NCD Alliance

NCD Alliance Submission
Consultation on the process to reform the global health architecture – Round 2
30 April 2026

Please provide your feedback on the purpose, principles and objectives.

NCD Alliance welcomes the explicit recognition of NCDs, including mental health and neurological conditions, as a shifting priority in global health, alongside other points that facilitate the delivery of the NCD agenda as well as supporting health sovereignty (slide 10). We additionally welcome the reformed principles of the GHA process, including equity, solidarity, and accountability, and an emphasis on transparency, inclusivity, and taking an evidence-based approach (slide 11).

We continue to recommend that the process be grounded in a rights-based approach; listing "Member State-led" and "respect[ing] the central and leading role of countries is not a sufficient guarantee that the right to health will be universally applied, particularly as it relates to vulnerable and marginalized groups, including those living with NCDs, mental health, and neurological conditions, which frequently carry social, political, and economic stigma and discrimination.

We also recommend that Slide 13's financing objective be modified to specifically address the misalignment between financing and disease burden, to harmonize the issue around shifting demographics (Slide 11), to mitigate risks of countries not using evidence-based approaches which would align disease burdens and spending, and to include "catalytic financing."

Please provide your feedback on the process governance and set-up.

We welcome the additional information provided on the joint process, including clear outlines of the roles and responsibilities of governance structures, including the composition of committees and working groups. In particular, the explicit inclusion of civil society representation within key bodies, such as the Recommendations Committee. We also welcome the shifts from functions to three objectives.

We remain concerned that the meaningful participation of civil society, including people with lived experience, remains limited and performative. This is based on proposal outlining the GHA process being "Member State-led" alongside the composition of these respective committees, which only allow for 2 representatives in each working group/committee. These perspectives are always important and the GHA process is an opportunity to ensure that all governments are bearing people's interests in mind in decision-making, noting that civic space and engagement is not a universal practice. We also express our continued concern that NCDs' lack of an institutional champion will limit the effectiveness of the GHA transformation, given the continued lack of emphasis on accountability for delivering on the commitments made.

We again express our concern that without strong institutions representing noncommunicable diseases, including mental health and neurological conditions (NCDs), such as a GHI, these conditions will continue to be under-represented in decision-making. This concern arises from Slide 11. While we appreciate the thinking behind "respecting mandates," there are significant gaps within existing mandates that must be addressed to align with current and forecasted epidemiological trends. The shifting demographics are noted on Slide 11, so there is dissonance within this proposal in respecting mandates and GHIs' role while bringing greater focus to conditions like NCDs, mental health, and aging which lack institutional representation.

We recommend that the modalities for these committees establish guidelines to ensure that the proportion of stakeholders does not significantly tip in the balance of any one group in order to ensure balanced and equitable outcomes.

Please provide your feedback on the stakeholder participation.

The NCD Alliance remains concerned about the possible participation of health-harming industries in the GHA process. While improvements have been made from the first to second consultation, we urge the GHA process to adopt measures that exclude these industries (i.e., tobacco, alcohol, unhealthy foods, and fossil fuels) due to their conflicts of interest. We continue to 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.

Furthermore, we support the HEAR CSO position on CSO and community representation, including:

- Establishing a framework for setting targets for inclusion and engagement at the level of geography, gender, and lived experience,
- Creating targeted engagement strategies for the inclusion of the groups above, as well as those who may not have the resources to participate in digital spaces,
- Explicitly state that inputs from self-convening or independent groups will be considered.

Please provide your feedback on the anticipated timeline and phases.

We welcome the more granular timeline provided for the GHA process.

NCDA reiterates our concern that the time-bound process as outlined 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.

We recommend that 'Phase II: Mapping & Options' be extended: a three-month period to undertake deep, technical work and hold stakeholder consultations (especially during the northern hemisphere's summer holiday), particularly compresses the ability for meaningful engagement and risks a rushed and incomplete outcome.

Please provide your feedback on the resources and risks.

NCD Alliances welcomes the outlining of resources and risks provided. Without further information on WHO's plans for risk mitigation, we continue to see this as a key gap in the process, in light of comments regarding the availability of resources to support underrepresented groups, including sufficient engagement with LIC/LMIC countries and stakeholders, civil society, and affected populations.

Additional comments or inputs to the proposal.

We welcome the maturation of WHO's proposal and the meaningful revisions undertaken thus far. We recommend that the Secretariat continue to move beyond consultation towards partnership with civil society, vulnerable groups, and people living with health conditions to ensure that the reformation of the GHA is person-centered.

We continue to raise the need for accountability processes and mechanisms to sufficiently monitor and improve the implementation of the GHA processes' outcomes.