for Patient Access (GAfPA).

We urge Member States to:

- **Accelerate action on NCD risk factors:** To achieve SDG target 3.4, Member States must invest in prevention and address the major risk factors for NCDs, including unhealthy diets, tobacco and alcohol use, physical inactivity and air pollution, many of which are addressed under other interconnected SDG 3 targets (3.5, 3.9, and 3.a). A comprehensive, multisectoral approach is also needed to reduce exposure to the NCD risk factors, given their social and commercial determinants, which extend beyond the remit of the health sector alone.
- **Advancing on strong, accessible and resilient health systems:** Strategic investments are urgently needed to strengthen system capacity for prevention, early diagnosis, treatment, rehabilitation and palliative care for NCDs. These investments must be integrated and inclusive, contributing to broader system strengthening that benefits all health conditions and supports UHC.
- **Strengthen health information systems and accountability:** Improved health information systems are vital for evidence-based policy making, prioritisation within UHC frameworks, and greater transparency and accountability. Countries must invest in systems that enable real-time data use, disaggregated monitoring, and effective stakeholder engagement to accelerate SDG implementation.

12. Substandard and falsified medical products (EB156/16)

Substandard and falsified medical products remain a global public health challenge, accounting for over one million deaths each year. It is estimated that approximately one in ten medicines in low- and middle-income countries are substandard or falsified, contributing to increased disease prevalence, adverse health outcomes, antimicrobial resistance, and economic losses.

The WHO Member State Mechanism on Substandard and Falsified Medical Products was established through Resolution WHA65.19 to improve coordination between Member States and WHO in addressing challenges related to substandard and falsified medical products. It operates as an intergovernmental forum that:

- Convenes Member States;
- Facilitates knowledge exchange;
- Issues policy recommendations;
- Supports collaborative efforts; and
- Coordinates actions against substandard and falsified medical products.

We welcome:

- The report (EB156/16) of the Fourteenth Meeting of the Member State Mechanism on Substandard and Falsified Medical Products and applaud Member States for the progress made on the list of prioritised activities 2024-2025. In particular, we applaud the production of new materials (e.g., Handbook on Developing a National Action Plan against Substandard and Falsified Medical Products, etc.) and recommendations issued by Working Groups.

- The responses to the recommendations issued in the latest report on the Independent Evaluation of the Member State Mechanism. We support Member States' recommendation to pursue Option 1B (i.e., to maintain the Member State Mechanism plenary and Steering Committee with streamlined Working Groups).
- The Strategic Plan's proposed goals and actions to strengthen Member State engagement, technical capacity, and access to safe, effective, affordable, and high-quality medical products.

⚠ **We express concern:**

- That the financial sustainability of the Member State Mechanism remains a challenge. We would also encourage Member States to further engage with and leverage civil society stakeholders, with regard to Activities B and D, to facilitate cooperation and strengthen multisectoral action.

 **We urge Member States:**

To endorse the draft list of prioritised activities to implement the work plan of the Member State mechanism for the period 2026-2027, namely:

- Detection technologies, risk communication, and regulatory strengthening for the prevention, detection, and response to substandard and falsified medical products;
- Develop strategies to address unregulated distribution channels for substandard and falsified medical products through informal markets, including internet sales; and
- Strengthen the supply chain of high-risk excipients and related raw materials.

Finally, we call on Member States to remain vigilant with respect to emerging issues related to substandard and falsified medical products. We believe that the WHO Global Surveillance and Monitoring System will continue to play an essential role in early detection, reporting, and coordinated response.[11]

13. Report of the Expert Advisory Group on the WHO Global Code of Practice on the International Recruitment of Health Personnel (EB158/17)

The world is facing a health workforce shortage, with significant disparities between countries and within them: the latest WHO estimates project a health workforce shortage of 11.1 million by 2030. These shortages increase disparities in access to care for NCDs and exacerbate health inequities, leading to inadequate preventive care, delayed diagnosis and treatment, poor management of chronic conditions, reduced quality of care, and increased costs of managing NCDs. NCD care must begin at the primary level with awareness, prevention and early detection, but PHC workers are often not equipped with the necessary competencies. Aligning workforce policies with disease burden data, leveraging the WHO Academy and regional training centres, and integrating community health workers into national health strategies while ensuring that they are adequately trained, supported

[11] These recommendations were developed by the World Heart Federation (WHF).

and compensated are some effective and equitable strategies to optimise the existing health workforce to address the burden of NCDs.

The Report **(**EB158/17) of the Expert Advisory Group (EAG) provides insight into a key global dynamic affecting the implementation of sustainable workforce policies: the international recruitment of health personnel. The Report (EB158/17) provides a useful overview of the effectiveness and relevance of the WHO Global Code of Practice on the International Recruitment of Health Personnel and provides recommendations for consideration by the Executive Board. The EAG highlights the growing relevance of the Code in the face of increasing health emergencies and the interdependence of health systems. The EAG notes that Member State engagement with the Code is also growing to reflect these challenges.

We welcome:

- The EAG's note that the Code's effectiveness has progressed, via improved data on the global health workforce, reporting on bilateral agreements, increased awareness of the Code among stakeholders and the adoption of some of the Code's provisions in national and international policies.

We express concern:

- That the Code's implementation still needs to be strengthened. There are continuing challenges related to the international recruitment of health personnel, which may exacerbate inequalities. For example, high-income countries can make savings on the education costs of health professionals by encouraging international recruitment, placing low- and middle-income countries at a disadvantage. Small Island Developing States (SIDS) face particular structural challenges.[i]
- That despite international commitments, efforts to address workforce shortages, inequities, and migration challenges remain fragmented, with limited accountability mechanisms in place to track progress. The growing burden of NCDs continues to strain health systems, yet investments in health worker training and resources for NCD prevention, treatment, and management remain inadequate, particularly in PHC settings.

We urge Member States:

- To consider the suggestions for improvements and additions to be made for strengthening the Code.

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

16. WHO's work in health emergencies (EB158/20)

People living with NCDs face greater challenges when living in a humanitarian setting. Health systems and services that were previously provided within a country may be completely destroyed or seriously undermined, including due to the disruption in the delivery of healthcare and supplies of medicines and products. The HLM4 Political Declaration recognises this disproportionate NCD burden in

humanitarian settings and commits governments to ensuring access, continuity, and integration of NCD and mental health care into humanitarian response - a critical step toward leaving no one behind.

The report EB158/20 provides an overview of global trends and challenges related to health emergencies in 2025, as well as WHO's response to major acute and protracted health emergencies during the reporting period, including outbreaks, natural disasters and conflict-related crises. It outlines key global trends, operational challenges and funding constraints affecting emergency preparedness and response.

 **We welcome:**

- The recognition of the impact of climate change on global health, and specifically in humanitarian settings.
- The medical supplies provided by WHO for cross-border deliveries from Chad to the humanitarian relief in Sudan, to cover 18,800 emergency surgeries, and PHC and NCDs, for 5.1 million people.

 **We express concern:**

- That the report misses the opportunity to reference the need to integrate NCD care into health strategies and emergency planning frameworks.
- Regarding the donors' cuts in emergency response, which have affected 5,687 health facilities across 20 humanitarian settings, have left over 2.2 million women without access to critical health services in Sudan and Afghanistan and have deprived almost 750, 000 people of mental health services across 32 countries.

 **We urge Member States:**

- To integrate essential NCD services through PHC before, during and after the emergency cycle, to deliver a coordinated emergency response, and to protect supply chains to maintain access to essential NCD services, medicines and supplies.
- To strengthen primary care models that are people-centred, affordable, and provide a continuum of care from diagnosis to rehabilitation and palliative care.
- To recognise people living with NCDs as a vulnerable group in national and emergency health planning.
- To expand workforce capacity by training health workers to prevent, diagnose, and treat NCDs in humanitarian settings to improve care delivery.
- To reduce exposure to NCD risk factors in humanitarian settings by promoting access to healthy diets, clean fuels and physical activity opportunities, and regulating the promotion and distribution of unhealthy products.
- To establish sustainable financing mechanisms to integrate NCD prevention and treatment into development assistance and humanitarian health programs.

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

22. Strengthening rehabilitation in health systems (EB158/26)

People living with NCDs often have multiple interactions with the health system over long periods and may require disability management, such as rehabilitation, and long-term care. As stated in the Seventy-sixth World Health Assembly's report on Strengthening rehabilitation in health, "the need for rehabilitation is increasing due to the epidemiological shift from communicable to noncommunicable diseases". The report (EB158/26) responds to the request in WHA76.6 (2023) to develop feasible global health system rehabilitation targets and indicators for effective coverage of rehabilitation services for 2030.

We welcome:

- The development of global health system rehabilitation targets and indicators for effective coverage of rehabilitation services for 2030, as requested by the Seventy-sixth World Health Assembly, in resolution WHA76.6 (2023).
- The integration of rehabilitation into UHC packages as an input indicator.
- The integration of rehabilitation into PHC as an output indicator.
- The recognition that people with musculoskeletal, neurological, respiratory, cardiovascular, mental and other health conditions can all potentially benefit from rehabilitation services.

We express concern:

- That NCDs are not mentioned more explicitly in the report (EB158/26), given their large burden and the increased likelihood that people living with NCDs will need rehabilitation services and long-term care.

We urge Member States:

- To fully recognise and address the needs and rights of people living with NCDs to access quality, affordable and timely rehabilitation services across all levels of care. This can only be achieved through the collection of sufficient and disaggregated data to assess needs, monitor access and guide effective planning and investment.

We urge the WHO's Secretariat:

- To consider how the global rehabilitation indicators and future target-setting could be better aligned with existing NCD monitoring frameworks, including through clearer links to NCD-related conditions.

23. Well-being and health promotion (EB158/27 & EB158/28)

The two Director-General's reports under this agenda item address the implementation of WHO's global framework for integrating well-being into public health and the findings of the WHO Commission on Social Connection.

We welcome:

- The updates and commend WHO's efforts to advance the development of well-being measurement frameworks and indicators, in coordination with other UN processes. These efforts are critical to defining and implementing measures of social and economic development beyond GDP that reflect human, planetary, and social well-being. While SDG 3 explicitly refers to health and well-being, it currently lacks targets and indicators that directly measure well-being.
- The Commission's landmark report on social connection and its call to recognise social well-being as a core function of public health, including through highlighting its economic costs and the broader rationale for action. Social disconnection is associated with increased risks of premature mortality, cardiovascular disease and other NCDs, including mental health conditions, as well as with major NCD risk factors such as alcohol use and physical inactivity, with these factors influencing one another in complex and reinforcing ways.

We express concern:

- About the growing number of crises and natural disasters, and the insufficient integration of health promotion measures into emergency preparedness, response, and recovery.

We urge Member States:

- **To recognise health promotion as a core element across the entire continuum of care**, not only at the prevention stage. This includes implementing population-wide preventive measures (such as NCD "best buys" and other recommended interventions), facilitating access to health promotion measures and services for people at risk of or living with NCDs, and integrating health promotion into broader public health planning, including emergency preparedness, response, and recovery.
- **To measure and leverage the co-benefits of health promotion for other sectors**, to strengthen the multisectoral actions required to achieve health and social well-being.
- **To address the dual impact of digital technologies**, as highlighted in the Director-General's report, by harnessing opportunities to promote health and well-being while also mitigating risks, including harmful digital marketing practices that undermine physical and mental health, particularly among children and youth.
- **To advance a well-being economy**, in which the economic value of human and planetary health and equity is recognised, and in which the production and consumption of harmful products (including fossil fuels) are appropriately disincentivised.
- **To promote coherence across WHO strategies**, including by aligning these agendas with WHO's draft strategy on the economics of health for all, and by ensuring that efforts to strengthen social connection are coordinated with actions addressing major NCD risk factors such as tobacco and alcohol use and physical inactivity, in order to better understand their interconnections and optimise the co-benefits of action.

***Resolution*: Radiation and health: strengthening global protection, preparedness, and response (R)**

25. Maternal, infant and young child nutrition (EB158/30)

This report (EB158/30) will assess progress towards the comprehensive implementation plan on maternal, infant and young child nutrition (extended to 2030), with six revised global targets. These include childhood overweight (to reduce and maintain overweight in children under 5 to <5%) and exclusive breastfeeding (to increase to ≥60% exclusive breastfeeding in the first 6 months). The remaining targets focus on undernutrition (anaemia in women of reproductive age, low birth weight, wasting and stunting). It is important to highlight that exposure to undernutrition in early life (including pregnancy) has also been linked to a greater risk of noncommunicable diseases (NCDs) later in life. For instance, malnutrition-related diabetes mellitus (MRDM) is a distinct form of diabetes linked to chronic undernutrition and recognised as the fifth classification of diabetes.

The Director-General's report (EB158/30) warns that all targets are off track. Current projections estimate a 5.4% prevalence of childhood overweight by 2030[12], and 53.6% exclusive breastfeeding in the first six months. The report outlines a series of WHO activities and resources aimed at integrating nutrition objectives across food systems and policies that influence dietary quality, which are critical for addressing childhood overweight and broader forms of malnutrition.

 **We welcome:**

- The update and commend Member States championing the WHO Acceleration Plan to Stop Obesity and those that, in recent years, have adopted legislation aligned with the International Code of Marketing of Breast-milk Substitutes to protect mothers and children from misleading promotion of infant formula and to promote health.

 **We express concern:**

- **That only 33 Member States have legal measures substantially aligned with the Code**, and that significant progress to protect, promote and support optimal breastfeeding practices will not be achieved by 2030 unless Member States further strengthen and enforce their legislation and measures.
- **That in 2023, 35.9% of children aged 6–23 months consumed sweet beverages on the previous day**, contributing to the childhood overweight epidemic. Without substantial action on sugar-sweetened beverages (SSBs) and other unhealthy foods, this trend will persist.

 **We urge Member States**:

- **To integrate these targets into existing national nutrition, health and NCD strategies**, ensuring alignment across plans, and implement national monitoring frameworks to track progress.

[12] This would represent a slight increase compared to the 2012 baseline (5.3%), but a reduction (and not just halting the rise) of child overweight is important given childhood overweight, and obesity increases the likelihood of worsening adult overweight and obesity, poor oral health and the development of other NCDs later in life.

- **To ensure sufficient alignment and coherence among government sectors involved in these policies**, and globally integrate health and nutrition considerations into food system and broader development policy processes, including through tools such as NCDA's From Policy to Plate guide.
- **To deliver on the financial and policy commitments made** at the 2025 Nutrition for Growth (N4G) Summit to help achieve these targets.
- **To accelerate implementation of evidence-based nutrition policies at the national level**, including taxation of SSBs and other healthy-diet NCD "best buys" and recommended interventions.
- **To consider WHO's guideline on fiscal policies to promote healthy diets**, aimed at supporting countries to use taxes and other fiscal measures to reduce consumption of unhealthy foods and create healthier food environments.
- **To promote breastfeeding as a powerful and cost-effective double-duty policy action,** protecting women against breast cancer and children against overweight and obesity, and consequently reducing future NCD risk.
- **To strengthen or develop national legislation to protect, promote and support breastfeeding** in line with the Code and WHO guidance on regulatory measures to restrict digital marketing of breast-milk substitutes, and establish monitoring mechanisms to ensure effective implementation.
- **To engage in the development of a new Codex standard for complementary foods** to ensure public health perspectives are integrated, supporting healthier complementary feeding environments and reducing young children's exposure to poorly formulated processed foods that contribute to childhood overweight and poor health outcomes.
- **To safeguard nutrition policymaking, public procurement, and partnerships** against conflicts of interest.

26. Economics of health for all (EB158/31)

The Executive Board is invited to note the *report (EB158/31)* on the Economics of Health for All (EHfA), a policy approach to align economic and health goals. Member States are asked to consider a draft decision adopting the WHO's draft strategy on the economics of health for all. It has been shared that the draft strategy may still undergo consultations between EB158 and the 79th session of the World Health Assembly.

The draft strategy builds on the work of the WHO Council on the Economics of Health for All, whose report rightly positioned health as a foundational investment for economic growth and social development. The Council's report highlighted that NCDs are projected to cost the global economy US$47 trillion between 2010 and 2030. Despite this staggering figure and the availability of proven, cost-effective solutions for the prevention and control of NCDs, health spending is still too often viewed as a cost rather than an investment and, therefore, frequently deprioritised across government sectors. The draft strategy proposes five strategic directions: economic policy for EHfA; value and invest in EHfA; financing for EHfA; capacity for implementing an EHfA approach; and evidence informing the implementation of an EHfA.

We welcome:

- The update on the draft strategy as a timely opportunity to reframe health as a core objective of economic policy. We particularly commend the strategy for:
- **Proposing a forward-looking approach**, recognising that both immediate and long-term actions are necessary and feasible to drive systemic change.
- **Embedding strong normative foundations**, including equity, social participation and the recognition of lived experience, gender equality, environmental sustainability, and protection of science and evidence-informed policy from undue commercial influence.
- **Promoting policy coherence and good governance across government**, including accountability, transparency, participatory co-design, health impact assessments, and the integration of health considerations into tax, trade, and industrial policies.
- **Strengthening the social and economic foundations of health**, by highlighting the roles of labour policy, social protection linked to UHC benefit packages, sustainable financing for health services, including through earmarked taxes, and equitable access to health products.
- **Advancing new models of coordination, measurement, and implementation**, including recognition of the Lusaka Agenda for aligned planning and financing, the use of multidimensional indicators beyond GDP to measure progress, and clear next steps for WHO to support implementation through guidance and tools addressing the commercial determinants of health.

We express concern:

- That the strategy does not sufficiently address the influence of commercial determinants on economic and health policy. In particular, it would benefit from a clearer distinction between public and private economic interests, given the need to prevent the externalisation of the social and economic costs of health-harming commercial products and practices onto individuals, communities, and public systems. The strategy should also more explicitly acknowledge the documented track record of health-harming industries in shaping policy outcomes. In this context, references to collaboration with the private sector should consistently specify “relevant private sector” actors, alongside clear safeguards to manage conflicts of interest and limit undue commercial influence.

We urge Member States:

- To support the adoption and implementation of the draft strategy. As consultations continue, we recommend the following refinements:
- **Reconsider recommending the development of a health taxonomy by more explicitly positioning it beyond private investment**, to also support EHfA policies, investments, and system-wide actions more broadly, enabling a shared framework to align resources with national health priorities and international commitments.
- **Promote cross-sectoral budgeting**, recognising the health impacts of sectors such as transport, education, and agriculture, and ensuring health investments are reflected across government budgets, not only within ministries of health.

- **Strengthen fiscal reform measures** by more explicitly addressing health-promoting subsidy reform, harmful tax exemptions, and tax avoidance and evasion as core elements of sustainable public financing for health.
- **Elaborate on trade policy and health**, recognising both the risks of poorly designed trade liberalisation and the role of trade rules, including TRIPS flexibilities, in protecting regulatory space and access to medicines and other health products.
- **Strengthen attention to market dynamics for health products**, emphasising fair pricing, affordability, and market-shaping tools such as pooled procurement and price transparency.
- **Reference WHO NCD 'Best Buys' and other recommended interventions** as examples of cost-effective, high-impact actions, particularly within the industrial policy and domestic resource mobilisation action paragraphs.
- **Explicitly recognise the needs of Small Island Developing States (SIDS)** by acknowledging structural constraints and the importance of international cooperation in enabling an EHfA approach.
- **Clarify alignment with global processes** by specifying how the strategy complements major health and development agendas, including the World Summit for Social Development outcomes.

28.6 Engagement with non-State actors Report on the implementation of the Framework of Engagement with Non-State Actors (EB158/42)

The WHO's Framework of Engagement with Non-State Actors (FENSA) is an essential tool to protect the integrity of public health policymaking and to prevent undue influence from health-harming industries in global health platforms. Such interference persists, as witnessed during the negotiations of last year's NCD Political Declaration, for which the NCD Alliance developed a myth-buster to counter misleading narratives, and around the Framework Convention on Tobacco (FCTC) 11th session of the Conference of the Parties (COP11), where the Global Alliance on Tobacco Control similarly issued a myth-buster to address industry interference. Robust and consistent application of FENSA is therefore indispensable to ensure transparency, manage conflicts of interest, and uphold evidence-based decision-making in the public interest.

 **We welcome:**

- The update and acknowledge the progress outlined in the WHO report on the implementation of the Framework of Engagement with Non-State Actors (FENSA).
- The WHO's and regional offices' efforts to engage communities and civil society organisations on NCDs, while performing due diligence and risk assessments.

 **We express concern:**

- About the growing number of engagement proposals involving private sector entities. Despite the WHO's current financial and programmatic challenges, it is essential that all engagements fully comply with FENSA, safeguard the WHO's independence, and effectively manage

conflicts of interest, particularly in relation to health-harming industries, to protect health policymaking from vested interests and undue influence.

We urge Member States and WHO:

- To continue fostering a supportive environment for inclusive, transparent, and accountable engagement with relevant non-State actors.

We urge Member States to request WHO:

- To specify in their reports which private sector entities have been engaged and provide greater transparency on any engagements with health-harming industries, as this is critical to protect public health goals and efforts.
- To include industries involved in alcohol, unhealthy foods, SSBs, breastmilk substitutes[13], and fossil fuels (health-harming industries) within the scope of FENSA paragraph 44, ceasing engagement with these industries in public health policymaking, given their clear and well-documented conflicts of interest with public health objectives.

29.1 Reform of the global health architecture and the UN80 Initiative (EB158/44)

The Director-General's report **(**EB158/44**)** on this new agenda item examines the growing pressures on the global health architecture (GHA) arising from a sharp contraction in official development assistance, geopolitical strain, and increasing fragmentation among global actors about the utility and effectiveness of the UN and multilateralism more broadly. It situates these challenges alongside reform efforts that have been ongoing including national efforts to deliver on the Lusaka Agenda, reform processes in major global health entities such as Gavi, the Global Fund, UNAIDS, UNICEF, UNFPA, and WHO itself, and notably the UN80 Initiative, which seeks to modernise the UN system through efficiency gains, mandate rationalisation, and structural realignment. WHO's active engagement across these processes is highlighted, with potential implications for its role in coordinating health action across humanitarian, development, and specialised domains. The report underscores the need for a more coherent, equitable, and accountable GHA, with sustainable financing, reduced duplication, stronger country leadership aligned with the Lusaka Agenda, and a reinforced normative, convening, and coordinating role for WHO. It proposes that WHO host a joint, inclusive process in 2026 to help converge GHA and UN80 reform discussions into a common framework to guide priorities, investment, financing, and governance.

Civil society organisations are essential to the effective reform of the global health architecture, as they bring the lived experiences of communities, ensure accountability to populations most affected by policy decisions, and help translate global commitments into equitable, people-centred action at

[13] While breastmilk substitutes are not necessarily unhealthy products, it is well-documented that this industry employs health-harming commercial practices—including aggressive marketing that violates the WHO's International Code of Marketing of Breast-milk Substitutes. These tactics undermine breastfeeding promotion, despite breastmilk being the optimal source of nutrition for infants and a key factor in preventing NCDs later in life.

the country level. Meaningful CSO engagement strengthens legitimacy, transparency, and implementation of reforms, particularly in a context of shrinking resources and competing priorities. NCD Alliance is part of the HEAR-CSO consortium, a Wellcome Trust-funded initiative providing a coordinated platform for civil society to engage constructively in global health architecture reform, advocate for equity and rights-based approaches, and ensure that reform processes remain grounded in UHC, social justice, and the needs of communities.

NCDs account for the largest share of the global burden of disease and are indispensable to achieving UHC, yet they have not benefited from a dedicated global health initiative comparable to those established for HIV, tuberculosis, malaria, or vaccines. In a context of shrinking resources and GHA reform, integration of NCD prevention and care is essential to effectively address these main drivers of morbidity, mortality, and health system demand. For decades, the NCD community has been calling for system-wide coherence across sustainable financing, country-led prioritisation and planning, and cross-actor alignment that the report outlines and will provide important insights into the suggested reform processes.

We welcome:

- The report and commend the Director-General for providing a clear, timely framing of the challenges facing the global health architecture in a context of declining resources and increasing fragmentation.
- The emphasis on Member State leadership, inclusivity, and coherence, and reaffirm the unique role of WHO as the directing and coordinating authority on international health, including its normative, convening, and country-level policy advisory functions.
- The explicit recognition of the importance of engaging civil society and communities as integral partners in global health governance, alongside governments and institutions.
- The intention to align reform discussions across the UN80 Initiative and broader GHA processes, and the recognition that reform must go beyond efficiency measures to deliver greater equity, accountability, and impact.

We express concern:

- That multiple conversations and initiatives on global health architecture reform are underway across a range of actors and forums, which, if not sufficiently connected, may risk reducing coherence and clarity for Member States and partners. In this context, greater clarity would be helpful on how the proposed WHO-hosted joint process will relate to, complement, and add value to existing efforts, and how alignment can be ensured across timelines, mandates, and decision-making spaces, while preserving strong Member State oversight and ownership.

We urge Member States:

- To support WHO in hosting a joint, time-bound, and Member State–led process that brings together UN80-related proposals and wider global health architecture reform discussions, with the following considerations:
- Ensure clear scope, transparency, defined outputs, and regular reporting to governing bodies.

- Design the process to complement and connect with existing GHA and UN80 initiatives, minimising overlap and securing buy-in from parallel reform efforts and institutions.
- Engage the full range of global health actors, with particular emphasis on meaningful, sustained civil society participation to strengthen accountability and ensure reforms reflect population needs.
- Ensure NCDs are explicitly integrated into GHA reform discussions, recognising their high burden, centrality to UHC, and the absence of dedicated global institutions and financing mechanisms comparable to those for HIV, tuberculosis, malaria, or immunisation, which makes them vulnerable to being omitted in these discussions.

[i] This 'reverse foreign' aid phenomenon has been addressed in the 2023 Bridgetown Declaration on NCDs and Mental Health.