

79th session of the World Health Assembly
Constituency statement led by NCD Alliance
Agenda Item 20.1 Reform of the global health architecture and the UN80 Initiative



This statement is coordinated by:

- The NCD Alliance

And supported by:

- International Association for Hospice and Palliative Care
- Women in Global Health
- Sightsavers
- International Agency for the Prevention of Blindness
- International Diabetes Federation
- Society on Thrombosis and Haemostasis (ISTH)
- World Cancer Research Fund International (WCRFI)
- International Alliance of Patients' Organizations (IAPO)
- FDI World Dental Federation

- World Heart Federation
- Vital Strategies
- Multiple Sclerosis International Federation,
- Union for International Cancer Control

Distinguished delegates,

Reform of the global health architecture and the UN80 reform initiative are taking place in a context of fiscal constraint, shifting geopolitical dynamics, evolving health needs, and growing demands for a more coherent, equitable, accountable, and efficient multilateral system. In this context, reform efforts should be inclusive, support coordinated, country-led approaches to health governance and financing, alongside stronger alignment between global and national health priorities, improved data and accountability systems, and renewed trust in multilateralism. WHO's recommendation to increase public financing for health by at least 1% of GDP remains an important benchmark for advancing universal health coverage, pandemic preparedness, and health system resilience.

The evolving global health landscape requires responses that reflect changing epidemiological and demographic realities, including population ageing, the growing burden of noncommunicable diseases, recurrent health emergencies, and the impact of social, economic, commercial, and climate-related determinants of health. Addressing these challenges requires integrated, cross-sectoral, whole-of-government, and life-course approaches, with greater emphasis on primary health care through essential public health infrastructure. Sustained investment in the health and care workforce, alongside recognition of the disproportionate burden of unpaid and underpaid care work carried by women and their underrepresentation in leadership, will be essential to drive equitable and resilient health systems.

Meaningful social participation will be essential to ensuring reform processes are grounded in local realities, while prioritising national ownership, locally led development, regional capacity, and equitable partnerships across the multilateral system.

Thank you.