76th World Health Assembly

NCD Advocacy Special



Agenda

| 1 | Welcome |
|---|--|
| 2 | Deep dive into NCD-focused agenda items of the WHA76 agenda: 13.2 Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health (including update of Appendix 3 and report on WHO acceleration plan to STOP obesity) • Draft oral health action plan |
| 3 | Broader WHA76 agenda discussion: 13.4 Strengthening rehabilitation in health systems 15.1 Strengthening WHO preparedness for and response to health emergencies 16.1 Well-being and health promotion 16.3 Social determinants of health 13.1 Universal health coverage: Diagnostics resolution |
| 4 | May and beyond: Resolution on Climate Change (2024) 13.1 Universal Health Coverage: WHA discussion & preparations for HLM negotiations in New York |
| 5 | WHA76 Practicalities: Statements, Delegations, Side Events |
| 6 | Close |

















Deep dive into NCD-focused agenda items the WHA76 agenda

13.2. Political declaration of the third high-level meeting of the General Assembly on NCD prevention and control

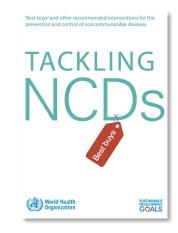


Draft updated menu of policy options and cost-effective interventions for NCD prevention and control (EB152/6) – no changes expected according to A76/7; for adoption at WHA (based on decision EB152(11))

Other important document: <u>A76/7 Add.1</u> on the WHO acceleration plan to stop obesity

Key recommendations - Constituency statements by NCDA (prevention focus) & UICC (care focus)

- **Support draft decision** to allow regular update of Appendix 3 interventions, calling for a clear and inclusive regular update mechanism that is protected against undue influence
- Integrate Appendix 3, including population-wide and individual-based interventions, into national UHC benefit packages, and at WHO level, into UHC compendium and other tools
- **Fully cost and appropriately budget** for these NCD interventions, and call for the development of guidance on prioritization and benefits of combining Appendix 3 interventions
- **Sensitize all government sectors** about the health, social and economic return on investment of these interventions, in line with seeking a well-being economy
- Integrate existing and upcoming policy options on mental health, oral health, air pollution





13.2. (cont) WHA76 Side Event on Appendix 3



Unpacking the expansion of NCD 'best buys' and their investment case





Tuesday 23 May 2023, 18:00 – 19:30 followed by 1-hour reception at La Pastorale REGISTER NOW HERE



13.2. (cont) WHO Acceleration Plan to STOP obesity

 WHA75 adopted recommendations for the prevention and management of obesity over the life course (<u>EB150/7, Annex 9</u>)

 WHO's Acceleration Plan to support Member States in implementing the recommendations to stimulate country-level action against the obesity epidemic and accelerate impact between now and 2030 (<u>A/76 Add.1</u> provides an update)

• <u>28 front-runner countries:</u> Argentina, Bahrain, Barbados, Botswana, Brazil, Chile, Egypt, Eswatini, Islamic Republic of Iran, Jordan, Kuwait, Mauritius, Mexico, Panama, Peru, Philippines, Portugal, Qatar, Seychelles, Slovenia, South Africa, Thailand, Tonga, Trinidad and Tobago, Tunisia, Türkiye, United Kingdom of Great Britain and Northern Ireland, and Uruguay.





13.2. (cont) Draft Global Oral Health Action Plan (2023-2030)



The revised draft Action Plan

- 100 actions spread across WHO Member States, the WHO Secretariat, international partners, civil society and the relevant private sector entities
- Aligns with FDI's roadmap <u>Vision 2030: Delivering Optimal Oral Health for All</u> and other urgent civil society's priorities
- Paragraph 39 recommends reporting starting in 2024
- FDI is mobilizing its membership to ensure effective collaboration with governments for implementation

• FDI recommends:

- Effective partnerships among all stakeholders to ensure its implementation
- Co-creation and implementation of national oral health action plans, strategies or policies with national dental associations.
- Ensuring national mechanisms to support the proposed reporting processes.



Pillar 1: One billion more people benefiting from universal health coverage - EB / 152nd session

Political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases, Report by the Director-General

Draft Global Oral Health Action Plan (2023–2030)

BACKGROUND

Setting the scene

WHA76: roundtable event on the health and care workforce

- The <u>strategic roundtables were introduced in 2022</u> as moderated panel discussions on the topics of relevance to the Assembly.
- Invitations are extended to Ministers and senior guests from UN agencies, regional economic bodies, civil society etc.
- Roundtable No.2 is titled: 'Protecting and investing in the health and care workforce: an action-oriented agenda for the second half of the SDGs'

Date: Tuesday 23 May

• Time: 13:00-14:15

• Venue: UN Palais Salle XVIII.































Broader WHA76 agenda discussion

13.4. Strengthening rehabilitation in health systems

Follow up on adopted decision EB152(10) lead by Israel



We applaud:

• The recommendation to include rehabilitation as part of a continuum of care – supported by strong referral systems - and firmly embedded within primary health care.



We recommend:

- Specify the need to firmly embed rehabilitation within national UHC budgets and plans.
- Ensure WHO baseline report requested includes consideration of integration of rehabilitation in country UHC packages.
- Explore link with upcoming WHO framework on well-being and health promotion (Resolution WHA75.19).
- Identify where the Framework for Meaningful Involvement of People Living with NCDs and Mental and Neurological
 conditions can enable the insights and perspectives of people with lived experience in supporting the development of
 cost effective and localised rehabilitation interventions.
- Encourage alignment of the requested targets and knowledge products (currently scheduled for 2026) with other relevant global health opportunities coming up in 2025 e.g. upcoming UN High Level Meeting on NCDs (and potentially one on Global Health) and the 3rd Global Disabilities Summit (to be hosted by Germany, Jordan and IDA in Berlin.



15.1 Strengthening WHO preparedness for and response to health emergencies

Comments on the draft of the WHO CA+ Zero Draft



We applaud

- Recognition that pandemics have the potential to exacerbate inequities in access to services and the reference to the impact of pandemics on 'persons with health conditions' as well as recognition of the needs of older adults.
- Reference to ensuring the availability of quality routine health services, including immunisation, and the recognition of the backlog of services seen in many countries. We urge MS to retain this language, noting the importance of primary health care but also recognising the need for appropriate measures to safeguard treatment at secondary and tertiary facilities and the importance of scaling up services to meet patient need and avert increases in preventable mortality due to service delays.



We recommend:

- Principle 4: Equity including access to essential services alongside pandemic response products, as emerging data suggests that limited access to chronic treatment has worsened health inequities within and between countries.
- Principle/Article 13: Include a reference to people living with NCDs amongst those at higher risk as evidence show that this group are at increased risk of severe illness or health due to COVID-19; however, the risks and specific vulnerabilities of people living with NCDs extend beyond COVID-19 to other pandemics (e.g. HIV).
- Article 6: INB recognises that building more equitable and reliable supply chains and logistics networks, particularly in LMIC, presents a valuable opportunity to tackle longstanding supply chain barriers and health system bottlenecks for essential medicines and technologies for NCDs/chronic conditions. Accessible, equitable supply chains should be recognised as a public good.
- Article 8: Clinical trials reflect target populations to support the optimal and efficient implementation of vaccines, medicines and NCD Alliance technologies as many of these clinical trials omit older adults and other marginalised groups.

16.1. Well-being and health promotion

Draft decision to adopt the global framework for integrating well-being into public health utilizing a health promotion approach – for adoption at WHA76 via <u>A76/7 Add.2</u>

Current available version of the framework: <u>6 April</u>



NCDA coordinating a constituency statement under this agenda item

We applaud the development of the first-ever WHO framework for achieving well-being, and the recognition that addressing the main NCD risk factors (and their causes) is foundational to achieving well-being, and that health promotion an essential public health function.

We welcome the added emphasis on environmental determinants and mental health requested by Member Stated at EB152 as per the DG Consolidated Report *A76/7*.



THE CONSTITUENCY recommends:

- Recognizing the importance of involving people living with NCDs and all health professionals in the planning and development of well-being policies
- Measure and leverage the co-benefits of multisectoral actions to achieve well-being
- Incorporate the framework in broader UN processes (e.g. SDG Summit and Summit of the Future)





RED FLAG IN NEW VERSION: Many new references to working with the private sector (including in healthy nutrition promotion and breastfeeding strategies!!)

16.3. Social determinants of health (SDoH)

Report describing content of WHO World Report on the Social Determinants of Health Equity and a draft operational framework (EB152/22) – to be noted; further update on process (A76/7)



We applaud:

- WHO's efforts to include input from civil society, people with lived experience
- Adoption of systems-based approach to address NCDs, obesity and risk factors, across sectors
- Report's proposed actions to address key barriers: economic and gender inequality; racism



THE CONSTITUENCY (led by World Obesity) recommends:



- To define the right to health beyond access (including quality and health-enabling environments)
- That stigma, false narratives and preconceptions also be addressed as part of the wider determinants to access quality health services, particularly for people living with obesity, alcohol use disorder, other mental health conditions
- Accelerating UHC implementation guaranteeing quality prevention, care, and treatment services
 that are equitable and don't perpetuate stigma
- To protect the development process of the framework from undue influence



include all the conditions in which people are born, grow, work, live, and age

COVID-19, health

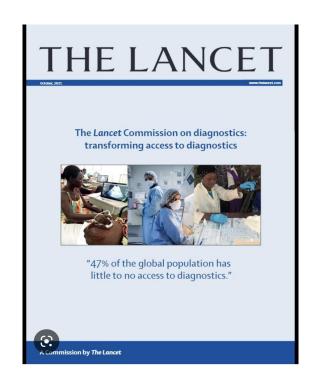


The Lancet Commission on Diagnostics: Why a WHA Resolution on Diagnostics?

- Diagnostics, along with vaccines and medicines, are cornerstones of health care, but SDG3 on Health mentions medicines 4 times, vaccines 3 times, diagnostics 0 times
- Diagnostics are critical for promoting health for conditions including (but not limited to) infectious disease, non-communicable disease, rare diseases, trauma and during pregnancy and childbirth
- COVID-19 has underscored the importance of diagnostics in pandemic response
- The Lancet Commission on diagnostics report (October 2021) provides baseline data on gaps in access, and the health and economic consequences of these gaps
- A key finding is that 47% of the global population (3.8 billion), and 81% in low and lower-middle income countries, have little to no access to core diagnostic tools, including both laboratory diagnostics and diagnostic imaging
- Non-awareness of the issues of decision-makers and funders is the fundamental cause



A WHA resolution would provide for the first time a unique framework for WHO and Member States to address and overcome access and capacity of diagnostics challenges for a broad range of disease conditions, which does not exist to date. It will ultimately improve live of millions of individuals.



The importance of the adoption of the Resolution on diagnostics at the WHA

- The 152 Executive Board of the WHO decided (<u>EB 152/6</u>) to recommend to the WHA the adoption of the draft resolution on Strengthening Diagnostics Capacity
- The Resolution was proposed by the Kingdom of Eswatini, co-ordinator for AFRO region;
- Co-sponsored by all countries of the AFRO region and Indonesia. Germany, Bangladesh and France also stated support at the EB
- The text of the resolution urges member states (MS) and requests Director General (DG) to take critical steps, and DG to report progress in 2025

Mainly, to overcome key barriers to increase access and capacity to diagnostics, **Member States** are urged to establish **national strategy** to increase diagnostics capacity and ensure access to **diagnostics as part of their National Health Plans**.

These could include:

- To develop a national list of priority diagnostics, including both laboratory and imaging diagnostics, drawing on WHO and other evidence-based guideline documents;
- To make key priority diagnostics available at primary care level, and to include priority diagnostics in UHC and other community insurance benefits packages;
- To invest in developing an appropriate workforce at all levels of the health system, with the skills and upgrading needed to support advances in diagnostics;
- To commit to regulatory frameworks to ensure validation and quality of diagnostic tools appropriate for the national context;
- To commit resources to invest in research and expanding manufacturing capacity for diagnostics;



EXECUTIVE BOARD 152nd session Agenda item 5 EB152(6) 1 February 2023

Strengthening diagnostics capacity¹

The Executive Board, having considered the report by the Director-General,2

Decided to recommend to the Seventy-sixth World Health Assembly the adoption of the following resolution:

The Seventy-sixth World Health Assembly,

Having considered the report by the Director-General

Recognizing the Declaration of Alma-Ata (1978), which identified primary health care as "essential health care based on practical, scientifically sound and socially acceptable methods and technology [...] at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination", and the Declaration of Astana (2018) on building sustainable primary health care in accordance with the call of the 2030 Agends for Sustainable Development to achieve universal health coverage and the self-development of the self-dependent of the self-dependent of the property of the self-dependent of the self-dependent of the property of the self-dependent of the self-dependent of the property of p

Recognizing that diagnostic services are vital for the prevention, diagnosis, case management, monitoring and treatment of communicable, noncommunicable, neglected tropical and rare diseases, injuries and disabilities;

Noting that the WHO Constitution upholds the enjoyment of the highest attainable standard of health as one of the fundamental rights of every human being, without distinction for race, religion, political belief, economic or social condition, and recognizing that the achievement of any state in the promotion and protection of health is of value to all, and governments have a responsibility for the health of their peoples that can be fulfilled only by the provision of adquate health and social measures:

Recognizing that access to diagnostics in many countries may be reduced for households living in remote and rural areas, hard-to-reach and pastoral communities, low-income households and people in vulnerable situations, as well as those at higher risk of disease, and that equitable access to diagnostics, in particular diagnostic imaging in developing countries, is particularly deficient and that traceded efforts are needed to lift these barriers.

¹ For the purpose of this resolution, the term "diagnostics" includes medical devices used for the diagnosis, screening, monitoring, prediction, staging or surveillance of diseases or health conditions, both in vitro and non-in vitro types.

² Document EB152/5.

May and beyond

Climate change and health

- Not confirmed yet
- Advocacy efforts led by GCHA and HCN
- Purpose: ensuring action on the intersections between climate change and health (addressing our health, transport, energy and food systems)

Some asks include:

- WHO: update the estimate for the current global burden of disease mortality attributable to climate change,
 convene a high-level conference on Health and Climate Change, increased resources and focus in the GPW14
- MS: health impact assessments, regulate fiscal allocations and advertisements for fossil fuels, achieve climate-resilient health system, adapt healthcare professional curricula, raise public awareness

Deadline to submit agenda items has passed, potential resolution proposal within an existing agenda item (TBC). There is also a potential parallel resolution on chemical waste and other pollutants (including air pollution).















13.1. UHC + 2023 UNHLM on UHC



EB152(5) decision did not mention NCDs



Invest in the prevention and control of NCDs through adequate, predictable and sustained resources for UHC



Accelerate UHC implementation by including quality NCD prevention and care services in country UHC health benefit packages



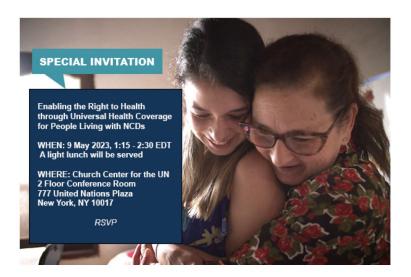
Align development and global health priorities to achieve UHC Promote a resilient population by integrating NCD prevention and care services into primary health care and existing health service structures, including in humanitarian crises, to achieve the aims of both UHC and health security.



Engage people living with NCDs to keep UHC person-centered

13.1. (cont)









Discuss in GVA



13.1. UHC + 2023 UNHLM on UHC



THE MOMENT FOR CARING

Global Week for Action on NCDs

14-21 September 2023

#ActOnNCDs

actonncds.org



WHA76 Practicalities: NCDA Supported Constituency Statements

| 1 | 13.1 Universal Health Coverage |
|---|--|
| 2 | 13.2 Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health |
| 3 | 15.1 Strengthening WHO preparedness for and response to health emergencies |
| 4 | 16.1 Well-being and health promotion |



WHA76 Practicalities: Modalities





SEVENTY-SIXTH WORLD HEALTH ASSEMBLY Geneva, Switzerland 21–30 May 2023 A76/1 Rev.1 4 April 2023

Provisional agenda^{1,2}

PLENARY

- 1. Opening of the Health Assembly
 - 1.1 Appointment of the Committee on Credentials
 - 1.2 Election of the President
 - 1.3 Election of the five Vice-Presidents, the Chairs of the main committees, and establishment of the General Committee

- Official documents can be found here: https://apps.who.int/gb/e/e_wha76.
 html
- WHA76 livestreaming will be shown here: https://www.who.int/about/governa https://www.who.int/about/governa nce/world-health-assembly
- Non State Actors in official relations allowed delegations of 6
- No official side events to be held, replaced by strategic roundtables during lunch breaks



WHA76 Practicalities: Calendar of NCD relevant side events

| NCD Alliance World Health Assembly 76 2023 – NCD Alliance calendar of events World World Health Assembly 76 2023 – NCD Alliance Calendar of events | | | | | | |
|--|------------------|--|---|---|--|--|
| Date | Time (CEST) | Session/Event Title | Event Host | Location/RSVP | | |
| Saturday 20 th May | All day | World Heart Summit | World Heart Federation | Campus Biotech Register to attend here | | |
| Sunday 21 st May | All day | World Heart Summit | World Heart Federation | Campus Biotech Register to attend here | | |
| | 9:00 | Global Walk the Talk: The Health for All Challenge | World Health Organization | Place des Nations Register to attend here | | |
| | 16:30 - 17:30 | NCD Alliance Civil Society Briefing on WHA76 | NCD Alliance | By invite only For further information contact gdubois@ncdalliance.org | | |
| Monday 22 nd May | 13:00 – 15:00 | Synergies in global health and why they matter | International Geneva Global Health Platform, The Lancet, LSHTM, Ghana College of Physicians and Surgeons | Auditorium Ivan Pictet, Geneva Graduate Institute Register to attend here | | |
| | 16:30 – 18:30 | Pandemic Action Network Happy Hour | Pandemic Action Network | La Romana, Rue de Vermont 37 Register to attend here | | |
| | 17:30 – 19:30 | Launching the CARDIO4Cities Accelerator, a Global Partnership to improve CV Population Health and Equity | Novartis Foundation, IntraHealth | By invite only | | |

ACCESS THE CALENDAR HERE



THANK YOU

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MAKING NCD PREVENTION AND CONTROL A PRIORITY, EVERYWHERE