

NCD Alliance Webinar

Global Updates on NCDs

Wednesday, 17 February 2021



Welcome & Agenda

NCD Updates & Announcements

- General assembly 2021
- Global Week for Action 2021: Campaign Overview and theme

Global Updates

- NCDs and related agenda items at EB148 – Outcomes
- WHO implementation plan for NCD GAP 2023-2030
- PLANs on Prevention and Inclusive agenda
- Call for NCD evidence to Independent Panel on Pandemic Preparedness and Response

Speakers

- **Nina Renshaw, Policy & Advocacy Director, NCDA**
- **Romain Dissard, Partnerships and Membership Officer, NCDA**
- **Toyyib O. Abdulkareem, Policy and Campaign Consultant, NCDA**
- **Grace Dubois, Policy and Research Manager, NCDA**
- **Tolu Osigbesan, Advocacy and Partnerships Officer, NCDA**
- **Ayushi P. Pathipati, Policy and Advocacy Consultant, NCDA**

NCD A Updates

NCD Alliance General Assembly 2021 – Timeline and process

- **1 February:** Nominations for [Board](#), [President-Elect](#) and [President](#) open.
- **1 March:** Deadline for nominations.
- **Week of 8 March:** Shortlisting process by the NCD Alliance Nominations Committee based upon the shared candidate selection criteria. *Members of the Committee:*
 - Todd Harper / President NCD Alliance
 - Jose Luis Castro / Vital Strategies (past-President NCD Alliance)
 - Debbie Chen / Heart Foundation of Jamaica (Board Member not running for re-election)
 - Beatriz Champagne / CLAS and WHF (Founding Federation representative)
 - Katie Dain / CEO NCD Alliance (Ex-Officio member)
- **Week of 15 March:** Communication of Board candidates to NCD Alliance's civil society membership and invitation to the General Assembly meeting.
- **19 May:** General Assembly and 2021-2023 President, President-Elect and Board election results.

If you have any questions, please contact us at membership@ncdalliance.org

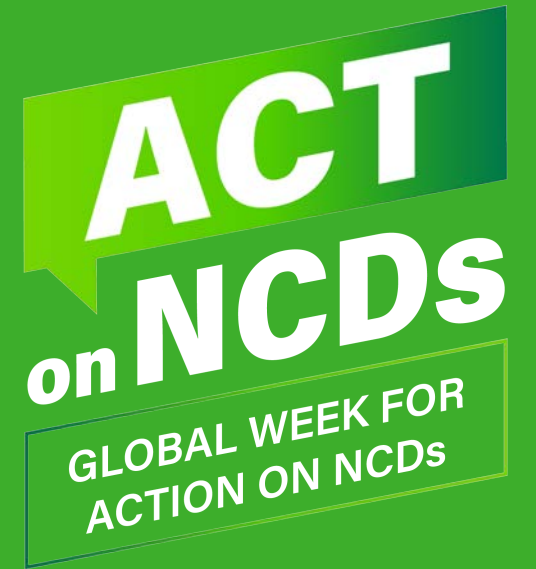
6-12 SEPTEMBER 2021

THE 2021 GLOBAL WEEK FOR ACTION ON NCDs

Toyyib O. Abdulkareem

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ncdalliance.org

www.actonncds.org

#ActOnNCDs

Global Week for Action on NCDs

ACT on NCDs
GLOBAL WEEK FOR ACTION ON NCDs

We raised our voices
We pushed for progress
We called for accountability

60+ activities
1800+ voices of change
750+ cities, 130+ countries

We amplified #ActOnNCDs
8000+ tweets reached
11 million+ people

SHARE. ENGAGE. INSPIRE. ACT. CHANGE

actonncds.org
7 - 13 SEPTEMBER 2020

Preliminary findings from project exploring how unhealthy commodity industries have been responding to COVID-19 pandemic

Release date:
10 September 2020

NCD Alliance SPECTRUM

ACT on NCDs
2020 GLOBAL WEEK FOR ACTION ON NCDs
CAMPAIGN FUEL AWARDS

TIME TO ACT ON NCDs!
COMMUNICATE AND ACT TO CLOSE THE GAP BETWEEN GLOBAL AND NATIONAL COMMITMENTS TO PRIORITISE CHILDHOOD OBESITY PREVENTION POLICIES

DEMAND COUNTY GOVERNMENTS TO INCLUDE NCDs IN THEIR HEALTH BUDGETS & ALLOCATE RESOURCES FOR NCD PREVENTION & REHABILITATION

2020 GLOBAL WEEK FOR ACTION ON NCDs PRESS CONFERENCE

CONGRATULATE THESE MEMBER ALLIANCES ON THEIR IMPRESSIVE EFFORTS, ENTHUSIASM AND COMMITMENT TO NCD PREVENTION AND CONTROL IN THEIR COUNTRIES AND REGIONS, DEMONSTRATING THE GROWING POWER OF THE GLOBAL NCD MOVEMENT TO LEVERAGE THE UNIFYING GLOBAL WEEK FOR ACTION ON NCDs TO DEMAND MORE ACTION AND CLOSE GAPS TO PROGRESS. WE LOOK FORWARD TO SEEING HOW THEY USE THEIR AWARENESS TO SUPPORT FUTURE ADVOCACY CAMPAIGNS.

Lucy Westerman,
Policy and Campaigns Manager,
NCD Alliance.

#ActOnNCDs

Bridging the Gap on NCDs

This NCD Civil Society Compass presents the outcomes of an analysis of the major gaps in the first decade of the noncommunicable diseases (NCDs) response and potential actions for civil society to bridge these gaps and accelerate progress. The gaps are outlined in full in the companion document *Bridging the Gap on NCDs: from global promises to local progress* and pinpoint the major barriers to meaningful progress, based on opinion surveys of the NCD Alliance network and drawing on WHO data and peer reviewed research.

THE LEADERSHIP GAP

- DEMAND LEADERSHIP and coherence for health
- DEVELOP GUIDANCE on private sector engagement
- MONITOR INDUSTRY interference and raise awareness
- ADAPT TO WORK with different political administrations
- DEVELOP FUTURE LEADERS from the NCD movement

THE INVESTMENT GAP

- INCREASE NATIONAL CIVIL SOCIETY PARTICIPATION in country missions of the UNAIDS, preparing and promoting investment cases
- ADVOCATE FOR GOVERNMENTS to phase out subsidies and implement taxation of unhealthy commodities (sugar, tobacco, alcohol, fossil fuels) and use funds to support health systems strengthening
- ADVOCATE FOR INCLUSION of NCDs in national health budgets and plans
- ADVOCATE FOR INTERNATIONAL DONORS to support smart investments in prevention interventions and health systems strengthening

THE CARE GAP

- ADVOCATE FOR INCLUSION OF ESSENTIAL, QUALITY, affordable NCD medicines and technologies as part of UHC national benefit packages
- ADVOCATE FOR MORE ROBUST DISAGGREGATED DATA TO SUPPORT NATIONAL TARGETS on health systems strengthening, provision of essential NCD medicines and technologies, and access to treatment and care
- ADVOCATE TO ESTABLISH INDEPENDENT ACCOUNTABILITY mechanisms for UHC
- ADVOCATE FOR INTEGRATED HEALTH SYSTEMS that meet the needs of people and address multi-morbidities

THE ACCOUNTABILITY GAP

- INCREASE INDEPENDENT ACCOUNTABILITY, produce Civil Society Status Reports, and make NCDs an election issue
- EXPAND FUTURE NCD Countdown 2030 reporting
- FOCUS ON BITESIZE TARGETS and milestones to 2030, while advocating that, by 2025, all countries are regularly monitoring progress on national NCD targets and indicators
- ENGAGE AND SUPPORT CHAMPIONS

THE COMMUNITY ENGAGEMENT GAP

- TEAM UP WITH LEGAL EXPERTS to explore how a rights angle could accelerate NCD action
- COORDINATE CIVIL SOCIETY ACTION ACROSS ALL SDGs
- JOIN FORCES WITH SOCIAL MOVEMENTS representing people left behind, including environment and equity advocates, youth movements, indigenous communities and others, to advocate systemic reform
- COMMUNICATE EFFECTIVELY BY LEVERAGING OUTRAGE, rebuilding injustice, translating evidence, sharing personal stories, celebrating successes, and campaigning collaboratively
- ESTABLISH INCLUSIVE NCD GOVERNANCE MECHANISMS, institutionalising the role of PLWNCs and civil society in health decision-making at national, regional and international levels
- CELEBRATE AND SHARE SUCCESSSES

NCD CIVIL SOCIETY COMPASS

NCD Alliance

The NCD Civil Society Compass synthesises proposed actions for civil society to accelerate the NCD response to reach globally agreed targets for 2025 and 2030, in order to bridge the gap between global commitments and effective action to prevent and treat NCDs in every region and every country.

ACT on NCDs

GLOBAL WEEK FOR
ACTION ON NCDs

6-12 SEPTEMBER 2021

Engaging Communities
PEOPLE.
PARTICIPATION.
PROGRESS.



ABOUT THE COMMUNITY ENGAGEMENT GAP PEOPLE. PARTICIPATION. PROGRESS.



IN 2021 WE ARE CELEBRATING THE POWER AND POTENTIAL OF COMMUNITIES TO CO-CREATE HEALTHIER SOCIETIES

COMMUNITIES power governments. Participation is essential to ensure and accelerate progress on NCD prevention and care in a way that upholds the right to health and leaves no one behind.

YOU have the right to be heard and participate in all aspects of society, including health. Governments must ensure communities are at the heart of decision-making processes.

GOVERNMENTS and communities can build healthier societies together. YOU can drive change by ***reaching out to others, participating in decision making, sharing stories, calling out injustice, and collaborating with others.***



Opportunities for Civil Society Action



- Raise your voice
- Plan activities, write letters, request meetings
- Speak to and collaborate with others
- Leave no one behind



- Inspire action
- Apply a rights lens to accelerate NCD action
- Plan to host events/activities (maybe virtual)
- Prepare, author, publish, promote publications



- Advocate and participate in governance
- Reach out and make new connections
- Listen to communities
- Invite communities to participate in governance

Find out more: <https://actonncds.org/en/take-action>



NCD CIVIL SOCIETY COMPASS



Bridging the Community Engagement Gap Opportunities for Civil Society Action

Call for and participate in inclusive NCD governance mechanisms, institutionalising the role of PLWNCDs and civil society in health decision-making at national, regional and international level

Learn from the AIDS response as a pioneer in establishing inclusive governance mechanisms. For example, NGOs are represented on the boards of the Global Fund, and civil society and PLWHIV are specifically included in the governance structure of UNAIDS.

Team up with legal experts to explore how a rights angle could accelerate NCD action

Explore how binding legal instruments and treaties can advance the NCD agenda, including legal measures against governments for failure to meet commitments to rights and equity.

Join forces with social movements representing people left behind, including environment and equity advocates, youth movements, indigenous communities and others advocating systemic reform

In addition to the strong links already forged with child rights, women's health and HIV/AIDS movements, NCD civil society can make a common cause with campaigners for environment, climate, and others who campaign for wellbeing to be put ahead of short-term economic indicators in decision making. Ensure that social and environmental policies are also understood as health and wellbeing policies.

Coordinate civil society action across all SDGs

It is essential that CSOs across different sectors work more closely together, to ensure that there are no trade-offs between the different aspects of sustainable development.

Communicate effectively by leveraging outrage, rebuking injustice, translating evidence, sharing personal stories, celebrating successes, and campaigning collaboratively

Mobilise for the annual Global Week for Action on NCDs and other milestone days, weeks and political campaigns to use diverse communication strategies. Use traditional and social media to make noise, demand change, and put issues, insights and solutions in front of policy makers.

Celebrate and share successes

'Yes We Can' is a legendary political slogan that inspired a movement to believe that unprecedented change was possible, becoming a self-fulfilling prophecy. Showcasing successful and courageous NCD actions and leaders who implement effective measures can encourage and inspire others to emulate these successes for their own countries and people



Q&A

Global Updates

EB148 - WHA74

EB 148 - 18-26 January 2021

- [Agenda](#) & [documents](#)
- Recordings [here](#) (Available for 6 months)
- Virtual, with some participants joining from the WHO HQ Geneva

• Relevant agenda items

Item 6: HLM on NCD follow-up

- Resolution on Oral Health
- Decision on NCD Global Action Plan mid-term evaluation and future of GCM
- Decision on Diabetes as a public health problem

7: Expanding access to treatment for cancer, rare and orphan diseases, including cell and gene-based therapies

8: Global strategy and plan of action on public health, innovation and IP (GSPoA) - proposed **resolution on local production of medicines**

9: Antimicrobial resistance

10: Substandard and falsified medical products

12: Immunization Agenda 2030

13: Integrated people-centred eye care - Recommendations for 2030 targets

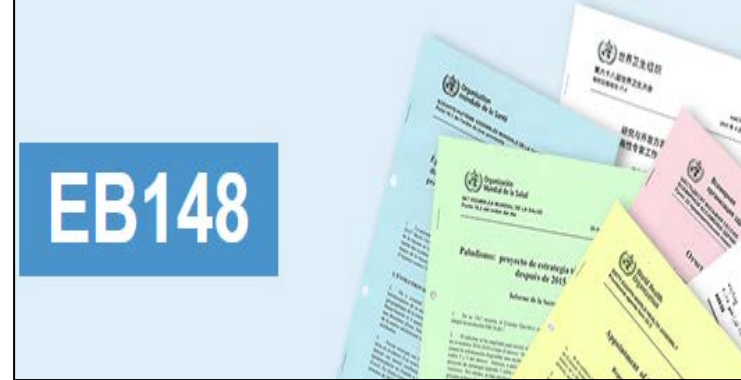
14: Public health emergencies: preparedness and response

- Decision on mental health responses

16: Resolution on Social determinants of health

19.2: WHO reform: Involvement of non-State actors in WHO's governing bodies

19.3: Resolution on follow-up to Global Disability action plan



EXECUTIVE BOARD
148th session
Geneva, 18–26 January 2021

INTERACTIVE DOCUMENT

14 Decem

Provisional agenda

1. Opening of the session and adoption of the agenda

Documents EB148/1, [EB148/1 \(annotated\)](#) and [EB148/2](#)



EXECUTIVE BOARD
148th session
Provisional agenda item 1

EB148/
6 January

Preliminary daily timetable

January 2021		Other
Monday 18		
10:00 – 13:00	Item 1	Opening of the session and adoption of the agenda
and 14:00 – 17:00	Item 2	Report by the Director-General

Health security: Pandemic response & preparedness

- "COVID-19 revealed a collective failure to invest in preparedness"
- People living with NCDs among hardest hit, most at risk – need prioritisation in vaccine access.
- Critical reports from Independent Panel, Global Preparedness Monitoring Board, review committee on International Health Regulations.
- **New One Health High-Level Expert Council launched between WHO-FAO-OIE-UNEP.**
- Call from **European Union, supported by WHO, for an international (binding) treaty on pandemics preparedness and response.**
- Call from GPMB, supported by WHO, for a **UN High-Level Summit on Health Security.**
- Some governments calling for 'vaccine passports'.
- [Decision](#) on strengthening WHO preparedness & response.



[Dr Tedros's opening remarks](#)

There will be enough vaccine for everyone. But right now, we must work together as one global family to prioritize those most at risk of severe diseases and death, in all countries.

I need to be blunt: the world is on the brink of a catastrophic moral failure – and the price of this failure will be paid with lives and livelihoods in the world's poorest countries.

WHO budget and sustainable financing

- [Draft WHO programme budget 2022-2023](#): decision postponed.
- WHO proposed to extend deadline for Triple Billion Targets (GPW13) from 2023 to 2025.
- Context of **USA re-engaging with WHO**, committing resources including staff, Collaborating Centres, join COVAX and Support ACT-Accelerator.
- Member States established an **ad hoc open-ended working group on sustainable financing** options for WHO: Several MS emphasised that expectations of WHO outweigh its abilities and resources.
- Not only epidemics but wide recognition of other unmet health needs, including NCDs, AMR, SRHR, broader vaccination agenda, health emergencies and health systems strengthening / resilience.
- **Norway in particular called on other countries to step up NCD-specific funding. Several LMIC governments called for NCD support.**
- WHO Foundation kicked off, aim to raise \$1bn in 3 yrs from new sources, including individuals. Some concerns raised re. FENSA.



[Dr Fauci's remarks](#)

The USA will work with the WHO and Member States to counter the erosion of major gains in global health that we have achieved through decades of research, collaboration and investments in health and health security, including in HIV/AIDS, food security, malaria, and epidemic preparedness.

And it will be our policy to support women's and girls' sexual and reproductive health and reproductive rights in the United States, as well as globally. To that end, President Biden will be revoking the Mexico City Policy in the coming days, as part of his broader commitment to protect women's health and advance gender equality at home and around the world.

Follow-up to the UN HLM on NCDs (Item 6)



Third UN High-level Meeting
on Non-communicable Diseases
27 September 2018
New York

[First WHO consolidated report](#) on progress on prevention and control on NCDs:
10 annexes + 2 evaluations ([GAP](#) and [GCM](#))

Reports on implementation of NCD-relevant resolution, action plans and strategies:

1. Implementation of Cancer resolution. **Report noted.**
2. Physical activity. **Report noted**
3. Biennial report on the implementation of the commitments made in the Rome Declaration of the Second International Conference on Nutrition (2014). **Report noted**
4. Air pollution. **Report noted**
5. Mental health: updates to the appendices of WHO's comprehensive mental health action plan 2013–2030. **Updates noted. Potential decision for WHA74 on recommended interventions.**
6. Health literacy. Process to provide guidance. **Report noted**
7. Multisectoral action. Process to review international experiences. **Process noted**
8. School food best practices and guidance. To note.
9. PLWNCDs in emergencies. Process to provide guidance. **Report noted**
10. Update on work of UN Inter-Agency Taskforce. (UNIATF). **Report noted**

Follow-up to the UN HLM on NCDs

- **Recommendations to WHA74:**
 - [Decision on GAP mid-term evaluation and future of GCM:](#) requests **WHO GAP implementation plan 2023-2030** and GCM options paper
 - [Decision on Diabetes](#) as a public health problem: request WHO paper on access barriers for WHA74
 - n.b. Launch of [WHO Global Diabetes Compact](#) on occasion of insulin centenary in April 2021
 - Further recommendations for mental health interventions (forthcoming)
 - [Resolution on Oral Health](#)
- WHO will host virtual **Health Summit for Small Island Developing States in June 2021**, on resilient health systems, NCDs and climate.

 World Health Organization

The WHO Global Diabetes Compact

Uniting around a common agenda for diabetes

The COVID-19 pandemic is causing fear and suffering for people with diabetes across the world.

This is why

- People with diabetes have a higher risk of severe COVID-19 disease and death.
- Delays in diagnosis of diabetes may result in more advanced disease and complications.
- Delayed, incomplete or interrupted therapy (treatment, rehabilitation and palliative care) for diabetes can lead to declines in health.

Diabetes is a global epidemic

Before COVID-19 emerged, more than 420 million people were living with diabetes worldwide. This is 6% of the world's population. It is also four times more than in 1980. This number is expected to rise to 570 million by 2030 and to 700 million by 2045, rising most rapidly in low- and middle-income countries.

Yet, because of the scale of the problem, most diabetes care needs are not met.

An effective response during the pandemic is hampered by a chronic lack of investment in diabetes prevention, early diagnosis, appropriate treatment and care. This underinvestment needs to be redressed without delay to reduce immense suffering among millions of people and mitigate preventable long-term social and economic costs to society.

All communities need *quality diabetes care*, during the COVID-19 pandemic and beyond.



Credit: WHO/Andrew Esiebo

What needs to change

- 1 in 2 adults with diabetes are unaware of their status.
- Many people with type 1 diabetes (all of whom need insulin for survival) do not have access to it.
- 1 in 2 of the 60 million people with type 2 diabetes who need insulin treatment do not get the insulin they need, often because of the cost.
- Basic technologies such as blood glucose testing are not available in the public sector primary health care system in most low-income countries.
- Limited access in many low- and middle-income countries to health professionals in primary health care trained in diabetes prevention and care.
- Insufficient health promotion activities to help prevent diabetes and inadequate coverage of quality care for people living with diabetes.

Recommended WHA74 Resolution on Oral Health

Resolution [EB148.R1](#) - led by Sri Lanka and co-sponsored by Bangladesh, Bhutan, Botswana, Eswatini, India, Indonesia, Israel, Japan, Jamaica, Kenya, Peru, Qatar, Thailand and EU-27. Strong support at EB notably including USA, China, Australia, UK, Norway, Russia.

Major opportunity for NCD community, esp. to strengthen Best Buys:

- Calls on govts to provide oral health services, recognized as essential services and as part of UHC
- Move away from curative “drill, fill and bill” to preventative emphasis
- Calls for inter-sectoral action, including education policy (school programmes), nutrition, etc.
- Strong on social determinants of oral health
- Notes huge disease burden (3.5bn people), costs and interconnection with other NCDs



Mandates WHO to develop:

(OP3.1) by 2022 a **draft global strategy**, on tackling oral diseases **aligned with the GAP on NCDs 2013-2030**

(OP3.2) by 2023, an **action plan for public oral health**, including a framework for tracking progress with **clear measurable targets to be achieved by 2030**, encompassing control of **tobacco use**, betel quid and areca nut chewing, and **alcohol use; community dentistry**, health promotion and education, prevention and basic curative care, providing a basis for a healthy mouth where **no one is left behind**; telemedicine;

(OP3.4) **technical guidance to ensure safe and uninterrupted dental services**, including under circumstances of **health emergencies**;

(OP3.5) **'Best buys' interventions on oral health**, as part of an **updated Appendix 3 of the WHO GAP on NCDs** and integrated into the **WHO UHC Intervention Compendium**;

Public health emergencies: preparedness and response (Item 14)

WHO undertaking a second pulse survey to monitor impact on essential health services - the [first survey](#) in August 2020 demonstrated severe disruption of NCD services in almost all countries, including screening, diagnosis, rehabilitation, surgery and palliative care.

The mental health dimension of the COVID-19 pandemic makes clear the need to integrate mental health into UHC:

- * Before the pandemic almost 1 billion people were living with a mental health condition, a further 50 million people have dementia and 250 million people live with alcohol or substance abuse disorders;
- * Mental health conditions often occur alongside other chronic health conditions;
- * It has been estimated that over 75% of people with mental health conditions in some LMICs cannot access mental health care;
- * Mental health services have been disrupted in 93% of countries during the pandemic;
- * In addition, the long-term neurological impacts of COVID-19, will need to be reflected in health systems' capacity to provide care for people living with 'long COVID'

Public health emergencies: preparedness and response (Item 14)

[Decision on mental health](#) preparedness and response in health emergencies – led by Thailand.

1. Recommendation to WHA to endorse the updated comprehensive mental health action plan 2013–2030, including implementation options and indicators, context of COVID-19 recovery.

2. Calls on governments to:

Develop provision of quality, integrated MH services and psychosocial support, as essential part of UHC and allocate adequate funding.

Include - *promotion, prevention, early detection, treatment and rehabilitation, and follow-up care that are respectful of human rights and dignity.*

Study the impact of COVID-19 on mental, neurological and substance use conditions and their consequences.

Pay particular attention to MH of health workers.

3. Requests WHO to provide technical support, esp. MH service disruptions, promote access, integration into UHC and increase WHO capacity.

Expanding access to treatment for cancer, rare and orphan diseases, including cell and gene-based therapies (Item 7)

Global strategy and plan of action on public health, innovation and intellectual property (Item 8)

Relevant documents noted. Consultation on Resolution on local production of medicines (Ethiopia sponsoring) to continue.

EB discussions:

MS: COVID-19 emphasizes need. Vocal support. Issues with TRIPS and WHO's role in facilitating technology transfer/pricing transparency. 2021 Fair Pricing Forum (April, Argentina).

NSA: Concern about language on traditional medicines without robust evidence base. Engagement with CSO can support access and accountability e.g. MPP.

WHO: WHO to launch report on Insulin to mark the Centenary. Welcomes Norway and EU consultation on transparent pricing.

Expanding access to treatment for cancer, rare and orphan diseases, including cell and gene-based therapies (Item 7)

Global strategy and plan of action on public health, innovation and intellectual property (Item 8)

Relevant documents noted. Consultation on Resolution on local production of medicines (Ethiopia sponsoring) to continue.

Key messages moving forward:

- Medicines are marked by significant and preventable inequalities but critical for health systems - although alone are not enough. Selection/procurement of quality assured meds and diagnostics must be based on need and aligned with national essential med lists.
- Support resolution and policies to increase update of quality assured generics/biosimilars and capacity building for local manufacturers/support efforts to facilitate transfer of technology. Need greater international collaboration inc. support for regulation, procurement strategies, fair pricing (compliance with TRIPS/use of TRIPS flexibilities) and transparency.
- Role for WHO to expand tools and support to MS by:
 - Expanding prequalification list to include more essential cancer medicines
 - Support increased use of patent databases to build capacity for proper implementation of IP laws

Integrated people-centred eye care (Item 13)

- Effective coverage of **refractive error**: proposed 40% increase by 2030. Universal coverage in countries already with 60% coverage.
- Effective coverage of **cataract surgery**: proposed 30% increase by 2030. Universal coverage in countries already with 70% coverage.
- Countries should aim for equal increases in coverage across all relevant population subgroups.

Following Resolution [WHA73.4](#) and consultations, document [EB148/15](#) proposed global targets for 2030: **targets endorsed by EB - to be formally adopted at WHA74**

EB discussions:

- **MS:** Positive contributions, emphasised importance as cross cutting issue. Need for technical and financial support from WHO.
- **WHO:** Will link to eye disease in diabetes compact. As per WHA73.4 WHO to provide technical support. Will develop manual of indicators at national/subnational level. Vision models to be inc. in WHO surveys.

Key messages moving forward:

- Refractive errors and cataract are the leading causes of preventable blindness and vision impairment worldwide. The number of people living with blindness and severe vision impairment is projected to double by 2050.
- Support the proposed targets and urge governments to integrate eye-care services into national NCD strategies and UHC.

The highest attainable standard of health for persons with disabilities (Item 19.3)

[Resolution on follow-up to WHO Disability Action plan](#) – strong mentions of PLWNCDs and meaningful engagement.

- [Resolution](#) led by Israel, co-sponsored by Argentina, Australia, Botswana, Brazil, Canada, Chile, Costa Rica, Ecuador, Mexico, Norway, Peru, United Kingdom, Uruguay and the Member States of the European Union.
- First resolution after the UN adopted the Convention on the Rights of Persons with Disabilities. The resolution is people centred and human rights based.
- Recognizes that **people living with disabilities (PLWDs) are disproportionately affected by the pandemic**.
- Recognizes the need to **include the experiences and perspectives of PLWDs by actively facilitating meaningful participation in programmes, policy and decision-making processes.**

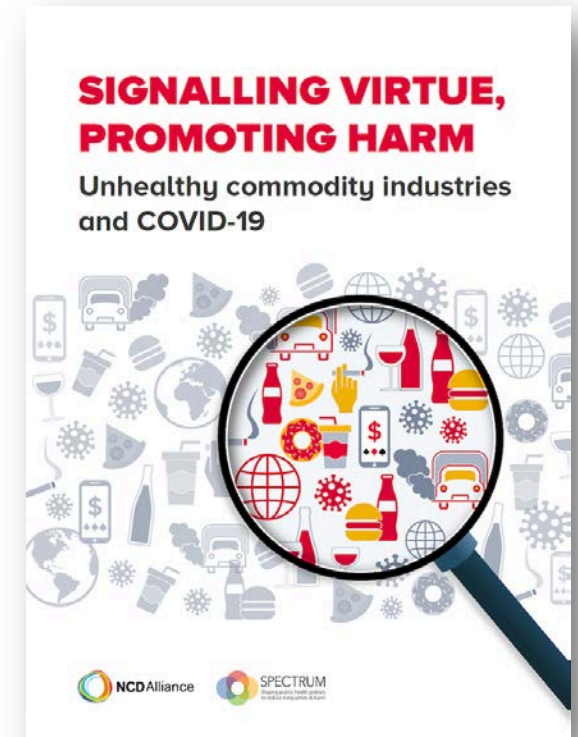
The highest attainable standard of health for persons with disabilities (Item 19.3)

- Calls for a global report to be developed in close consultation with Member States and relevant stakeholders by the end of 2022. The report will be presented at the 76th World Health Assembly, through the 152nd session of the Executive Board.
- **The report will address effective access to quality health services, including universal health coverage (UHC), health emergencies and health and well-being, and update the WHO estimates of the global disability prevalence.**
- Encourages the **creation of a global research agenda that is focused on UHC, health emergencies, including health systems and policy research** and to track progress on disability inclusion in alignment with 2030 goals.
- Member States to be provided with the **technical knowledge and capacity-building support to incorporate a disability-sensitive and inclusive approach in accessing health services.**

■ Social determinants of health (Item 16)

Resolution on Social determinants of Health

- Resolution led by Peru, cosponsored by Argentina, Brazil, Canada, Ecuador, Israel, Japan, Mexico, Switzerland, Thailand, USA and EU-27.
- Calls to establish, strengthen and maintain monitoring systems, including observatories, to provide data to assess health inequalities and the impact of policies on SDoH at national, regional and global levels.
- Reflects COVID lessons. "build back fairer", Manifesto for a Healthy Recovery -
higher priority at WHO HQ, including economic, environmental and commercial determinants.
- More WHO technical support for MS on policies to tackle inequalities.
- Update evidence base for new report on SDoH to WHA in 2023 - just ahead of UHC HLM.



[Signalling Virtue, Promoting Harm](#) NCD Alliance & Spectrum (2020)

WHO reform: involvement of non-State actors in WHO's governing bodies (Item 19.2)

- Series of informal virtual meetings (? 3-6 x 3hrs - TBC) 2-4 weeks ahead of WHA for NSAs in WHO official relations to meet with WHO technical units + MS + online consultations.
- Opportunity to organise side events alongside the virtual meetings, in advance of WHA (instead of side events during WHA itself).
- Encourage development of 3 constituency statements per agenda item and limit individual statements to 3 per organisation.
- Potential to limit to size of NSA delegations.

Proposed changes to procedure for engagement with NSA ([EB148/35](#)) will be piloted for WHA74. Report for EB150.

EB discussions:

- **MS:** Emphasis on need for openness and transparency. Concerns about timeframe. Recommend trial.
- **NSOs:** Trend of decreased/ineffective NSA participation, misconception that NGOs are all the same.
- **WHO:** Dr Tedros notes benefit of NSA engagement and will continue to meet with CSOs. Agenda for coordination meetings to be set with NSAs and MS.

Key messages moving forward:

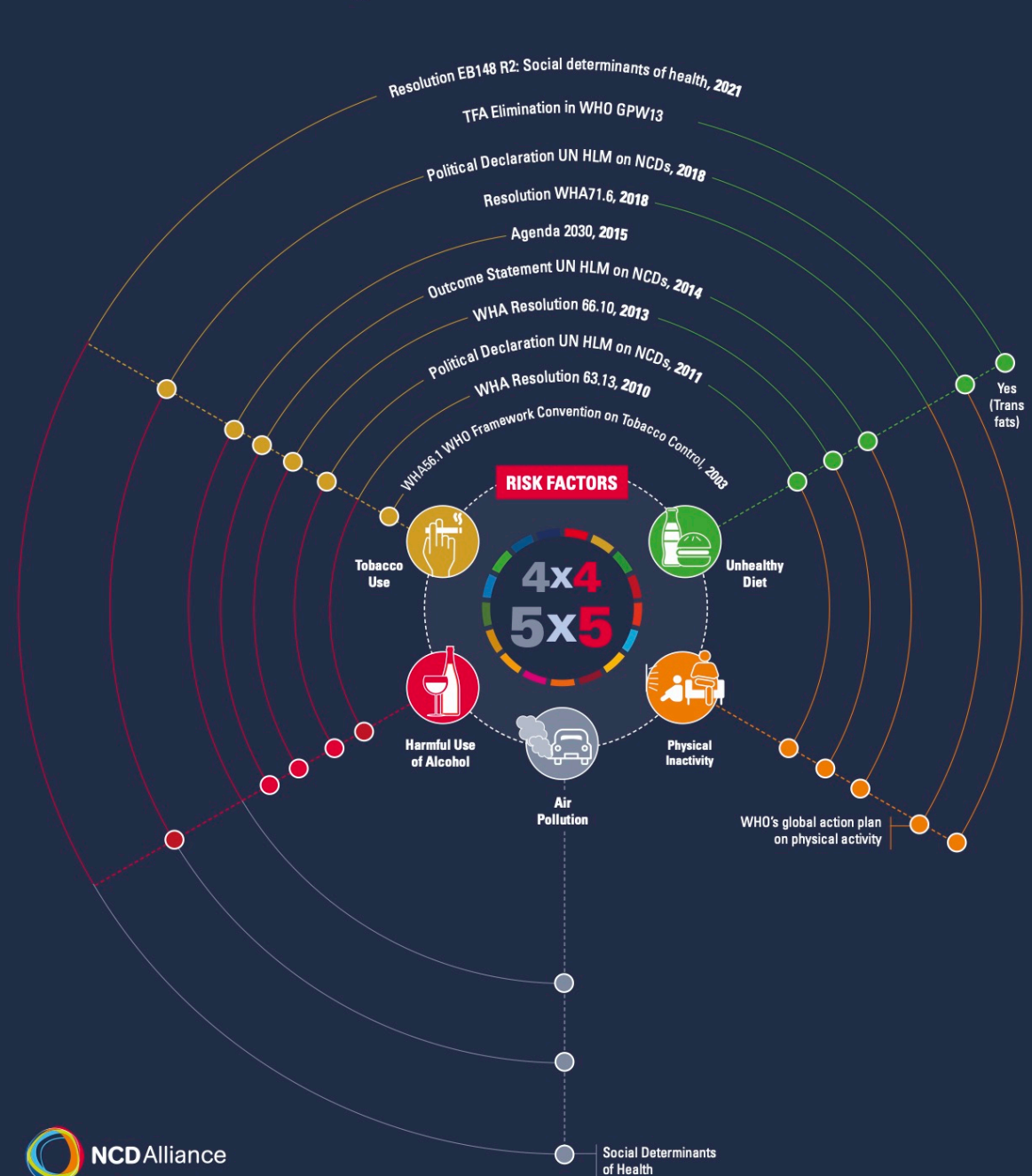
- Current ways of operating not satisfactory for MS or NSAs, way forward must ensure early, meaningful, relevant and efficient engagement, respecting diversity of NSA perspectives.
- Informal consultations great but not a replacement for formal inputs.
- Grouping CSOs runs risk of marginalising voices and lowest-common-denominator contributions.
- Encouraging use of virtual platforms which have evened the playing field - should consider how these can be used in the future.

Q&A

Visualising the path to 2025/2030

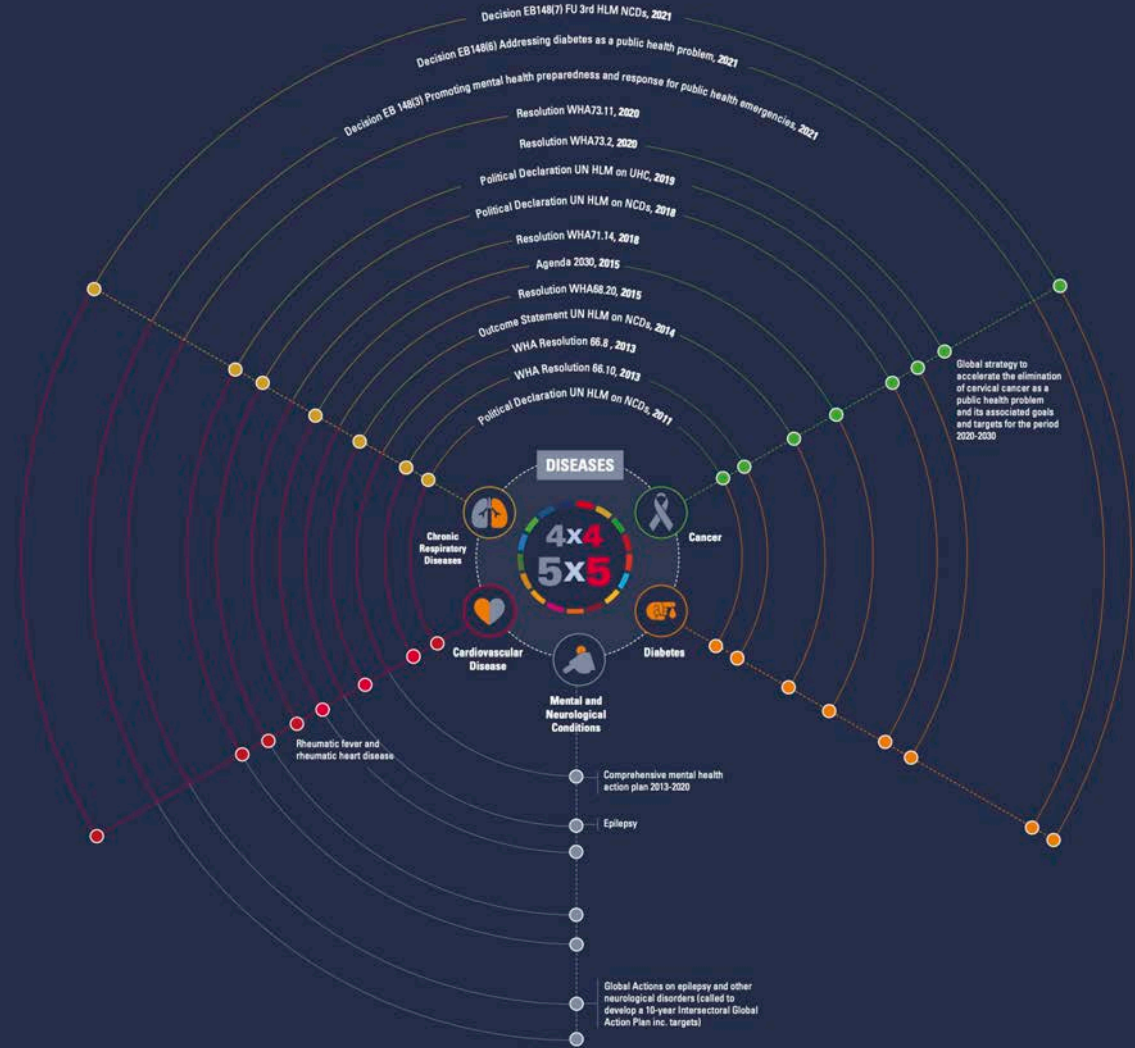
Soon to be shared on Prevention and Inclusive PLAN for comment and input

Headline global commitments on NCD Risk Factors



Visualising the path to 2025/2030

Headline global commitments on NCD Care



GENERAL	
WHA Decision 85(8), 2012	Adopts 25/25 target
WHA Resolution 66.10, 2013	Endorses Global Action Plan on NCDs and adopts Global Monitoring Framework
Agenda 2030, 2015	Target 3.4
Decision WHA73(11), 2020	Decade of Healthy Ageing 2020-2030
Decision EB148(7) FU 3rd HLM NCDs, 2021	Revision GAP, evaluation of GCM

INCLUSIVE NCD AGENDA				
	Renal diseases	Oral health	Eye diseases	Other
Resolution WHA66.4, 2014			Towards universal eye health: a global action plan 2014-2019	
Resolution WHA67.3, 2014				Psoriasis
Resolution 70.13, 2017				Prevention of deafness and hearing loss
Resolution WHA73.4, 2020				Integrated people-centred eye care, including preventable vision impairment and blindness
Resolution EB148 R1: Oral health		Yes		
EB148 Proposed Global Targets on Eye Care, 2021				Targets

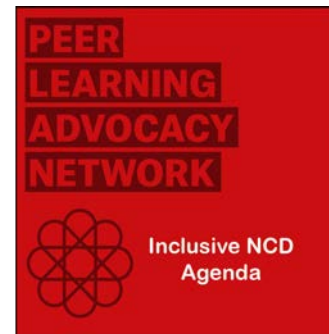
Join the PLANs to provide your feedback and much more



The Peer Learning Advocacy Networks (PLAN) are an initiative facilitated by the NCD Alliance to allow strategic exchanges between members and NGO partners establishing feedback loops between global and national level advocacy.



The PLAN on Prevention explores and allows peer learning through colleagues' experiences advocating NCD prevention measures with an emphasis on modifiable risk factors for NCDs.



The PLAN on An Inclusive NCD Agenda allows participants to advance advocacy efforts for tackling NCDs in a comprehensive manner, including NCDs other than the major conditions and addressing NCD co-and multimorbidity.

[Nominate your representatives!](#)

Q&A

Global Updates Independent Panel call for evidence



Call for evidence - Independent Panel on Pandemic Preparedness and Response

Co-chaired by former President Ellen Johnson Sirleaf and former PM Helen Clark.

NCDs well represented in Secretariat – strong interest in hearing views from NCD community.

Please submit your views, evidence, reports, etc here: <https://theindependentpanel.org/your-contributions/>

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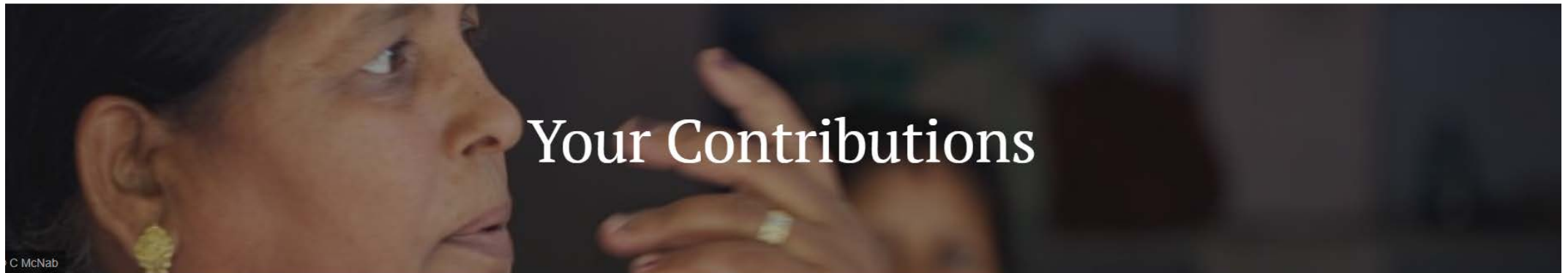
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MAKING NCD PREVENTION AND CONTROL A PRIORITY, EVERYWHERE

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