



# WHA76 debrief and 2023 UNHLM on UHC outlook

Tuesday, 6<sup>th</sup> June 2023

# Agenda

<b>Welcome</b>	Alison Cox	5 min
<b>WHA76 debrief</b>	Liz Arnanz	10 min
<b>2023 UNHLM on UHC outlook</b>	Marijke Kremin Grace Dubois	20 min
<b>Global Week for Action on NCDs and upcoming PLAN calls and webinars</b>	Toyyib Abdulkareem	10 min
<b>Closing</b>	Alison Cox	5 min

# WHA76 debrief



## NCD Alliance Advocacy Briefing 76th Session of the World Health Assembly (WHA76)

This briefing note provides background and key advocacy messages on the noncommunicable disease (NCD) relevant items on the WHA76 [provisional agenda \(WHA76/1\\_Rev\\_3\)](#) from the NCD community.

### Key Message



#### APPLAUSE FOR APPENDIX 3

The NCD community applaud the draft update to Appendix 3, a menu of policy options and cost-effective interventions for the prevention and control of NCDs. This work is vital as global progress is not on track to achieve global targets on NCDs and their risk factors by 2030, impacting the associated Sustainable Development Goal (SDG) 3 targets, including the attainment of UHC. We also appreciate WHO and Member State's efforts to advance global and country policy development and implementation across the continuum of care, with a focus on Primary Health Care (PHC), for people living with NCDs through WHA76.



#### URGENT NEED TO INTEGRATE NCDs/APPENDIX 3 INTO UHC RESOLUTION

The NCD community are surprised and disappointed that no NCD specific language was included within the EB152 decision "Preparations for the high-level meeting of the United Nations General Assembly on universal health coverage" (EB152/S1). We encourage Member States to ensure the corresponding WHA76 resolution on UHC is strengthened by including language on the need to invest in, and accelerate implementation of, essential NCD prevention and care across the continuum of care in national UHC health benefits packages, as laid out in Appendix 3 - in times of peace and in the face of health emergencies and humanitarian crises.

UHC has three dimensions:

- **Service coverage:** Yet, despite NCDs being the biggest global killer, current coverage and access to NCD services is inadequate in most countries. For example, UHC will not be achieved so long as half of adults living with diabetes are undiagnosed and are unable to access the insulin they need.
- **Population coverage:** Yet, people in marginalised communities have a higher risk of dying from NCDs than the general population. UHC will not be achieved so long as we accept that 85% of premature deaths from NCDs occur in low- and middle-income countries (LMICs).
- **Financial coverage:** Yet, globally financing for NCDs has been stagnant over the last thirty years, all too often leaving people living with NCDs bearing the financial burden. UHC will not be achieved unless we break the cycle of generational poverty caused by NCDs.

NCDs are a global issue, a health security issue, a development issue. NCDs are an equity issue. Accelerating UHC implementation by including quality NCD prevention and care in country UHC health benefit packages is vital to ensuring healthy populations and resilience in the face of future pandemic threat.

[ACCESS NCDA'S  
WRITTEN  
BRIEFING HERE](#)



## A forward-looking World Health Assembly – has the Moment for Caring arrived?

[NEWS, PRESS & EVENTS](#) [NEWS](#) - A FORWARD-LOOKING WORLD HEALTH ASSEMBLY – HAS THE MOMENT FOR CARING ARRIVED?

02nd June 2023

The packed agenda of the 76<sup>th</sup> World Health Assembly (WHA76) demonstrated the commitment of global public health professionals to strengthen not just health systems, but the multi-lateral collaboration needed to get us there. NCD Alliance was pleased to see NCD prevention and care frequently named as a critical component of UHC and pandemic prevention and recovery efforts.

### NCDs and UHC – an opportunity to reinforce synergies

Discussions on items 13.1 – Universal Health Coverage and 13.2 Prevention and control of NCDs and mental health were combined in a last-minute adjustment. This underscored the inextricable connection between NCDs and UHC. The integration of NCDs into UHC health benefits packages is one of NCDs' key goals for the upcoming UN High-Level Meeting on UHC taking place in New York this September, and several Member States highlighted this opportunity.

[ACCESS NCDA'S  
POST-WHA BLOG  
HERE](#)

# Recap of relevant WHA76 decisions / resolutions

Pillar 1	<p>13.1 Universal health coverage</p> <p>13.2 NCDs</p>	<p><b>One decision on:</b></p> <ul style="list-style-type: none"> <li>The updated menu of policy options and cost-effective interventions for the prevention and control of NCDs</li> </ul> <p><b>Four resolutions on:</b></p> <ul style="list-style-type: none"> <li>Preparation for the <b>HLM of the UN General Assembly on UHC</b>, led by <b>Thailand</b></li> <li>Strengthening <b>diagnostics capacity</b>, led by <b>Eswatini</b></li> <li><b>Integrated emergency, critical and operative care</b> for UHC and protection from health emergencies, led by <b>Ethiopia</b></li> <li>Increasing access to <b>medical oxygen</b>, led by <b>Uganda</b></li> </ul>
	<p>13.3 Substandard and falsified medical products</p> <p>13.4 Rehabilitation</p> <p>13.5 Infection prevention and control</p>	<p><b>Two decisions on:</b></p> <ul style="list-style-type: none"> <li>WHO's global strategy on infection prevention and control</li> <li>Substandard and falsified medical products</li> </ul> <p><b>One resolution on:</b></p> <ul style="list-style-type: none"> <li>Strengthening <b>rehabilitation</b> in health systems, led by <b>Israel</b></li> </ul>
Pillar 2	<p>15.1 Strengthening WHO preparedness for and response to health emergencies</p>	<p><b>[Publication of INB's Draft <a href="#">WHO CA+ (A/INB/X/X)</a>, as of 22 May]</b></p>
Pillar 3	<p>16.1 Well-being and health promotion</p> <p>16.2 Ending violence against children</p> <p>16.3 Social determinants of health</p> <p>16.5 UN Decade of Action on Nutrition (2016–2025)</p>	<p><b>Two decisions on:</b></p> <ul style="list-style-type: none"> <li>Achieving well-being</li> <li>Social determinants of health</li> </ul> <p><b>Four resolutions on:</b></p> <ul style="list-style-type: none"> <li>The impact of <b>chemicals, waste and pollution</b> on human health, led by <b>Peru</b></li> <li>The health of <b>Indigenous Peoples</b>, led by <b>Brazil</b></li> <li>Accelerating action on global <b>drowning prevention</b>, led by <b>Bangladesh and Ireland</b></li> <li>Accelerating efforts for preventing micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective <b>food fortification</b>, led by <b>Colombia</b></li> </ul>

# 12. Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)



76<sup>th</sup> Session of the World Health Assembly Agenda Item 12  
Global Strategy for Women's, Children's and Adolescents' Health  
(2016-2030)

Single Statement

NCD Alliance applauds the life course approach adopted by the Strategy and the 2022 WHO recommendations on early initiation of exclusive breastfeeding as well as reports published to highlight the continuing problem of the promotion of commercial breast-milk substitutes.

To further optimise the health trajectory of women, children and adolescents to ensure progress towards the Sustainable Development Goals, we recommend that Member States invest in, and accelerate implementation of, essential noncommunicable disease (NCD) prevention and care services across the continuum of care and across the life course in national Universal Health Coverage (UHC) health benefits packages.

Further, Member States should align development and global health priorities to achieve UHC, breaking down siloed approaches to funding and implementation of health services, including within women's, children's and adolescents' health.

[NCD Alliance's statement](#)

## Global Congress on Implementation of the International Code of Marketing of Breast-milk Substitutes

20 – 22 June 2023

| World Health Organization Headquarters, Geneva, Switzerland

**1.8** Billion  
Young  
People  
*for Change*  
Global Forum for Adolescents '23

**OCTOBER 11-12**  
**SAVE THE DATE**

# 13.1 Universal Health Coverage & 13.2 NCDs

**76th Session of the World Health Assembly Agenda Item 13.1 Universal Health Coverage**

**Constituency Statement**

UHC is for:

- Service coverage:** Yet, despite noncommunicable diseases such as cancer and mental health conditions being the biggest global killer – with circulatory diseases alone (including cardiovascular, stroke, diabetes, and kidney disease) causing more than 20 million deaths annually – current global coverage and access to NCD services across the continuum of care is inadequate. UHC will not be achieved so long as half of adults living with diabetes are undiagnosed and unable to access insulin.
- Population coverage:** Yet people in marginalised communities have a higher risk of dying from NCDs than the general population. UHC will not be achieved so long as we accept that 85% of premature deaths from NCDs occur in LMICs.
- Financial coverage:** Yet globally, financing for NCDs has been stagnant over the last thirty years leaving people living with NCDs feeling the financial burden. UHC will not be achieved unless we break the cycle of generational poverty caused by NCDs.

In 2023 we call for Member States to stand by their commitments to UHC by:

- INVESTING** in, financing and accelerating inclusion of, essential NCD services, including for circulatory diseases, across the continuum of care (including prevention, screening, diagnosis, acute and long-term treatment, rehabilitation and palliative care) and across the life-course in national UHC health benefits packages – guided by the WHO Global NCD Action Plan “Best Buys”/Appendix 3,

**NCDAWHF’s UHC statement**

**76th session of the World Health Assembly (WHA76)**

**Constituency Statement:**

**Agenda Item 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**

**Draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases**

Distinguished delegates,

We welcome the updated Appendix 3 of the Global NCD Action Plan, and we also support the statement led by UICC. In particular, we commend the expansion of cost-effectiveness analyses to new interventions, parameters, and country data, which reinforces their investment case.

More specifically, we applaud:

- The changes made to healthy diets interventions with cost-effectiveness analyses, now targeting and specifying unhealthy nutrients beyond salt (sugars, trans-fats, saturated fats); and the call for countries to develop national dietary guidelines and nutrient profile models;
- The changes made to the tobacco control interventions, including specifying the pharmacological interventions recommended for tobacco cessation.

We urge Member States to:

- Support the draft decision adopting the updated Appendix 3 and allowing WHO to regularly update its interventions based on latest data and evidence;
- Resource and integrate NCD prevention and care interventions within Appendix 3 into UHC benefit packages – health promotion and disease prevention are core elements of the continuum of care and, as such, the realization of UHC requires accelerated national implementation of Appendix 3;
- Sensitize all government sectors about the health, social and economic return on investment of these interventions, in line with seeking a well-being economy.

**NCDA’s NCD statement with focus on prevention**

**76th World Health Assembly statement**

Agenda item 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 - Draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases

**Statement**

We commend the WHO on its work to expand Appendix 3 as an essential tool that supports effective action on NCDs and support the statement led by NCD Alliance.

Action on NCDs is more urgent than ever. The COVID-19 pandemic caused extensive disruption to NCD prevention, diagnosis, treatment and palliative care services, which will have far-reaching impacts on suffering, mortality and rates of disability resulting from NCDs. As countries recover from the pandemic and review progress on UHC at the UN High-Level Meeting this year, robust evaluation, investment, and action to further integrate NCD policies is critical. NCDs account for 74% of global mortality and 80% of years lived with disability across the life-course, therefore UHC cannot be achieved without a comprehensive NCD service packages.

To foster effective implementation, we urge Member States to:

- Utilise Appendix 3 to develop and scale-up national UHC benefit packages, ensuring a coherent patient pathway between detection, diagnosis and treatment, underpinned by rehabilitation and palliative care options as needed from the moment of diagnosis.
- Plan for the progressive implementation of core NCD interventions, ensuring adequate and sustainable investment.
- Integrate NCD, palliative and rehabilitation services into educational curricula and programs to equip healthcare providers with the tools and knowledge to deliver rights-based and person-centred care.
- Invest in comprehensive disease surveillance systems to monitor the effectiveness of NCD interventions, noting the need to remove discriminatory upper age-caps, and collect, analyse, report and use gender-, age- and disability-disaggregated data to ensure that policies and UHC packages address, rather than duplicate, health inequities.
- Include NCD care into national health emergency strategies to ensure the continuation of essential service packages.

**UICC’s NCD statement with focus on care**

# 13.4 Rehabilitation in health systems & 15.1 PPPR



## 76th Session of the World Health Assembly (WHA76)

### Agenda item 13.4. Strengthening rehabilitation in health systems

NCD Alliance, supported by WSO and IDF, welcomes Member State initiatives to strengthen rehabilitation services given the increasing demand due to rising prevalence of NCDs. On average, one person living with diabetes loses a lower limb to amputation every 30 seconds and 1 in 4 people will have a stroke in their lifetime. Barriers to long-term rehabilitation persist due to limited workforce, poor infrastructure, and high costs.

We call for:

- Inclusion of rehabilitation services in UHC benefit packages;
- Meaningful involvement of people living with NCDs in developing policies and services to enable cost-effective, locally relevant, and timely interventions;
- Alignment of requested targets with other global health priorities, including the 2025 UN High-Level Meeting on NCDs and the 3rd Global Disabilities Summit.

**NCD Alliance's Rehabilitation statement**

### NSA Constituency Statement: Agenda item 15.1 Strengthening WHO preparedness for and response to health emergencies

Honourable Chair, Distinguished Delegates,

Noncommunicable diseases, including cancer, chronic respiratory disease, mental health conditions, vision loss, and especially circulatory diseases, increase the vulnerability of populations to pandemics. An estimated 60-90% of mortality in COVID-19 cases is attributable to one or more comorbidities. The case-fatality ratio remains 10-30% among dialysis patients; moreover, data shows a rise in the risk of CVD, heart attack, stroke, and kidney disease after SARS-CoV-2 infection. Interruptions in access to care have also proven a huge burden across the NCD spectrum, creating backlogs for preventive care and treatments such as cataract surgery and refractive error services. The harm caused by NCDs risk factors, such as alcohol and tobacco, also burdens health systems and undermines health emergency preparedness and response.

Due to the indisputable link between NCDs and public health emergencies, people living with NCDs must be explicitly identified as vulnerable populations at high risk in all conversations and outputs related to pandemic prevention, preparedness, and response (PPPR). NCDs and their major risk factors must remain a priority in relevant accords at the national, regional, and global levels.

We ask Member States to:

- Increase domestic mobilisation and allocation of resources to address NCD and especially CVD risk factors by accelerating implementation of the NCDs Best Buys, i.e., through taxation of unhealthy commodities;
- Ensure access to essential health services across the continuum of care in emergencies, particularly for those at high risk and in vulnerable situations, such as people living with NCDs and in low-resource settings. This continuum of care must include circulatory, eye, and oral health care across promotion, prevention, screening, diagnosis, treatment, rehabilitation and palliative care, with a strong focus on primary health care and safeguarding the health workforce; and
- Strengthen the NCD component of PPPR efforts by explicitly endorsing the above in a WHO convention, agreement, or international instrument.

Finally, progressive realisation of UHC, including investment in NCD prevention and care in country UHC health benefit packages, is vital to ensuring healthy populations and resilience in the face of future pandemic threats.

**NCD Alliance/WHO's PPPR statement**

# 16.1 Well-being & 16.3 Social determinants of health



## 76<sup>th</sup> session of the World Health Assembly (WHA76)

### Constituency Statement:

#### Agenda Item 16.1 Well-being and health promotion

##### Distinguished delegates,

We welcome the development of WHO's global framework on well-being, commending the recognition that addressing the main NCD risk factors (including tobacco, alcohol, unhealthy diets, physical inactivity and air pollution), and their root causes, is a foundation of well-being, and that health promotion is an essential public health function and Universal Health Coverage element.

##### We applaud:

- The call for a well-being economy, where the economic value of planetary health, equity and human well-being is recognized, disincentivizing the production and consumption of harmful products;
- The call for a just energy transition, and the need for climate change action, protecting communities that are most at risk (including Small Island Developing States);
- The new references to the role that good governance, social protection and pro-health fiscal policies have in fostering health promotion.

##### We urge Member States to:

- Adopt the framework requesting that the new language on engaging private sector is accompanied with mention of mechanisms to safeguard well-being policies from conflicts of interest;
- Recognize the importance of involving people living with NCDs (including with eye and oral diseases) and all health professionals in the planning and development of



## Constituency Statement to the 76<sup>th</sup> World Health Assembly – Social Determinants of Health

### Statement on Agenda Items 16.3.

#### Pillar 3: One billion more people enjoying better health and well-being

World Obesity Federation, Framework Convention Alliance on Tobacco Control, World Cancer Research Fund International, Movendi International, International Diabetes Federation, FDI World Dental Federation, International Association for Health Promotion and Education and NCD Alliance welcome the updated WHO World Report on Social Determinants of Health Equity and the implementation-oriented operational framework for monitoring progress.

WHO's work on SDOH is deeply valued by this constituency. Progress to address key SDOH has been insufficient worldwide, especially to tackle power imbalances and the actions by health-harming industries, including the tobacco, alcohol, unhealthy food and beverage and fossil fuel sectors, which is why WHO's work in this area is so important. Failure to address these issues is driving the global burden of NCD mortality (including from cancers, diabetes, heart disease and stroke, chronic respiratory disease, mental health and neurological conditions) and NCD morbidity (e.g. billions living with oral health conditions).

We particularly commend WHO's work on commercial determinants - a key obstacle to health equity. We welcome the Report's systems-based approach and proposed actions to address structural barriers: economic and gender inequality, racism and other forms of discrimination. We urge 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 or other mental health conditions, and other NCDs.

We recognise many determinants of health lie outside the health sector and must be tackled through a multisectoral approach: nowhere is this truer than for public health priorities such as the obesity epidemic, tobacco and alcohol harm, and air pollution.

##### We call on Member States to:

- accelerate UHC implementation equitably by guaranteeing quality services that span across the continuum of care - including health promotion, prevention, diagnosis, treatment, rehabilitation and palliative care - that are fair and don't perpetuate stigma;
- focus more strongly on the implementation of the NCD 'best buys', especially pro-health taxes, which provide substantial return on investment and multiple benefits for addressing SDOH.

## WHA76 Constituency Statement: Agenda Item 16.3 Social determinants of health

### Lead:

World Heart Federation

### Supporters:

1. Amref Health Africa
2. International Society of Nephrology
3. NCD Alliance
4. Union for International Cancer Control
5. World Stroke Organization

We applaud Member States for their recognition of pollution as a health risk factor and for seeking to take decisive action through this proposed resolution. Unfortunately, recognition of fossil fuels among the pollutants referenced in the text is conspicuous by its absence.

Fossil fuels are a major driver of outdoor air pollution, which causes approximately 3.6 million deaths annually. Other estimates place the burden still higher: up to 8 million, or 1 in 7 of all deaths annually. WHO estimates some 37% of outdoor air pollution-related premature deaths are due to ischaemic heart disease and stroke, 18% and 23% due to chronic obstructive pulmonary disease and acute lower respiratory infections respectively, and 11% due to cancer within the respiratory tract. Moreover, research suggests that ambient air pollution translates to around 765 000 new cases of chronic kidney disease and nearly 30 000 new cases of end-stage kidney disease each year in the USA alone<sup>1</sup>.

But the health impacts of fossil fuels begin long before combustion. Fossil fuel extraction and processing cause air, water, and soil pollution, severely impacting local communities. Living in proximity to extraction sites has been associated with a wide array of noncommunicable diseases, as well as poor birth outcomes and developmental defects<sup>2</sup>. Waste from fossil fuel extraction and processing contains carcinogens and other harmful chemicals and toxic metals, which can leach into surrounding water and soil.

WHO and over 300 other health organizations have signed a letter calling for a fossil fuel non-proliferation treaty, on account of the health, polluting, and longer-term climate impacts of fossil fuel dependence. The rapid and just phase out of fossil fuels is a public health imperative. This must be supported by measures which have been implemented for other unhealthy commodities, including fiscal policies commensurate with the true cost of fossil fuels; regulation of fossil fuel advertising; and exclusion of the fossil fuel industry from policy processes in which they have clear vested interests.

<sup>1</sup> [https://www.thelancet.com/journal/2019/articles/PIIS2462-5196\(19\)30130-1/fulltext](https://www.thelancet.com/journal/2019/articles/PIIS2462-5196(19)30130-1/fulltext)  
<sup>2</sup> <https://climateandhealthalliance.org/wp-content/uploads/2022/05/Cradle-To-Grave-Fossil-Fuels-Brief.pdf>

NCD Alliance's Well-being statement

WORLD OBESITY's SDOH statement

World Heart Federation's SDOH statement on air pollution



# Member States interventions at WHA76

## Watch the World Health Assembly sessions

The sessions can be watched live on 21-30 May 2023. Recordings will be available in the sidebar listing.



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The interpretation of proceedings serves to facilitate communication and does not constitute an authentic or verbatim record of the proceedings. Only the original speech is authentic.

- All **Plenary** Committee A Committee B
- WHA76 - Plenary**  
Ninth Plenary meeting  
30/05/2023 - 13:40-14:50
- WHA76 - Committee A**  
Fourteenth Committee A meeting - Part 2  
30/05/2023 - 12:05-12:20
- WHA76 - Committee A**  
Fourteenth Committee A meeting - Part 1  
30/05/2023 - 09:30-09:45
- WHA76 - Committee B**  
Ninth Committee B meeting  
29/05/2023 - 09:05-12:05
- WHA76 - Committee A**  
Thirteenth Committee A meeting  
29/05/2023 - 09:15-11:45

[WHA76 recorded sessions](#)

[WHA76 MS statements](#)



Dr Maria Neira  
@DrMariaNeira

At #WHA75 Strong leadership from The 🇳🇱 Netherlands 🙌 calling for new WHA resolution on Climate and Health. Urgent !! critical the engagement of young people. @YouthdelegateNL @NLinGeneva who is in agreement?



Climate & Clean Air Coalition and 6 others

11:25 am · 27 May 2023 · 28.5K Views

58 Retweets 9 Quotes 201 Likes 2 Bookmarks



# NCD side events at WHA76



**Invest in and Engage People Living with Noncommunicable Diseases: Next Steps towards Universal Health Coverage**



Paying the Price: A deep dive into the household economic burden of care experienced by people living with NCDs

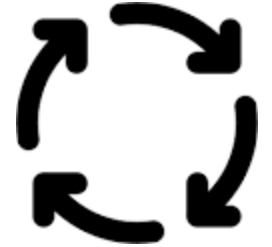


**Unpacking the expansion of NCD 'best buys' and their investment case**

# Share your feedback



[Send us your feedback on NCD Alliances  
WHA76 activities, resources and support  
by clicking here](#)





# 2023 UNHLM on UHC outlook

# NCDs UHC Advocacy Priorities



**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

# NCD Alliance "Advocacy Pack" to support reactions to the zero draft

Zero draft 22 May 2023

## Zero Draft Political Declaration of the High-level Meeting on Universal Health Coverage

We, Heads of State and Government and representatives of States and Governments, are assembled at the United Nations on 21 September 2023 to undertake a comprehensive review on the implementation of the political declaration of the high-level meeting on universal health coverage, entitled "Universal health coverage: moving together to build a healthier world", of 2019, and to identify gaps and solutions to accelerate progress towards the achievement of universal health coverage by 2030, with a view to scaling up the global effort to build a healthier world for all, and in this regard we: *(Source: Based on A/RES/74/2 Paragraph 83)*

- PP1. Reaffirm the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health; *(Source: A/RES/74/2 Paragraph 1 verbatim)*
- PP2. Reaffirm and renew our political commitment to accelerate the implementation of the 2019 political declaration of the High-level Meeting of the General Assembly on universal health coverage, which acknowledges that health is a precondition for and an outcome and indicator of the social, economic and environmental dimensions of sustainable development and the implementation of the 2030 Agenda for Sustainable Development and continues to inspire our action and catalyse our efforts, to achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all; *(Source: Structure based on A/RES/73/2; content based on SDG3.8)*
- PP3. Reaffirm General Assembly resolution 70/1 of 25 September 2015, entitled "Transforming our world: the 2030 agenda for Sustainable Development", stressing the need for a comprehensive and people-centred approach, with a view to leaving no one behind, reaching the furthest behind first, and the importance of health across all the goals and targets of the 2030 Agenda for Sustainable Development, which are integrated and indivisible; *(Source: A/RES/74/2 Paragraph 2 verbatim)*
- PP4. Reaffirm General Assembly resolution 69/313 of 27 July 2015 on the Addis Ababa Action Agenda of the Third International Conference on Financing for Development, which reaffirmed strong political commitment to address the challenge of financing and creating an enabling environment at all levels for sustainable development in the spirit of global partnership and solidarity; *(Source: A/RES/74/2 Paragraph 3 verbatim)*
- PP5. Reaffirm the strong commitments made through the political declarations adopted at the high-level meetings of the General Assembly on HIV/AIDS, on tackling antimicrobial resistance, on ending tuberculosis, on the prevention and control of non-communicable diseases, and on improving road safety; *(Source: Based on A/RES/74/2 Paragraph 4)*
- PP6. Recall World Health Assembly resolution 76.X of XX May 2023, entitled "Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage"; *(Source: Based on A/RES/74/2 Paragraph 7, updated)*
- PP7. Recognize that universal health coverage is fundamental for achieving the Sustainable Development Goals related not only to health and well-being, but also to eradicating poverty in all its forms and

1



photoshock.com - 67900493



"Advocacy Special" explainer  
for Members/Partners out  
Wednesday 7th June

Draft letter for  
country/regional alliances to  
use to engage governments

NCD Alliance key messages on zero  
draft of Political Declaration

"Bespoke" support on  
wording via Marijke Kremin

# June 2023

May '23							July '23						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6								1
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28	29	30	31				23	24	25	26	27	28	29
							30	31					

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28	29	30	31	1 UHC: First Reading	2 UHC: 1st Reading	3
4	5 IB: 3rd Reading PPPR: Zero Draft	6	7 PPPR: Presentation Zero Draft	8 UHC: Working Text	9	10
11	12 PPPR: 1st Reading	13 PPPR: 1st Reading	14 IB: 3rd Reading	15 UHC: 2nd Reading	16 UHC: 2nd Reading	17
18	19	20 IB: Final Reading	21 PPPR: Completion 1	22 UHC: Rev1	23	24
25	26 PPPR: 2nd Reading	27 PPPR: 2nd Reading	28	29 UHC: 3rd Reading	30 UHC: 3rd Reading PPPR: Rev1	1
2	3	Notes AM				
		PM				

updated as of 30 March 2023

# July 2023

June '23							August '23						
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18	19	20	21	22	23	24	20	21	22	23	24	25	26
25	26	27	28	29	30		27	28	29	30	31		

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
25	26	27	28	29	30	1
2	3	4	5 PPPR: 3rd Reading	6 PPPR: 3rd Reading	7 UHC: 3rd Reading (non't)	8
9	10	11	12	13	14	15
16	17 UHC: Rev 2	18 PPPR: Rev 2	19	20	21	22
23	24 PPPR: Final Reading	25 PPPR: Final Reading	26 UHC: Final Reading PPPR: Silence Procedure	27 UHC: Final Reading	28 UHC: Final Reading (if needed)	29
30	31 UHC: Silence Procedure	Notes AM PM	updated as of 30 March 2023			



# How to Engage



- Share NCD advocacy messaging with your MFA and UN Mission
- Build links in existing work and engagement with MoH with the MFA
- Ensure the voices and stories of PLWNCDs are shared with a new audience
- Encourage governments to consider NCD messaging in their interventions during the High-Level Meetings in September – UHC and PPPR



**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

Don't forget to request Special Accreditation for your organization for the HLMs if you do **not** have ECOSOC status and plan to be in New York **by 19th June!** Apply for UHC, PPPR, and TB



# NCD Alliance reacts to the Zero Draft

## Invest

**We applaud** reference to the transition towards sustainable financing through domestic public resource mobilization, investments in public health that prioritise primary health care, and utilising tax measures as a potential revenue stream with an emphasis on transparent public financial management; calls to strengthen international cooperation regarding development assistance.

**We recommend** that national spending targets are consistent with the Abuja Declaration goal of 15% government expenditure on health and that domestic resource mobilisation for universal health coverage draws on the Appendix; enhanced official development assistance is aligned with universal health coverage and supports integrated health care systems

## Accelerate

**We applaud** reference to scale up efforts across the continuum of care, promote equitable distribution of and increased access to quality and affordable essential medicines, and strengthening health information systems via timely and reliable data collection.

**We recommend** considerations about scaling-up efforts across the continuum of care can be further strengthened by including legal and regulatory measures to promote intersectoral policies, such as national costed health benefits packages including access to rehabilitative and palliative care and access to quality essential medicines, diagnostics, and products. Calling for data disaggregation on chronic conditions will also further strengthen implementation and accountability measures.

# NCD Alliance reacts to the Zero Draft

## Align

**We applaud** the recognition of health system resilience and universal health coverage for effective and sustainable preparedness, prevention and response to pandemics and other public health emergencies as well as the need to ensure that no one is left behind by empowering those in vulnerable situations.

**We recommend** aligning universal health coverage with health security efforts to ensure resilient health systems are based on strong primary health care, adopting a people-centred approach.

## Engage

**We applaud** the mention of the promotion of inclusive health governance for universal health coverage that institutionalises mechanisms for a meaningful whole-of-society participatory approach in the design, implementation, and monitoring of policies and programmes that better respond to individual and community health needs while fostering trust and improving health system accountability and resilience.

**We recommend** this to be further strengthened by explicit reference to the engagement of patients and people living with chronic conditions such as NCDs, as well as considerations for managing and dressing conflicts of interest, power imbalances, and undue influence from health-harming industries.

# What to expect from negotiations

## **Sticking points:**

- Sexual and Reproductive Health and Rights (SRHR)
- Social and commercial determinants of health
- Financing targets, especially around tax and fiscal policies – such a wide range of domestic contexts makes it hard to drive consensus
- Mental health inclusion in NCDs or as a standalone issue

## **What's next:**

- Working draft: will reflect inputs from MS on content that should/n't be included in the final draft
- REV1: will have more of the language we expect MS to negotiate on



# 2023 INB outlook

# INB Process Continues

12th – 16th June: 5th meeting of the INB and drafting group



RESUMED FIFTH MEETING AND DRAFTING GROUP OF THE INTERGOVERNMENTAL NEGOTIATING BODY TO DRAFT AND NEGOTIATE A WHO CONVENTION, AGREEMENT OR OTHER INTERNATIONAL INSTRUMENT ON PANDEMIC PREVENTION, PREPAREDNESS AND RESPONSE  
Provisional agenda item 2

A/INB/5/6  
2 June 2023

## Bureau's text of the WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (WHO CA+)

### BACKGROUND, METHODOLOGY AND APPROACH

1. In recognition of the catastrophic failure of the international community in showing solidarity and equity in response to the coronavirus disease (COVID-19) pandemic, the World



### PRELIMINARY COMMENTS ON THE DRAFT BUREAU'S TEXT OF THE WHO CA+ (A/INB/X/X) FOR THE CONSIDERATION BY THE INTERGOVERNMENTAL NEGOTIATING BODY DRAFTING GROUP IN JUNE 2023

#### Overarching comments

The COVID-19 pandemic has shown that the prevalence of underlying conditions such as noncommunicable diseases (NCDs) increases the vulnerability of populations to pandemics in high-income and low-income countries. Some studies estimate that mortality in 60 to 90 % of COVID-19 cases is attributable to either one or more of these comorbidities.<sup>3</sup> At the same time emerging data suggests that people living with NCDs also experience worse health outcomes from these existing conditions during pandemics as a result of service disruptions, delays, and cancellations of essential health services.<sup>2,3</sup> This has already been explicitly recognised by the world's leaders in the United General Assembly resolution 73/130.

We welcome continued active consultation with organisations from different segments of society and from around the world through the INB negotiations. We encourage the INB to create further pathways for civil society engagement in the negotiating and drafting of the WHO CA+, including access to relevant documents (including drafts) and right to intervene within both plenary and working group sessions of negotiations.

In response to the draft bureau text of the WHO CA+ (22<sup>nd</sup> May 2023), we request Member States:

- Reinstate "persons with health conditions" within the definition of "persons in vulnerable situations" in Art. 1(d) as originally seen in the zero draft.
- Include specific language on the continuation of essential health services across the continuum of care, particularly

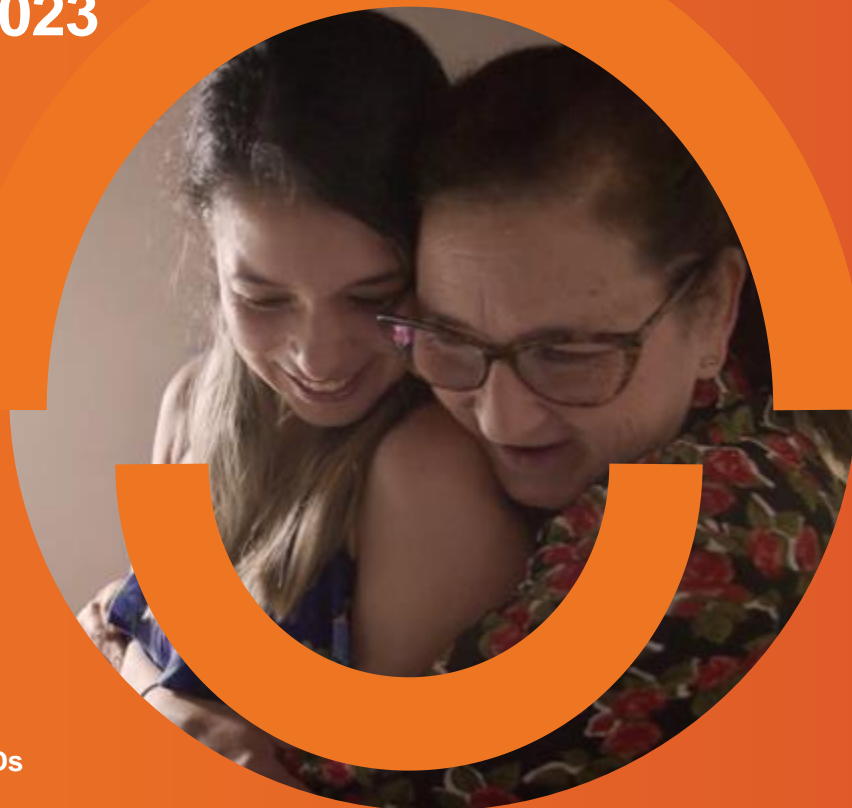


# Global Week for Action on NCDs and upcoming PLAN calls and webinars



Global Week for Action on  
NCDs  
14-21 September 2023

# Campaign Update

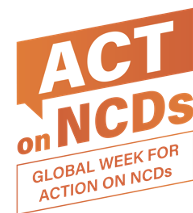


[www.actonncds.org](http://www.actonncds.org)

#ActOnNCDs



# A multiyear campaign 2020-2025



ACCOUNTABILITY



COMMUNITY  
ENGAGEMENT



INVESTMENT



CARE

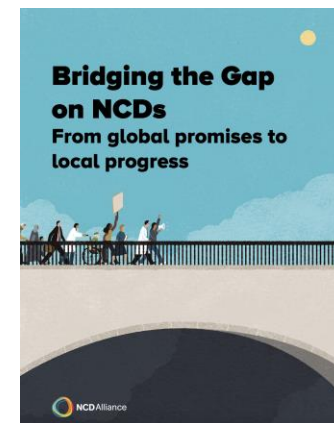


LEADERSHIP

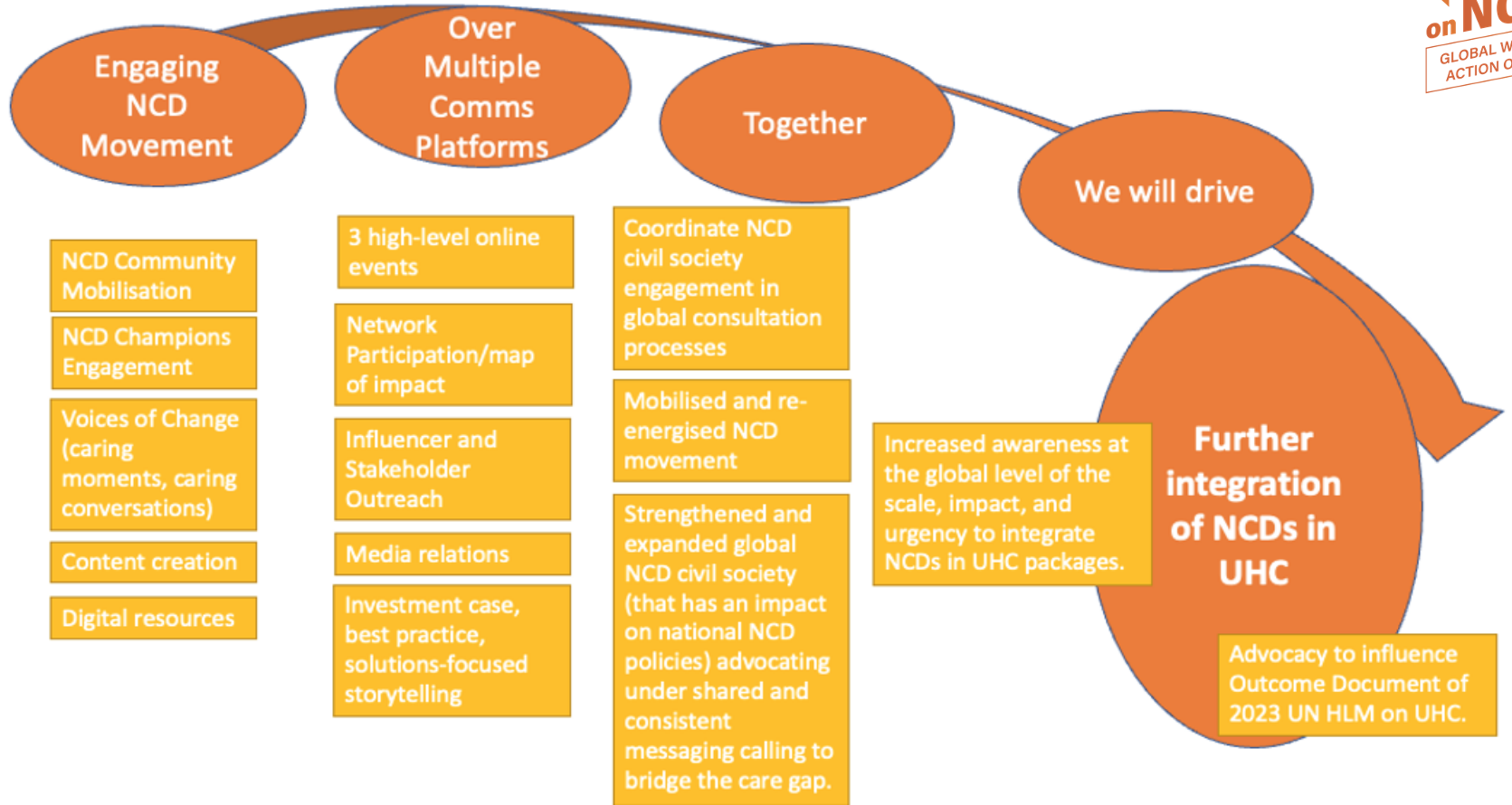
The Global Week for Action is a multi-year advocacy and communications campaign structured around the five NCD gaps identified by the NCD movement in 2020.

First full week in September each year

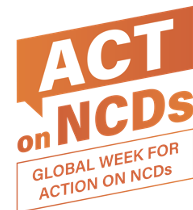
- ✓ 2020: 7-13 September (accountability + COVID-19)
- ✓ 2021: 6-12 September (community engagement)
- ✓ 2022: 5-11 September (NCD investment)
- 2023: 14-21 September (care – HLM on UHC)
- 2024: 2-8 September (leadership)
- 2025: 1-7 September (HLM4 on NCDs)



# How we do create change?



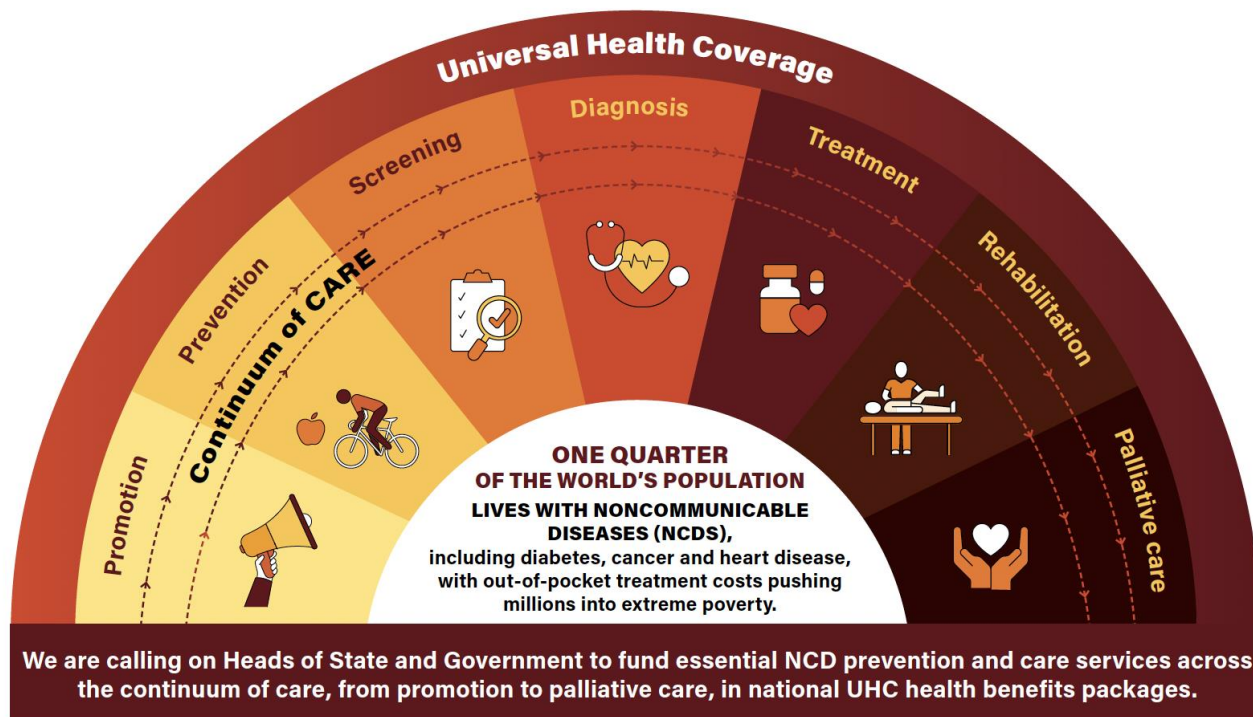
# Global Week for Action on NCDs - 14-21 September 2023



The campaign theme for 2023 is **Care**.

Access to healthcare shouldn't cost the moon and the stars. No one in any country should lose a child, parent, or spouse to an illness that is preventable or treatable. No one should see their family go hungry, because they've had to choose between buying lifesaving medicine or food.

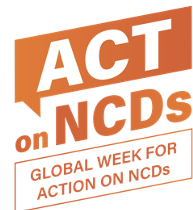
That is why the 2023 Global Week for Action will be sending the message that now is **the moment for caring**.



Please visit [www.actonncds.org](http://www.actonncds.org) for more details

# NCD Alliance Advocacy Priorities

## For the 2023 UN High-Level Meeting on Universal Health Coverage (UHC)



We call on Governments and Heads of State to uphold their commitments to UHC, ensuring that everyone has access to the healthcare that they need, without risk of financial hardship, and regardless of where they live or who they are.

We advocate for an **Outcome Document** that commits to the following **4 priorities**:

### 1 INVEST

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



### 2 ACCELERATE

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



### 3 ALIGN

Align development and global health priorities to achieve UHC.



### 4 ENGAGE

Engage people living with NCDs to keep UHC people-centered.



READ THE  
POLICY BRIEF!

Learn more about each of these advocacy priorities and our comprehensive list of asks to accelerate progress on UHC.



**ACT**  
on **NCDs**

## THE MOMENT FOR CARING

### GLOBAL WEEK FOR ACTION ON NCDs

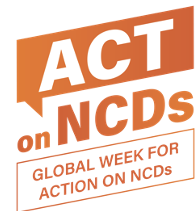
14-21 SEPTEMBER 2023

[actonncds.org](https://actonncds.org)

#ActOnNCDs

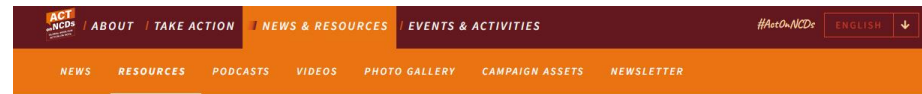


# Knowledge products, assets & resources – available & frequently updated



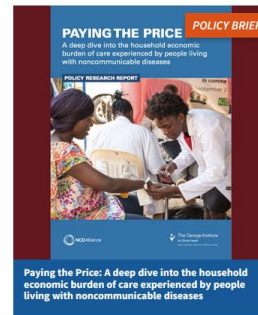
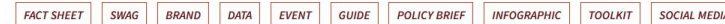
Visit [www.actonncds.org](http://www.actonncds.org) to take action - available in ENG, FR and ESP

- Join a global community of advocates & doers
- Get social and share key messages
- Speak to government officials & media
- Host an event and add it to the Map of Impact
- Subscribe to the campaign newsletter



Feel free to use our resources widely, but please don't forget to credit the NCD Alliance if you do.

FILTER BY



# Top level campaign calendar



Campaign launch  
  
Kick off event – theme announcement

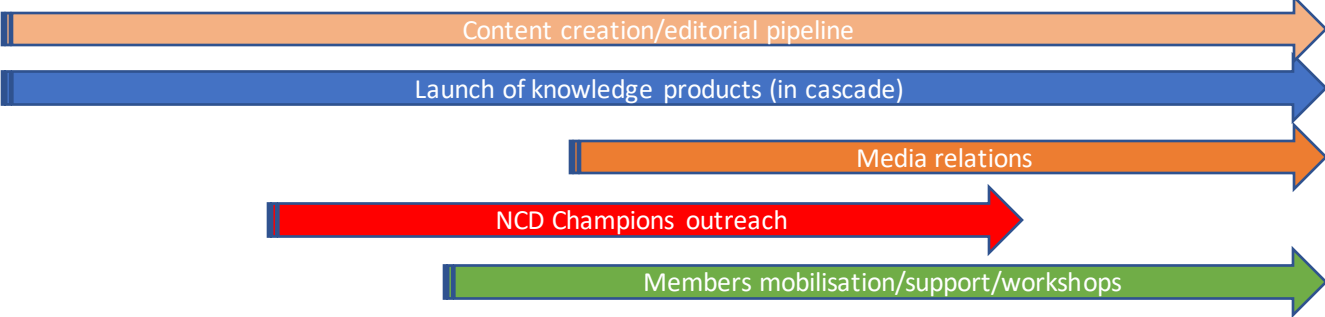
Multi stakeholder meeting (8-9 May)  
  
NY event

SIDS Ministerial Declaration and Meeting

Women Deliver Conference  
  
IAS Conference Brisbane

14-21 campaign takes place  
  
UN HLM UHC, 21 September  
  
NY event

WHA



**ACT**  
on **NCDS**

*The moment for caring*

GLOBAL WEEK FOR ACTION ON NCDS

14-21 September 2023



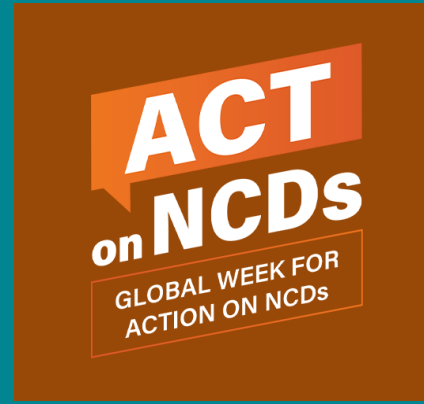
**#ActOnNCD**

**S**



[www.actonnlds.org](http://www.actonnlds.org)

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## *The moment for caring: How can NCD Alliance members build momentum ahead of the Global Week for Action?*

Joint Peer Learning Advocacy Network (PLAN)-Advocacy Institute Training workshop for NCD Alliance members

**Tuesday 13 June 2023**  
**15:00-16:30 CEST**





**PEER  
LEARNING  
ADVOCACY  
NETWORK**



# PLAN on NCD Prevention

A discussion on policies and practices that address harmful marketing of NCD risk factors

Monday, 19 June 2023

15:00 – 16:30 CEST



**THEMATIC  
WEBINAR  
SERIES**



# Opportunities for integrating NCDs in Global Fund Applications

Thursday 22 June 2023

13:00 – 14:15 CEST



**PEER  
LEARNING  
ADVOCACY  
NETWORK**



# PLAN on NCD Investment

**Out-of-Pocket Expenditures: What we've learned & how we can use it as advocates**

**Thursday, 13 July 2023**

**15:30 – 16:45 CEST**





# Closing

# THANK YOU

SHARE. DISCUSS. ENGAGE. CHANGE.



#ActOnNCDs

#NCDs

@ncdalliance



MAKING NCD PREVENTION AND CONTROL A PRIORITY, EVERYWHERE