NCD Alliance Response
Joint Task Force Interim Report: Draft for Member State Consultation, 18 November 2026

Introduction

This paper provides NCD Alliance (NCDA) feedback on the draft interim report of the Joint Task Force (JTF) on Global Health Architecture (GHA) reform, drawing on the key messages set out in NCDA's input papers to the JTF. It is not intended as a comprehensive response to the report, its preliminary recommendations or its appendices. Instead, it highlights priority issues developed more fully in NCDA's input papers.

Overall message

The success of GHA reform should be measured not only by improvements in support for country-led approaches, institutional coordination and financing efficiency, but also by the extent to which the reformed architecture responds effectively and equitably to current and future epidemiological shifts and population health needs. Noncommunicable diseases (NCDs) and mental health conditions account for 75% of deaths globally and are leading causes of morbidity and disability, yet have received an average of less than 2% of development assistance for health over the past three decades. They have also benefited comparatively little from collective capabilities developed around other health priorities, including product access mechanisms, market shaping, financing and accountability. As illustrated by the preliminary mapping in Appendix 2 of the JTF interim report, only two GHA actors are shown as addressing NCDs, with activity concentrated in product innovation and access (Function 4). By contrast, actors working across other health areas are represented across a broader range of core GHA functions, including norms, technical guidance and standards; data, monitoring and knowledge; surveillance and health security; and country-led health-system strengthening. Addressing this mismatch requires an explicit assessment of functional gaps and financing flows within the current GHA, including whether its functions, mandates, capacities and financing adequately respond to the burden of NCDs and mental health conditions, rather than assuming that these needs will be addressed through the development of, and alignment with country-led priorities.

We welcome:

- Recognition that health needs and capacities have changed since the current GHA was established, and the description of the JTF's purpose as informing decisions to transform the GHA into "a more coherent and inclusive ecosystem" that advances access, impact and equity (paragraph 1).
- Targeted engagement with countries particularly vulnerable to shocks, for which GHA support is critical but which may be inadequately represented in the JTF process, including small island developing States (SIDS) and countries facing humanitarian crises (paragraph 6).
- Continued engagement with other GHA reform processes, including the African High-Level Ministerial Committee on GHA Reform, whose recommendations will be considered for adoption at the African Union Summit during the same week that the WHO Executive Board, at its 160th session (EB160), considers the JTF interim report.
- The future-state ambition statements for all three JTF objectives, which emphasise aligning international support with country-owned priorities, plans, budgets and reporting systems and advancing universal health coverage (UHC). We particularly welcome Objective 1's recognition of the need to respond to changing health needs and challenges (paragraphs 16, 23 and 32).

- The emphasis on progress towards UHC (paragraphs 16, 26, 32 and 35), particularly in light of the 2025 WHO/World Bank UHC progress report's finding that greater attention to NCDs is needed to advance UHC; and the inclusion of "equity, inclusion and the right to health" as cross-cutting themes (paragraph 38).
- Appendix 1's account of how feedback from civil society organisations (CSOs), alongside Member State feedback, has been considered.

⚠ **We express concern that the current draft:**

Does not explicitly assess how changing disease burdens and demographic and epidemiological transitions—including population ageing, multimorbidity and the growing burden of NCDs and mental health conditions—will inform the identification of functional gaps and the development of reform recommendations.

- Does not adequately recognise that healthy populations and strong health systems are essential foundations for responding to communicable diseases, health emergencies and humanitarian crises, particularly for people living with existing health conditions.
- Does not sufficiently recognise the multisectoral action required across many GHA functions, focusing instead on a limited set of examples (including paragraph 20(ii) and the appendices).
- Gives insufficient attention to multisectoral action for disease prevention and to addressing the determinants of health.
- Does not sufficiently emphasise the need to identify, assess and address gaps in the current GHA, including gaps in functions that need to be strengthened (paragraphs 2 and 4).

Objective 1: Functions, mandates and capacities

We welcome:

The preliminary analysis in Appendix 2, which indicates limited representation of NCDs across the six GHA functional areas, and the identification of NCDs and mental health as priorities for further examination (paragraph 20(ii)). Further analysis should also consider financing flows, to distinguish small-scale programmes from major initiatives. For example, the mapping identifies Unitaid as an actor working on NCDs; quantifying the resources and scale of this work would help clarify its significance.

The future-state ambition in paragraph 16, including alignment of international support with country-owned health plans, budgets and monitoring systems; countries' leadership in setting and advancing national health priorities and UHC; and the evolution of GHA functions, mandates and capacities in response to changing health needs. The 2025 WHO/World Bank UHC progress report underscores the importance of addressing NCDs to advance UHC.

The proposals in paragraph 18 to strengthen country-led planning and alignment with national priorities and systems; provide more integrated support for health systems and public health capacities; and promote continuity, access and equity for underserved populations and settings.

⚠ We express concern:

The preliminary recommendations do not yet adequately reflect the findings in Appendix 2, which indicate limited GHA activity on NCDs and mental health. This gap should be explicitly recognised, with further analysis bringing together the findings of Workstreams 2 and 3, particularly on financing flows.

Paragraph 20 is the only paragraph in the draft interim report that explicitly mentions NCDs. Paragraph 20(i) uses tentative language, referring to "Preliminary observations on functional areas that may warrant closer examination". Across the four areas identified—country planning and technical support; product innovation and access; data monitoring and reporting; and preparedness and operational readiness—the report recognises multiple actors addressing communicable diseases. However, it does not adequately recognise the corresponding functions needed to address NCDs/MH, except in relation to product innovation and access.

We are also concerned by the tentative language in paragraph 20(ii), which identifies "other preliminary observations [that] point to areas where coverage of functions may warrant further examination". This includes NCDs and mental health, "where relatively few global actors are reflected in the preliminary mapping".

We urge the Joint Task Force:

Revise paragraph 20 to reflect fully the findings in Appendix 2 and the limited representation of NCDs across GHA functions. The JTF should commit to a focused examination of NCDs and mental health in its subsequent work and recommendations, commensurate with their contribution to global mortality and their growing burden in low- and middle-income countries (LMICs). Workstream 3 should also examine existing financing flows for NCDs and mental health in greater depth.

Recognise that multisectoral action is essential to health promotion and to addressing the drivers of the NCD and mental health burden, and include the following considerations in its recommendations:

- Embed multisectoral health priorities within the "one plan, one budget, one monitoring and evaluation (M&E) framework" approach, and align international support with these priorities.
- Establish clear institutional responsibilities for supporting multisectoral action and ensuring accountability across the GHA.

<u>Objective 2: Coordination & Decision Making</u>

We welcome:

- The preliminary recommendations in paragraph 28, particularly proposed Recommendation 1, which prioritises country-led coordination platforms to implement the principle of "one plan, one budget, one M&E framework".
- Proposed Recommendation 3(b), which recognises the need for collective accountability across the GHA for shared commitments, collective performance and equitable health outcomes, including conflict-of-interest safeguards among the supporting actions.

- Proposed Recommendation 3(c), which calls for inclusive governance and meaningful participation by countries with limited capacity, civil society and community-level actors. Country-led priorities do not necessarily reflect population needs without meaningful mechanisms for social participation, including at the global level of the GHA.

We urge the Joint Task Force:

- Strengthen the preliminary recommendations to address the multisectoral dimensions of health more effectively across GHA functions, including through the following amendments:
- Elevate the supporting action on coordination across ministries and sectors under Recommendation 1 to a standalone recommendation within paragraph 28(i), "National coordination and aligned operations". This would reinforce the integration of multisectoral health priorities into the "one plan, one budget, one M&E framework" approach and the alignment of international support with those priorities.
- Specify, under proposed Recommendation 3(b), the shared responsibility of GHA actors to respond to shifting disease burdens and advance UHC.
- Include conflict-of-interest safeguards explicitly in proposed Recommendation 3(c).
- Elevate the supporting action on coordination across ministries and sectors under Recommendation 3(c) to a standalone recommendation within paragraph 28(iii), "Global stewardship, inclusive governance and collective accountability". This should recognise the influence of other global governance arrangements on health and the need for coordination across these arrangements, alongside coordination between ministries at country level.

Objective 3: Financing

We welcome:

The preliminary recommendations in paragraph 35, particularly those addressing:

- (i) Alignment of financing with one national plan, budget and M&E framework, including country-led compacts and coordination platforms embedded in national plans, and integration of vertical programmes into primary health care and health-system priorities to advance UHC.
- (ii) Sustainable domestic financing, including joint leadership by health and finance ministries, time-bound national targets, managed transitions and the inclusion of health-promoting revenue measures in the action areas for Objective 3, Recommendation 2, in Appendix 3.
- (iii) Improved international financing, including continued development assistance for health (DAH), particularly where financing gaps remain, and consideration of pooled mechanisms to support primary health care and core health systems.
- (iv) Better integration of multilateral development bank (MDB) financing for health.
- (v) Predictable collective financing for global and regional public health functions.
- (vi) Equitable and inclusive financing that reaches vulnerable, marginalised and underserved populations; supports sustainable funding for civil society and community-led organisations; and enables their meaningful participation in planning, financing and decision-making.

We urge the Joint Task Force:

Ensure that the final recommendations:

- Require the development and implementation of transition plans where programmes are integrated, safeguarding continuity of care, particularly for vulnerable and marginalised populations.
- Explicitly recognise taxes on health-harming products—including tobacco, alcohol and sugar-sweetened beverages—and reforms of health-harming subsidies as options for domestic resource mobilisation and integrated multisectoral health planning.
- Specify the technical and financial support countries need to develop budgets and time-bound investment targets that reflect changing epidemiological needs. This should include improved tracking of NCD and mental health expenditure in national health accounts, strengthened service-delivery data and measurable targets for increased investment.
- Explicitly include NCDs and mental health in assessments of essential functions, financing gaps and predictable financing arrangements.
- Ensure that proposals on strategic purchasing, pooled procurement, manufacturing, market shaping and regional financing mechanisms explicitly address essential medicines, diagnostics and other health products for NCDs and mental health conditions.

Meaningful involvement of civil society and affected communities

We welcome:

- The engagement of civil society, youth and affected communities (paragraph 7). In practice, we welcomed the JTF invitation to HEAR-CSO, the WHO Civil Society Commission and the WHO Youth Council to consult on the JTF objectives and nominate civil society and youth representatives to the three workstream groups.
- Appendix 1's summary of the issues raised through civil society and youth consultations and its explanation of how these inputs have informed the work to date.
- Under Objective 2, proposed Recommendation 3(c), which seeks to strengthen constituency-based representation and ensure that participation enables meaningful contributions, including through inclusive governance and stronger community and civil society participation in national processes (paragraph 28).
- Under Objective 3, the commitment to encourage sustainable funding for civil society and community-led organisations, and meaningful participation by civil society and communities in relevant planning, financing and decision-making (paragraph 35 and Appendix 3).
- Under Objective 1, the commitment to include civil society in further targeted engagement (paragraph 20), and the commitment in the "Overall next steps" section to deeper engagement with regional actors, civil society, youth and affected communities (paragraph 40).

We express concern:

- Paragraph 3, does not explicitly recognise the importance of feedback from communities and CSOs on the interim report, notwithstanding the feedback already reflected in Appendix 1.

- Full consultation and participation in the JTF process has been limited due to the confidentiality provisions which prevent civil society and youth representatives on different workstreams from sharing discussion papers with even a limited circle of constituency members and collaborators, and with other civil society and youth workstream representatives.
- Short timelines and lack of translated materials have been factors in lack of engagement across the full spectrum of civil society and impacted communities as highlighted in the HEAR-CSO consultation survey report

We urge the Joint Task Force:

- To explicitly engage civil society and affected communities in the consultation on the Interim Report.
- To support the on-going engagement of civil society and youth representatives in the Joint Task Force Workstreams by sharing of relevant documents to CSOs in advance and expansion of the confidentiality agreements as requested by HEAR CSO in an earlier communication.
- To provide resourcing to ensure that under-represented groups that will be impacted by these decisions and recommendations are able to engage in the process of their development
- Under Objective 2, paragraph 28 preliminary recommendations 3 (a) (b) and (c) on Global stewardship, inclusive governance and collective accountability should specifically include members of communities impacted by health inequities and living with health conditions, and other civil society

Note: NCDA is a member of the HEAR-CSO consortium and supports its positions on ensuring meaningful involvement of civil society and affected communities