



Feedback on the purpose, scope, and principles.

NCD Alliance (NCDA) welcomes the commitment to an inclusive, time-bound, and transparent process to reimagine the global health architecture (GHA), as well as the need to address the fragmented nature of the system to promote its effectiveness. We also welcome the explicit inclusion of equity among the principles of the reform proposal, as this focus will ensure that the GHA reimagining is not just a reaction to current challenges, but actively builds a system that promotes health for all.

To strengthen the proposal, we recommend that the proposal and the process name a rights-based approach, ensuring that governments remain the primary duty bearers for delivering on their existing and future commitments to health.

We welcome the intention to review institutional mandates for improved efficiency; however, there must also be a commitment to ensure that review and reform of the global health architecture address the current and future greatest health burdens. We welcome the intended UHC/PHC approach, integrating vertical initiatives. We express concern, however, that without strong institutions representing noncommunicable diseases, including mental health and neurological conditions (NCDs), these conditions will continue to be sidelined in decision-making. Additionally, we recommend that the meaningful involvement of impacted communities, including those living with NCDs, and civil society be an established principle in this process and its outcomes, which would help provide accountability for the initiatives and institutions of the existing architecture to deliver the level of transformation needed to achieve these commitments going forward.

Feedback on the functional areas for the proposed workstreams.

NCDA welcomes the division of the process into six workstreams to ensure a focused approach for the development of specific solutions across areas and the acknowledgment that there is no perfect division, creating natural overlaps across them. Our comments here are intended to strengthen the Workstreams’ scope, and we would welcome further clarity on how overlaps might be addressed across work streams.

We especially welcome the explicit focus on national health ownership and priorities and alignment with the principles of the Lusaka Agenda outlined in Workstream 2. As the Lusaka Agenda acknowledged, the current GHA is structured in a way that gives more weight to the goal and objectives of donors. Aligning financing with plans, priorities, and unmet needs of governments will improve resource allocation and allow governments to deliver more health for the money in this constrained fiscal environment and has been a key ask for many LMICs as evidenced by the Africa Health Sovereignty Summit and the Accra Reset process.

We also welcome the inclusion of data and surveillance (Workstream 4), as decision-making should be evidence-based to ensure alignment with need, but also to promote the best health outcomes. We express concern that Workstream 6 will continue to treat NCDs as peripheral. 74% of global



deaths are from NCDs, a number that is even higher once mental health and neurological conditions are considered. As there is no GHI or similar institutional champion that can ensure NCD concerns are represented in decision-making, and report on how these suggestions were actioned and what progress has been made. Moreover, reform must specifically address siloed approaches to health, and there is no clear and apparent link between this workstream and Workstream 2 to facilitate this at both the national and global levels.

Furthering our concern in Workstream 6 is the lack of focus and plan on how and where health determinant considerations fall in the process and into the new GHA. The GHA discussions fall under broader multilateral reform efforts, so greater clarification on what venues are needed for better multisectoral coordination within global health, for example, with other UN agencies and agendas that have an extended scope are not factored into this proposal. With health and climate and determinants of health being two of the six objectives of GPW14, we believe this should be included.

We recommend that in the final proposal, WHO also clarify the definition of “global public goods,” given the links and crossover potential this has between Workstreams 1 and 3. We’d also like to recommend that Workstream 6 be expanded to address governance more broadly, in which the meaningful engagement of civil society and people with lived experience can be integrated; we see meaningful engagement as both a principle and process for the substance of the future global health architecture. Finally, we support recommendations calling for the addition of a financing workstream within the process.

Feedback on the proposed approach to the coordination of the process.

We welcome the intention to ensure geographic diversity in the coordination of the GHA process and recommend that LMIC stakeholders, and specifically civil society and communities within those contexts, are represented in the consultation structure. A range of income contexts is necessary to ensure the principle of equality and equity principles are sufficiently met.

Feedback on the anticipated timeline and phases.

First, NCD Alliance welcomes the open consultation to provide feedback on the WHO proposal for GHA, showing an intention to conduct the process openly and transparently.

We express concern that the time-bound process as outlined, combined with the overlapping Workstreams and consultations, will result in an abbreviated and non-inclusive process. Consultations must be sufficiently advertised and communicated across all stakeholders with sufficient notice to maximize participation. Last-minute meetings to meet tight deadlines work against the principles of inclusion and accountability.

Feedback on the stakeholder engagement strategy.

NCD Alliance welcomes the inclusion of civil society, youth, and communities, and we encourage the addition of a distinct “people with lived experience” stakeholder group.

We express concern that the proposal does not include additional details on the extent of civil society and community engagement. In this respect, we recommend that the completed proposal include



organizations outside of those in Official Relations and the WHO Civil Society Commission. Community and national organizations bring rich experience, though they may not be engaged at the global level, and efforts should be made to reach these groups to produce holistic participation. We also recommend that there be intentional outreach to marginalized, vulnerable, and stigmatized groups who face barriers to publicly participating in decision-making due to the discrimination they may face. Further details on good, meaningful engagement in the HEAR CSO submission, which is supported by NCDA.

Additional comments or inputs to the proposal.

We call upon the WHO to include explicit safeguards to limit the participation of entities from and linked to health-harming industries (including tobacco, alcohol, unhealthy foods, and fossil fuels) from the reform process to limit undue industry influence in public health.

NCD Alliance supports the HEAR CSO position on the joint process.

The following organizations express their support and sign on to our submission:

Cancer Research UK

DakshamA Health

FDI World Dental Federation

NCD Alliance Ghana

VAST Ghana

United for Global Mental Health

United Kingdom Working Group on NCDs

Vital Strategies

World Cancer Research Fund International

Complete details on the WHO Consultation can be found [here](#).