NCD Alliance Advocacy Briefing
77th World Health Assembly
27 May – 1 June 2024

This briefing note provides background and sets out key advocacy messages from the NCD community for consideration by WHO Member States on the following agenda items of the 77th session of the World Health Assembly (WHA77):

11.1 Universal health coverage (EB154/6)

11.2 Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (EB154/7)

11.8 Antimicrobial resistance: accelerating national and global responses (A77/5)

13.4 Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response

14.1 WHO's work in health emergencies (A77/11)

15.1 Social determinants of health (EB154/21)

15.2 Maternal, infant and young child nutrition (EB154/22)

15.3 Well-being and health promotion (EB154/23)

15.4 Climate change, pollution and health (EB154/24) and draft resolution on Climate change and health (EB154/CONF./12)

15.5 Economics and health for all (EB154/26)

17. Draft Fourteenth General Programme of Work (A77/16)

Key message
The world is not currently on track to meet the global NCD targets set for 2025 and SDG target 3.4 for 2030, which in turn affects related goals, including SDG target 3.8 on ensuring universal health coverage. The upcoming Fourth High-Level Meeting on NCDs in 2025 is crucial for reshaping the agenda. Member States must actively engage in the preparatory process, exchange best practices at the highest political level, and foster stronger political and financial commitment for national NCD responses through the WHA77, the International dialogue on the sustainable financing for NCDs and mental health, and the WHO Director-General's Progress Report on NCDs to the WHA78.

Classification of comments:

We applaud	The NCD community welcomes and aligns with current text and associated action

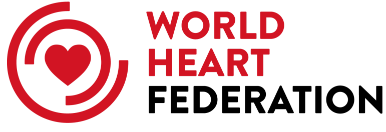
We recommend	The NCD community sees opportunity for the current text and associated action to be strengthened (including alterations and additions)
We express concern	The NCD community is concerned with the current text, and would recommend caution and alternation of the text and associated action

General comment:

Throughout discussions, recognise the importance of involving people living with NCDs in the development and planning of policies for well-being and across the continuum of care, in line with the Global Charter on Meaningful Involvement of People Living with NCDs and the WHO framework for meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions, as they have the right to highest attainable level of health, and can bring the lived-experience expertise that no one else can.

We also call for Member States to continue to engage with NCD Alliance and other civil society organisations (CSOs) in preparation for the Fourth High-level Meeting of the United Nations General Assembly (HLM4) on the Prevention and Control of NCDs in 2025, and ensuring action on the five action areas of the Global NCD Compact 2020-2030 (Engage, Accelerate, Invest, Align, Account) at global and country levels to attain the Sustainable Development Goals by 2030.

For more on our advocacy efforts, reach out to info@ncdalliance.org.



11.1 Universal health coverage (EB154/6)

The report follows up on the state of progress towards the SDG target 3.8 on achieving UHC by 2030. It notes that since the the adoption of the new political declaration, "Universal Health Coverage (UHC): expanding our ambition for health and well-being in a post-COVID world" at the UN High-level Meeting on UHC in September 2023, where world leaders committed to extending quality essential health services and affordable medicines to 1 billion additional people by 2023 and reversing the trend of catastrophic out-of-pocket (OOP) health expenditures, with the aim of eliminating impoverishment due to health costs by 2030, the world is off track in making significant progress towards achieving UHC by 2030.

As of 2023, only 290 million people have been added towards the 1 billion target, leaving a significant gap to be closed by 2030.[1] Currently, at over half of the world's population lacks full coverage of essential health services, and millions are pushed into extreme poverty annually due to OOP spending[2]. However, there is hope: the 2023 State of UHC Commitment Review[3] shows that 70% of countries now incorporate UHC as a goal in their national health policies.

While there is growing recognition of UHC, a critical challenge persists in fully integrating NCDs into its framework. 41 million people die every year due to NCDs, accounting for 74% of all deaths worldwide, with a staggering 82% in the age range of 30 to 70 – the prime of life – occurring in low- and lower-middle-income countries (LLMICs).[4] The burden of NCDs is projected to intensify, with an estimated 52 million deaths annually by 2030. Given the chronic, long-lasting nature of most NCDs and their gradual progression, a life-course approach is imperative. Therefore, the seamless integration of NCDs into UHC is an absolute necessity. However, many of these countries lag in integrating NCD prevention and care services into UHC health benefit packages, with limiting global data revealing significant disparities in coverage and indicating that more than half of countries are not on track to achieve SDG target 3.4: "by 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment, and promote mental health and wellbeing." **Thus, achieving UHC and SDG target 3.8 will only be possible if NCDs are included in national UHC health benefit packages and in conjunction with efforts towards SDG target 3.4.**

Moreover, achieving UHC requires aligning development and global health priorities across all sectors. The interconnectedness of UHC and health security within national health systems was

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[1] WHO (2021). World Health Statistics 2021, Monitoring Health for the SDGs.

[2] NCDA (2020). Protecting Everyone: Integrating Non-Communicable Diseases into Universal Health Coverage in the Era of COVID-19.

[3] UHC2030 (2023). State of UHC Commitment Review: key findings.

[4] JOGH (2018). A systematic review of associations between non-communicable diseases and socioeconomic status within low- and lower-middle-income countries.

notably highlighted during the COVID-19 pandemic, which revealed how disruptions in health services can deepen health inequities, especially for those with NCDs. This emphasises the necessity of universal access to essential services to ensure equitable health outcomes. Moreover, integrating services—such as combining HIV care with NCD screening and treatment—demonstrates a model for a more holistic approach to healthcare. These integrations are vital for developing a people-centred and sustained health system, which is crucial for making progress towards UHC. However, the responsibilities extend beyond the health sector alone; environmental factors and multiple sector-driven risk factors play a significant role in health outcomes. Therefore, a whole-of-government and whole-of-society approach is essential. Policymakers must also ensure that health security efforts are part of broader strategies to strengthen health systems during various crises, from conflicts to natural disasters, thereby aligning with and advancing global health priorities toward the ultimate goal of UHC.

👏 **We applaud** the recommitment by Member States of the United Nations in the 2023 Political Declaration to the principles and actions established at the first High-Level Meeting in 2018. We also welcome the increased references to NCDs, including mental health and neurological conditions, throughout the text; inclusion of additional language for NCDs across the continuum of care and the importance of NCD prevention in benefits packages and policies; recommitment to primary health care (PHC) as the cornerstone for UHC; recommitment to protecting health for all, particularly those who are poor, vulnerable or in vulnerable situations; recognition of OOP costs and financial burdens; recognition of the linkages to environmental, social and economic determinants of health.

⚠ **We express concern** that global progress is not on track to achieve UHC by 2030, impacting the associated SDG 3 targets, especially SDG target 3.4, and that the 2023 Political Declaration missed a critical opportunity to advance policies for people living with NCDs. Specifically:

- The declaration failed to recognise people living with NCDs as a vulnerable group, a move that would have strengthened the importance of NCDs for the high-level process on UHC, and also PPPR.
- Despite calls for setting health investment targets at 5% of GDP[5] or 15% of general government expenditure,[6] the declaration specifies no targets beyond increasing PHC spending. It also lacks guidance on aligning health expenditures with national disease burdens within UHC health benefits packages.
- The declaration fails to enhance commitments to governance and accountability. Crucially, it omits the vital role of people living with a range of health conditions, including NCDs, in developing national policies and monitoring their implementation, essential for a participatory approach to health governance for UHC.

[5] UHC2030 Action Agenda: From commitment to action. UHC2030. 2023

[6] Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases. African Union. 2001.

We urge Member States to prioritise critical actions aimed at achieving both UHC and NCDs targets. This concerted effort not only reinforces the commitments outlined in the 2023 UHC Political Declaration but also catalyses momentum leading into the forthcoming UNGA High-level meetings on NCDs in 2025 and UHC in 2027.

- Invest in the prevention and control of NCDs through adequate, predictable, and sustained resources for UHC.
- Accelerate and account for UHC implementation by including quality NCD prevention and care services in national UHC health benefit packages.
- Align and integrate NCDs with other global health priorities to support patient-centred care and effective use of health systems to achieve UHC
- Engage people living with NCDs to keep UHC people-centred.

Draft resolution on social participation for universal health coverage, health and well-being (EB154/CONF./10)

We welcome and support the draft resolution for advocating for systematic and meaningful community engagement in public health policies and services, including the involvement of people living with health conditions such as NCDs. Social participation is crucial to effectively tackle the growing burden of NCDs, implement national UHC benefit packages, and ensure that actions are inclusive and responsive to the needs of the people. Such involvement is key to achieving the health-related SDGs.

We urge Member States to adopt and strengthen this resolution for broader implementation at national and local levels, and to establish monitoring frameworks to evaluate social participation in achieving UHC and optimal health for all. We recommend Member States to:

- Address diverse community contexts and barriers to enhance involvement in public health initiatives.
- Create inclusive and lasting channels for community engagement and dialogue with policymakers.
- Integrate insights from those directly affected by health issues to shape health policies and services.
- Focus on active participation of marginalised communities in decision-making, overcoming systemic barriers.
- Develop legal frameworks to promote and protect community involvement, ensuring clear roles and adequate resources.
- Implement robust regulatory measures to protect social participation from undue influence by harmful industries like tobacco, alcohol, and unhealthy food, ensuring transparency and accountability in decision-making.

11.2 Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (EB154/7)

The report provides an annual update on global efforts to prevent and control NCDs, highlighting that NCDs are responsible for seven of the ten leading causes of death worldwide. While there has been some progress in reducing premature mortality from these diseases, the world is currently off track to meet SDG target 3.4: "by 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment, and promote mental health and wellbeing," as well as the nine global voluntary NCD targets for 2025.

Obesity poses an escalating economic risk, with costs projected to reach US$ 3 trillion annually by 2030 and surpass a staggering US$ 18 trillion by 2060 if nothing is done. Cancer rates are poised to nearly double by 2030, particularly concerning in the least-developed countries. Diabetes remains a significant concern, directly resulting in 1.5 million deaths each year, accompanied by a substantial burden of premature mortality and complications such as kidney failure. Air pollution, emerging as the fourth leading risk factor for global mortality, contributes to approximately 6.7 million deaths annually, with approximately 85%, or about 5.7 million, attributed to NCDs. Furthermore, there is a significant burden of mental health and neurological conditions, as major NCDs, with dementia being the seventh leading cause of death globally. This burden has been exacerbated following the COVID-19 pandemic.

The document reports on the Global Oral Health Action Plan (2023-2030), with this edition setting a baseline for its targets to facilitate progress monitoring. The Action Plan aims to reduce the burden of oral diseases, which affect nearly 3.5 billion people, and has the potential to address other NCDs. For instance, it recommends ensuring 50% of countries implement policy measures aimed at reducing the intake of free sugars by 2030, starting from an established baseline of 20%. Additionally, it mentions that the WHO has adopted three 'best buys'[7] interventions for oral health, aligning these with the recent additions to the WHO's Essential Medicines List in 2021.

Despite the availability of effective policy, legislative, and regulatory tools for preventing and controlling NCDs, significant gaps in funding and the lack of multisectoral action plans remain major obstacles in achieving NCD targets. Nearly all countries have designated NCD staff within their health ministries, yet funding is inconsistent, with only half of low-income countries

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[7] The global action plan for the prevention and control of noncommunicable diseases 2013-20201 was endorsed by the Sixty-sixth World Health Assembly in 2013 with an Appendix containing a menu of policy options and cost-effective interventions for prevention and control of major noncommunicable diseases (known as 'Appendix 3') and referred to as the 'best buys'. The current updates to Appendix 3, formulated in response to decisions WHA72(11) (2019) and WHA75(11) (2022), complement existing global strategies and action plans and several new technical products that support the implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030, including the WHO menu of cost-effectiveness interventions for mental health, the recommended interventions to address the health impact of air pollution and the menu of cost-effective interventions for oral health.

allocating resources to NCD services/programmes. Moreover, although NCDs are included in national health plans, around half of the countries still lack comprehensive multisectoral plans.

The upcoming HLM4 on NCDs, scheduled to be convened in 2025 as requested in resolution A/RES/73/2, is recognised as a critical opportunity to refine the NCD agenda. For this, the Secretariat is facilitating a preparatory process to address gaps and identify solutions to accelerate progress towards SDG 3.4 by 2030 and to set strategic directions towards 2050. This includes high-level global and technical meetings, expert committees, and consultations cosponsored by WHO and relevant partners, which may serve as technical inputs into the negotiations among Member States on the outcome document.

Recent meetings:

- The WHO Global Ministerial Conference on the Prevention and Control of NCDs in Small Island Developing States (SIDS), held in Barbados, June 14-16, 2023, for which the 2023 Bridgetown Declaration on NCDs and Mental Health is highlighted for presenting bold steps to address the social, environmental, economic and commercial determinants of health that increase the burden of NCDs in SIDS.
- High-level technical meeting on NCDs in humanitarian settings, held in Copenhagen, February 27-29, 2024, for which NCDA produced a policy brief with three case studies. A consultation on inclusion of NCDs in humanitarian settings will be launched by the WHO from 27 May–24 June 2024.

Upcoming meetings and consultations:

- WHO International dialogue on the sustainable financing for NCDs and mental health, held in Washington D.C., June 18-20, 2024, for which NCDA has produced a policy brief
- WHO Director-General's Report for the Fourth UN High-level meeting on NCD to the WHA78 through EB156, titled *Preparation for the Fourth High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2025*.

For these two processes, the WHO has launched two web-based consultations, running from **1 to 26 May 2024**, and the NCD Alliance stands ready to support Member States in these efforts.

Additionally, as part of the preparatory process, the WHO Secretariat will develop a Global Status Report on Cancer 2025. This will provide an in-depth look at the policies, programmes and services available in countries and, for the first time, develop a larger, and more comprehensive set of cancer indicators that can track progress on cancer going forward. We strongly encourage Member States to engage in the preparation of the report to ensure it provides a robust template and helps to disseminate evidence-based cancer prevention, detection, diagnosis, treatment, palliation and survivor care practices and policies. We also call

on Member States to support systematic consultation with civil society organisations on the report, and we warmly welcome efforts to this end by the WHO team so far.

Furthermore, an updated Appendix 3 will soon be published, accompanied by an interactive webpage to support uptake.

The report also highlights numerous WHO initiatives contributing to NCD prevention and control, including technical packages like ACTIVE, MPOWER, SAFER, and REPLACE, alongside the new WHO acceleration plan targeting obesity with 28 front-runner countries. Additionally, it mentions technical support for fiscal and regulatory policies, and initiatives addressing childhood, cervical and breast cancers, and the Global Diabetes Compact.

Finally, the report notes that WHO will develop additional guidance and a process for Member States to consider an updated NCD Global Monitoring Framework and the set of global targets for NCDs by 2025 and 2030, which will be expanded to 2050 to allow for continued accountability opportunities.

We applaud and welcome the report, highlighting ongoing efforts to accelerate the NCD response with WHO support, and commend the inclusion of mental health, neurological conditions, and oral health in the NCD annual progress report. We welcome the comprehensive preparatory process for the upcoming HLM4 on NCDs, including the plans for a global status report on cancer in 2025. Moreover, we support the plans to update and expand the NCD Global Monitoring Framework and the set of global NCD targets.

We express deep concern that the world is falling woefully short of meeting the NCD targets set for 2025 and 2030, demanding immediate action to implement sustainable solutions and reduce significant funding gaps for NCDs. Additionally, we are troubled by the fact that half of all countries lack comprehensive multisectoral action plans for NCDs, despite having access to effective policy and legislative tools. Urgent and concerted efforts are imperative to address these critical shortcomings and ensure progress towards a healthier future for all. The economic and human costs of inaction are far too high.

We urge Member States to:

- **Engage** in the **preparatory process for the HLM4 on NCDs**, including participating in the consultation on the WHO International dialogue on the sustainable financing for NCDs and mental health, as well as the WHO Director-General's Report for the Fourth UN High-level meeting on NCD, to develop strong recommendations to inform the HLM4 outcome document process.
- **Establish deadlines to deliver national cross-sectoral NCD plans**, with concrete targets and indicators, in line with the WHO NCD Global Monitoring Framework to achieve the voluntary targets set for 2025 and the SDG 2030 goals and including implementing the

NCD 'best buys' and other recommended interventions of Appendix 3 with focus on improving access to to healthcare, medicines and health products.

- **Align and integrate NCDs into global health and development agendas** due to the close relationship with NCDs and their risk factors, e.g. development planning, UHC, emergencies and humanitarian settings, determinants of health, maternal and child health, HIV, TB, malaria, PPPR, food systems and nutrition and planetary health.
- Commit to **global financing targets for NCD investment; Increase and allocate domestic budgetary allocations** considering disease burdens and intervention effectiveness to achieve UHC; **Strengthen social and financial protection schemes and service coverage** for NCDs to minimise OOP expenditures and achieve UHC; Integrate investment for the prevention and care of NCD within climate financing mechanisms and in health emergency financing mechanisms for pandemic prevention, preparedness and response, and in humanitarian settings.
- Track, measure and fulfil commitments on NCDs by **strengthening national surveillance and monitoring**, inclusive accountability mechanisms, increased financial data collection, establish NCD indicators within the UHC service coverage index, and include NCD data in voluntary national reviews.
- **Develop national oral health action plans** aligned with the Global Oral Health Action Plan, **report** on oral health in accordance with agreed timelines, and **attend** the Global Oral Health Meeting in December 2024.
- **Actively engage with civil society, communities and people living with NCDs**, by creating safe and enabling environments, establishing good governance mechanisms, institutionalising meaningful engagement, and ensuring sufficient structural, technical and financial support.
- Actively engage with WHO to support a transparent and inclusive process to **update and revise the NCD Global Monitoring Framework**: safeguarding the nine voluntary global targets; developing long-term goals and targets with intermediate milestones; aligning with the WHO Progress Monitor indicators to create a comprehensive system to track health outcomes, risk factor exposure, health systems and policy implementation; and enabling further alignment with national disease burdens.

Draft resolution on Increasing availability, ethical access and oversight of transplantation of human cells, tissues and organs (EB154/CONF./6)

We welcome and support the draft resolution for its recognition of the growing burden of NCDs treatable through transplantation, including cardiovascular diseases, cancers, and diabetes. By emphasising the importance of enhancing access to transplantation, the resolution acknowledges its potential to reduce premature mortality, improve quality of life, cost-effectiveness and contribute to SDGs related to healthcare access, particularly targets 3.4 and 3.8, focusing on reducing premature mortality from NCDs and ensuring universal health coverage.

We urge Member States to adopt this resolution and recommend they:

- Ensure appropriate regulations on the availability of transplantation through national health systems and for procuring human cells, organs and tissues from donors, with safeguards for high quality information on the risks and benefits, informed consent, and adequate biovigilance systems, data collection and monitoring systems.
- Ensure that the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation are revised to reflect current medical and technical advances and their ethical and economic implications and to offer technical support for the required infrastructure, training, and access to medicines and health products.

Draft resolution on Strengthening mental health and psychosocial support before, during and after armed conflicts, natural and human-caused disasters and health and other emergencies (EB154/CONF./11)

👏 **We support the draft resolution and in Member States in adopting it,** recognising the heightened challenges encountered by people at risk of or living with NCDs, including mental health conditions, in managing their conditions during emergencies. Additionally, we welcome the requirement for additional reporting on the progress achieved in implementing the present resolution and the Comprehensive Mental Health Action Plan 2013–2030, which complements the existing request to include mental health in the consolidated reporting on NCDs. Whilst welcoming this complimentary reporting, we also urge continued commitment to unified reporting on the 5x5 NCD agenda (i.e., the five major NCDs, including mental health and neurological conditions, and the five common risk factors).

11.8 Antimicrobial resistance: accelerating national and global responses (A77/5)

Antimicrobial resistance (AMR) represents a significant threat to cancer treatment, potentially eroding the progress achieved in cancer care. As many as 1 in 5 cancer patients undergoing treatment are hospitalised due to infections, relying heavily on antimicrobials as their primary defence. However, the rise of AMR renders these infections progressively harder to manage, consequently affecting treatment outcomes. Regrettably, infections stand as the second leading cause of death among individuals battling cancer.

This report comes in the context of the preparations for the UN High-Level meeting on AMR in September 2024. The report outlines urgent strategic and operational priorities to address the global public health threat. Additionally, the focus of the priorities is on 3 key areas of work – (i) prevention of infections, (ii) access to timely treatment and (iii) strategic information and innovation. The report also highlights a people-centred approach to reducing the burden due to AMR.

We applaud the report, offering valuable support to Member States as they prepare for the HLM on AMR in September 2024, aiding in sector-specific priority formulations. Specifically, we commend its people-centred approach, emphasising research and implementation science to engage communities, such as the cancer community, in understanding and addressing the AMR problem effectively. Additionally, we applaud the development of the global AMR Technical Assistance Mechanism, especially the AMR Diagnostic Initiative, recognising the importance of timely rapid diagnostics tests for treatment decisions. Moreover, we support the commitment of Member States in developing National Action Plans on AMR (NAPs). However, we are concerned by the low implementation rate of these plans, with only 27% of countries effectively implementing them in 2023 and just 11% allocating national budgets for this purpose. Securing sufficient funding is critical for the effective implementation of NAPs aimed at addressing AMR.

We urge Member States to:

- **Ensure the affordability and sustainable availability of safe, effective, and quality medicines, diagnostics, and vaccines** using the WHO Model list of essential medicines. Focus should be placed on strengthening regulatory systems, procurement strategies, and policies for stewardship based on WHO's AWaRe classification.
- **Participate in and ensure the provision of data into the Global Antimicrobial Resistance Surveillance System** (GLASS) to ensure global data sharing and collective addressing of the issue.
- **Engage in multi-sectoral partnerships and sustained investment** to address the increased need for R&D in novel antimicrobials, rapid diagnostic tests, and vaccines. Ensure that global access strategies to these innovative medicines and diagnostics are included early in the research and development pipeline.
- **Engage the cancer and NCD community**, infectious diseases groups, and other relevant stakeholders to collaborate in raising awareness of AMR, sharing best practices, capacity building for R&D, and evaluating progress made with interventions to address AMR.
- **Engage beyond the health sector** as AMR involves the interplay of human and animal health, food and agriculture, and the environment. Interventions should encompass human and animal health, agriculture, environment, etc., to effectively reduce the burden of AMR. Multisectoral collaboration using the **One Health Approach** is crucial in addressing AMR.
- **Support the establishment of the Independent Evidence Panel**, as recommended by the Interagency Coordination Group on AMR to ensure effective evidence-based policies are in place to address AMR.

Draft resolution on Antimicrobial Resistance (EB154/CONF./7):

We applaud and welcome the draft resolution for urging action to address AMR and commend the progress made leading up to the HLM on AMR, providing an ideal opportunity for Member States and stakeholders to fulfil their commitments on addressing AMR.

We urge Member States to adopt the draft resolution and recommend that they:

- **Adopt multi sectoral policies to ensure access to and rational use of antimicrobials and diagnostics** to address the growing problem of drug resistance and tackle substandard and falsified medicines. Ensuring the quality of antimicrobials is essential for achieving stewardship goals.
- **Emphasise the critical role of data and surveillance** in combating AMR, addressing challenges related to inadequate data on the prevalence, distribution, and trends of AMR, including antimicrobial use in human and animal health, agriculture, and other relevant sectors. Efforts must also be made to improve surveillance mechanisms to track the emergence of new resistant strains and the effectiveness of current antimicrobial treatments.
- **Engage with the cancer, oral health, and broader NCD community** in increasing awareness among the health workforce and public awareness raising campaigns, including at primary health care level.
- **Provide targeted education and training programmes** for the implementers of NAPs in order to strengthen their expertise in the various aspects included in these plans.
- **Mobilise sustainable funding** to ensure all activities necessary for the implementation of national action plans (NAPs) on AMR are covered. We encourage Governments to consider additional mechanisms including engagement with international donors, public private partnerships and including AMR across programmes and plans (such as UHC and health emergencies) to support NAP activities.

13.4 Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response

The COVID-19 pandemic has demonstrated that the prevalence of underlying conditions, such as NCDs, increases the vulnerability of populations to pandemics in both high- and low-income countries. 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.[8][9][10]

The Intergovernmental Negotiating Body (INB) was established to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response. At the conclusion of the ninth round of negotiations, the INB has proposed a way forward for the Pandemic Agreement. This will include a proposal to continue

[8] Non-communicable disease management in vulnerable patients during Covid-19 (ijme.in)

[9] The potential long-term impact of the COVID-19 outbreak on patients with non-communicable diseases in Europe: consequences for healthy ageing - PMC (nih.gov)

[10] The impact of the COVID-19 pandemic on noncommunicable disease resources and services: results of a rapid assessment (who.int)

negotiations in three open-ended Intergovernmental Working Groups on: (1) the Conference of Parties (COP IGWG), (2) WHO Pathogen Access and Benefit-Sharing System (PABS IGWG), and (3) a One Health approach (OH IGWG), which will include discussion on the preventative aspects of pandemic prevention, preparedness and response. The Pandemic Agreement presents an important opportunity to invest in resilient health systems that can prevent the worst impacts of future pandemics on people living with NCDs.

General comments:

We recognise the need to negotiate a text that enables Member States to take clear and concrete coordinated action on pandemic prevention, preparedness and response, whilst also demonstrating opportunities for the mobilisation of resources to implement such an agreement effectively. However, we remain concerned that the last two years of negotiations have failed to reach an agreement that supports the necessary investment in resilient health systems required to deliver comprehensive pandemic prevention, preparedness response and recovery, including for people living with NCDs.

We applaud and welcome the retained commitment to equity in the draft Pandemic Agreement, as well as continued reference to building resilient health systems and advancing the achievement of universal health coverage. We also welcome the proposal for the discussions to continue on the negotiations on the preventative aspects of the Pandemic Agreement through the intergovernmental working group on One Health. We further welcome active consultation with organisations from different segments of society and from around the world and strongly encourage that further engagement continues and, where possible, is further increased, in the proposed Intergovernmental Working Groups on the Conference of Parties, Pathogen Access and Benefit-Sharing System, (PABS), and One Health.

We express concern that the **definition of 'persons in vulnerable situations'** fails to adequately capture those who may be at greatest risk and likely to suffer the most during any future pandemic. This definition is therefore not fully aligned with the definition of health in the Constitution of the WHO. We continue to be concerned that the Pandemic Agreement **consistently fails to recognise the crucial role that non-state actors, and civil society** in particular, plays in supporting the implementation of pandemic prevention, preparedness and response. Additionally, we are concerned that **commitments to safeguard, protect, invest in, retain and sustain an adequate skilled and trained health and care workforce have been substantially reduced** in the Pandemic Agreement.

We recommend that the Pandemic Agreement:

- **Retains the principle of equity** as a key driver for the Pandemic Agreement and further clarifies that this principle relates to equity of access to relevant pandemic prevention,

preparedness, response and reconstruction efforts for all individuals, in line with the Right to Health.

- Ensures the **definition of 'persons in vulnerable situations'** is more closely aligned to the principles of the WHO Constitution and recognises that health is a "state of complete physical, mental and social well-being". We urge Member States to **recognise that persons with chronic health conditions are those likely to be most severely affected by pandemics.**
- **Retains the commitment to developing, strengthening and maintaining resilient health systems, with a view to achieving universal health coverage.** This must include maintaining continuous essential health services in pandemic situations and ensuring equitable access to such services, including for people with chronic health conditions such as non-communicable diseases.
- **Recognises the critical importance of safeguarding, protecting, investing in, retaining and sustaining an adequate, skilled and trained health and care workforce.** We therefore urge Member States to ensure **strengthening decent work conditions and addressing mental health and wellbeing** are recognised as prerequisites to retaining an effective health and care workforce prior to, during, and after pandemics and are fully integrated into the Pandemic Agreement.
- **Demonstrates support for the essential role that civil society plays** in both contributing to the implementation of pandemic prevention, preparedness and response and in holding WHO Member States accountable for implementing PPPR plans that adhere to the principles of equity, inclusion and fulfilment of human rights. In particular, we request Member States to support the **meaningful engagement of civil society**, as well as communities, as part of the whole-of-society approach, and throughout the Pandemic Agreement.

14.1 WHO's work in health emergencies (A77/11)

The report summarises WHO's 2023 response to health emergencies, encompassing acute and protracted crises, including Grade 3 situations. It highlights a concerning trend of escalating humanitarian health needs globally, driven by various overlapping and interacting risk factors and threats. Despite this increase, funding for humanitarian operations, particularly within the WHO Health Emergencies Programme, has not matched the growing demand, resulting in significant budget gaps. Despite an approved budget increase by the 75th World Health Assembly, substantial shortfalls persist in both the base and emergency operations segments of the Programme. Urgent action is required not only to address immediate health needs but also to bolster strategic resilience through coordinated measures. Responses in humanitarian contexts should focus on strengthening core capacities across health security, primary healthcare, and health promotion to build resilience. A more strategic and holistic approach to health emergencies is essential to break the cycle of vulnerability and fragility in communities. However, the WHO Health Emergencies Programme faces significant challenges in effectively

responding to emergencies, particularly in the event of new pandemics like COVID-19, due to limited authority, capacity, and resources.

In a humanitarian setting, people living with NCDs face greater challenges as health systems and essential services may be severely disrupted or destroyed. This includes interruptions in healthcare delivery and medicine supply chains. Moreover, broader systems face strain, increasing exposure to NCD risk factors like tobacco and alcohol use, physical inactivity, and poor nutrition.

We welcome the report for recognising a significant rise in humanitarian health needs globally. We particularly acknowledge the importance of sustaining essential health services, despite heightened insecurity and access challenges. Furthermore, we appreciate the emphasis on strengthening core capacities and fostering strategic resilience, which are essential for addressing both immediate health needs and laying the foundation for sustainable health systems in humanitarian settings.

We urge Member States to:

- **Integrate essential NCD services throughout the emergency cycle**, from preparedness and disaster risk reduction to immediate emergency response and recovery, ensuring resilience and comprehensive care.
- Build **people-centred, affordable primary care models** that ensure access to health records and comprehensive services—from diagnosis to palliative care—by boosting medication supplies and maintaining appropriate buffer stocks for sustained provision. This approach empowers people living with NCDs to self-manage their conditions during humanitarian emergencies.
- Train and support a **multidisciplinary health workforce** to prevent, diagnose, and treat NCDs in humanitarian settings, including task-shifting to nurses and community health workers and providing online training.
- Facilitate the **reduction of NCD risk factors** for all those living in humanitarian settings by improving access to healthy diets and physical activity, ensuring clean fuels for cooking, heating, and lighting, and protecting them from health-harming industries like tobacco and alcohol, while addressing conflicts of interest from inappropriate emergency donations by these industries.
- Develop **partnerships and sustainable financing models** to enhance health-system resilience and capacity in primary health care, by collaborating with key stakeholders, including the appropriate private sector, to find and implement solutions.
- Ensure that **up-to-date, disaggregated data** on NCD prevalence, risk factors and treatment is integrated within health information systems, to inform decisions on provision of care in humanitarian settings and improve accountability.

- Promote, fund and support national and international **high-quality research**, further building the evidence base on how best to address NCDs in both acute and protracted humanitarian emergencies.

Draft resolution for Strengthening health emergency preparedness for disasters resulting from natural hazards (EB154/CONF./2)

We applaud and welcome the draft resolution, which recognises the longer-term health impacts of interrupted essential health services during emergencies on the prevention and control of NCDs. It underscores the need for health emergency preparedness and response efforts grounded in risk reduction, risk mitigation, and health system resilience-building approaches that advance UHC and are oriented towards PHC This ensures the sustained provision of essential health services during and after disasters. Additionally, it emphasises sustaining political commitment and providing resources; developing, implementing, and monitoring policies that prioritise investments in the safety, accessibility, and resilience of health facilities; and facilitating timely access to medicines, diagnostics, vaccines, and other medical products needed in emergency response as part of essential health services.

We urge Member States to adopt this resolution and recommend that they ensure people living with NCDs are recognized as a vulnerable population group within it and in all emergency preparedness and response efforts, to advance the progressive realisation of UHC.

15.1 Social determinants of health (EB154/21)

The report provides an update on the draft WHO World Report on the Social Determinants of Health Equity (SDoHE). The development process of the World Report involved consultations with Member States, UN agencies, non-State actors, WHO teams, as well as scientific and policy advisory groups. Divided into three parts, the report provides background information, sets the scene, and highlights specific areas for action. The concluding part outlines an agenda for action to guide Member States and other key stakeholders. Specifically, the report includes 14 proposed recommendations to Member States, aimed at addressing key structural determinants to improve health equity, encompassing actions to tackle economic inequality, promote inclusive governance, implement joint actions for health equity in response to climate change and societal transitions, and build a health and care sector ensuring equitable access and genuine participation.

We applaud and welcome the report and the outlined recommendations for Member States to take action on key areas to improve health equity are outlined. Specifically, we commend the recommendations to:

- **Reshape fiscal systems** to promote health equity and support well-resourced public health services. This includes effectively addressing commercial determinants of health

by regulating negative influences on health, incentivizing positive health impacts, managing conflicts of interest, and integrating health considerations into trade policy processes.

- **Implement inclusive governance** for people-centred services, empowering local governments, expanding universal social protection to enhance health equity, addressing discrimination as a determinant of health, and promoting community engagement, including individuals living with chronic health conditions.
- **Accelerate health co-benefits** of climate action by transforming energy and food systems, and address social determinants of health equity in emergencies, considering the increasing burden of NCDs in humanitarian settings.
- **Achieve UHC** by minimising OOP expenditure and ensuring equitable access to quality health services. Utilise disaggregated data to measure progress on social determinants of health equity.

⚠ **We express concern** on the insufficient uptake of the 2008 recommendations of the WHO Commission on Social Determinants of Health, especially around key structural determinants. Specifically, we are concerned by the lack of action in many countries to address the commercial determinants of health leading to the growing exposure of vulnerable populations to NCD risk factors.

We recommend Member States support the World Report recommendations as they guide efforts to improve health equity post-COVID-19. The report should include relevant case studies showcasing implementation, and follow-up guidance should be developed with WHO offices for increased country action on SDoHE. Specifically, Member States should:

- **Establish national monitoring mechanisms** to measure health equity based on the operational framework for measuring, assessing and addressing the SDoHE. Collect disaggregated data by age, disease, gender, geographical region, and socioeconomic groupings to identify vulnerable populations and inform policies and programmes accordingly.
- **Identify priority policy actions in collaboration with other sectors**, such as through multisectoral commissions. Accelerate UHC implementation by incorporating population-wide policies for health promotion alongside NCD prevention and care services in country UHC benefit packages.
- **Safeguard policy making process from undue influence**.

15.2 Maternal, infant and young child nutrition (EB154/22)

The report updates progress on the 2025 maternal, infant and young child nutrition targets. The global rate of childhood overweight is projected to be 5.6% in 2025, a slight increase from 5.5% in 2012, though significant regional disparities exist, particularly in the Americas and Western

Pacific Region. For exclusive breastfeeding, 53.4% of infants under six months are projected to meet the 50% target, up from 37% in 2012, thereby surpassing the 2025 target of 50%. However, only 32 countries have strong legislation aligned with the International Code of Marketing of Breastmilk Substitutes, indicating potential for further improvement. WHO and UNICEF suggest extending these targets to 2030 to align with the SDG agenda, aiming to reduce childhood overweight to below 3% and increase exclusive breastfeeding rates to at least 70%.

The report also evaluates WHO support in five action areas: creating supportive environments, integrating health interventions in national nutrition plans, stimulating nutrition policies outside the health sector, providing resources, and monitoring and evaluation. Highlights include a WHO analysis of 104 national pathways from the UN Food Systems Summit, revealing that 75% considered nutrition-sensitive agriculture and food safety, yet policies to boost healthier diet consumption remain limited. Additionally, under WHO's Acceleration Plan to STOP Obesity, 11 countries are integrating obesity prevention and management into primary care. The WHO-hosted Coalition of Action on Healthy Diets from Sustainable Food Systems for Children and All is providing technical support to Member States and raising awareness of conflicts of interest in public-private partnerships.

The report discusses recent developments in the marketing of breastmilk substitutes (BMS) and foods for infants and young children. It presents the newly published Guidance on regulatory measures aimed at restricting digital marketing of breast-milk substitutes, as requested by the WHA. Additionally, it provides details on improvements made to the Codex standard for follow-up formula.

👏 **We applaud and welcome** the reported progress in achieving nutrition targets for childhood overweight and exclusive breastfeeding, as well as the prioritisation of nutrition and food system considerations by the G7, G20, and African Union. We also commend the increase in the number of infants exclusively breastfed, which shows potential to surpass the global 2025 target of 50%.

⚠ **We express concern** over the regional epidemiological differences in halting childhood overweight, especially in the Americas and the Western Pacific Region. As recognised by the Bridgetown Declaration, childhood obesity in SIDS is increasing exponentially due to factors including significant commercial health influences. These regions require targeted policy support to tackle the public health challenges posed by childhood obesity. Childhood obesity not only increases the risk of adult obesity, poor oral health, and other NCDs later in life but is also linked to psychological comorbidities such as depression, lower scores on perceived health-related quality of life, emotional and behavioural disorders, and reduced self-esteem during childhood.[11]

[11] HCC-NCDA_SIDS-NCDs_DiscussionPaper_2023Jan_v2.pdf (ncdalliance.org)

We recommend Member States to:

1. Protect children's and mothers' health through the promotion of breastfeeding as a powerful and cost- effective double-duty policy action: it protects women against breast cancer and children against overweight and obesity, and therefore against developing other NCDs like cancer in the future. Breastfeeding is also associated with a lower risk of early childhood caries in infants and children. Moreover, the promotion of breastfeeding is a cost-effective intervention (recently classified as an NCD 'best buy' following the update of Appendix 3) and a sustainable aliment, superior in terms of health standards to any breastmilk substitute.
2. Update or develop national legislation to protect, promote and support breastfeeding in line with the International Code of Marketing Breast-milk Substitutes and WHO's Guidance on regulatory measures aimed at restricting digital marketing of breast-milk substitutes to safeguard communities, mothers and babies from dangerous and innovative promotion strategies; and establish monitoring mechanisms to ensure the implementation of the Code.
3. Promote the implementation of a comprehensive set of policies to promote healthy diets, including the taxation of sugar-sweetened beverages (SSBs) and other unhealthy foods and beverages, front-of-package nutrition labelling[12] and regulating the marketing of unhealthy foods, especially when targeted to children and youth.[13] We also recommend implementing subsidies that promote the purchase and consumption of healthy foods.

15.3 Well-being and health promotion (EB154/23)

The report updates on the implementation of resolution WHA75.19, focusing on a framework for enhancing societal well-being through six strategic directions:

1. Nurture planet Earth and its ecosystems;
2. Design social protection and welfare systems based on equity, inclusion and solidarity;
3. Design and support implementation for equitable economies that serve human development;
4. Promote equitable universal health coverage through primary health care, health promotion and preventive services;
5. Promote equitable digital systems that serve as public utilities, contribute to social cohesion and are free of commercial interest; and
6. Measure and monitor well-being.

The report provides an update on the accompanying implementation and monitoring plan of the framework, designed to track progress across the three pillars of sustainable development.

[12] For more background, see Warning_Against_Harm-policy_brief-ENG.pdf (ncdalliance.org)
[13] For more background, see Selling_a_sick_future-report-ENG.pdf (ncdalliance.org)

It expands the progress indicator framework to encompass environmental and social advancements, moving beyond traditional economic measures such as GDP. The report also incorporates a cross-cutting dimension rooted in equity, inclusion, and solidarity. Furthermore, the Secretariat is forming a multidisciplinary Strategic Technical Advisory Group of Experts to guide and provide input for the monitoring and implementation frameworks.

We applaud and welcome the report and the direction of the well-being framework's implementation and monitoring plan. In particular, we welcome the emphasis on addressing the structural determinants of health to foster individual and societal well-being, as highlighted in WHO's forthcoming World Report on Social Determinants of Health and the World Report on Commercial Determinants of Health. We also support the call to implement measures that extend beyond the health sector and safeguard societies from health-harming industries.

We recommend Member States to:

- **Promote a well-being economy** by directing investments towards sectors and industries aligned with public health goals, ensuring policy coherence, and safeguarding public procurement and partnerships against conflicts of interest.
- **Collaborate with relevant government sectors** to implement population-wide interventions that promote health equity and well-being. This collaboration should draw on the guidance provided in Appendix 3 of the WHO Global NCD Action Plan 2013–2030 to identify cost-effective priority actions.
- **Request guidance** on how to measure the impact of NCD and other health programmes on social and individual well-being as part of the framework's implementation and monitoring plan.

Draft resolution on Strengthening health and well-being through sport events (EB154/CONF./9)

This resolution draws on established tools and frameworks such as the Alma-Ata Declaration of 1978, the Ottawa Charter for Health Promotion of 1986, the Jakarta Declaration of 1997, the Global Action Plan for the Prevention and Control of NCDs 2013-2030, and the Global Action Plan on Physical Activity 2018-2030. It urges Member States to utilise sporting events and settings to promote behaviour change, address broader public health challenges, and enhance societal well-being. The resolution advocates for evidence-based health promotion measures in sports to reduce exposure to NCD risk factors and promote mental health and well-being.

We applaud and welcome the resolution on strengthening health and well-being through sport events of all levels (international, regional, national, and community-based). We appreciate the specific reference to existing frameworks like the Global Action Plan on Physical Activity and the Global Action Plan for the Prevention and Control of NCDs, making the case for leveraging existing plans and actions to improve health and well-being around sport events. Additionally, we welcome the call to curtail the marketing of unhealthy foods and beverages,

alcohol and gambling in sport events (in addition to the prohibition of tobacco marketing),[14] as well as the call to safeguard collaborations in sport events from undue influence to protect public health interests.

⚠ **We express concern on the ongoing use of the term 'harmful use' for alcohol in this document and other tools meant to promote health.** Any level of alcohol consumption increases risk of seven forms of cancer and other NCDs. Therefore, it is more accurate to refer to 'alcohol use' in upcoming texts to avoid the misimpression that there might be a risk-free level of alcohol use when evidence shows that any use of alcohol carries a degree of risk of harm.

We urge Member States to adopt the draft resolution and recommend that they:

- **Commit to enabling health-promoting sports events** and recognise the impact that healthy environments in sport settings can have to promote behaviour change in the long-term when combined with other NCD 'best buys' and other recommended interventions that promote physical activity and healthy diets and reduce alcohol and tobacco use.
- **Recognise that healthy environments in sport events can reduce the burden** of obesity and NCDs, including of mental health conditions (for instance, exposure to gambling adverts in sport events can impact optimal mental health).
- **Reduce the exposure and promotion of unhealthy products and services**, including gambling, as these are often promoted through sport events (from major events to community-level sport settings) having an impact on shaping the behaviour of large audiences, including children and youth.
- **Use as a reference the WHO guide on healthier food and healthier food environments at sports events** for the implementation of this resolution.

15.4 Climate change, pollution and health (EB154/24) and draft resolution on Climate change and health (EB154/CONF./12)

The report underscores the escalating health threats posed by climate change, driven primarily by fossil fuel combustion. Drawing on data from the recent Intergovernmental Panel on Climate Change's (IPCC) Sixth Assessment Report (AR6), the report shares the diverse adverse impacts of climate change on human health, including those stemming from extreme heat, malnutrition, displacement of populations and mental health, and the disproportionate concentration of these impacts across LMICs. Recognising this, the report underscores that the health impacts of climate change pose a major threat to the achievement of UHC due to the risk faced by vulnerable groups, including children, the elderly, indigenous communities, outsider workers and those living with NCDs. In response the report emphasises the need for an urgent global

[14] As highlighted in Selling_a_sick_future-report-ENG.pdf (ncdalliance.org), children and young people are often targeted through sports with the marketing of harmful products.

health response which includes: investments to build climate resilient health systems; curbing emissions from the health sector, which account for 5% of global emissions; and working with other sectors to maximise the health co-benefits of climate action e.g. improvements in air quality. WHO highlights the opportunity to further develop and scale up the application of existing climate change and health work across leadership, awareness-raising, evidence generation, monitoring, and technical support, including a commitment by WHO to become carbon-neutral by 2030.

We applaud and welcome the clear recognition in the report of the role of fossil fuel burning in driving global warming and the need for urgent action to remain within 1.5°C. We also welcome the references to the impacts of climate change on NCDs, including mental health. We appreciated the discussion on the co-benefits of action on climate change for public health including the impact of measures to address polluting energy generation on air pollution-related morbidity and mortality, impact of addressing environmentally destructive and unhealthy food systems on malnutrition in all its forms, and measures to foster more active transport on physical inactivity, obesity and overweight. We also welcome discussions regarding how WHO could support Member States to capitalise on these health co-benefits and engage more in negotiations in UNFCCC fora.

Within the resolution draft, we welcome the recognition of climate change as one of the greatest health challenges together with the need for a comprehensive, health-systems approach which encompasses both adaptation and mitigation, noting that without urgent action health system impacts are likely to outstrip adaptive capacity. The integration of existing mechanisms, notably the ATACH framework, and requests to WHO to develop a Global Plan of Action on Climate Change and Health.

⚠ **We express concern** that the resolution text does not recognise the role of fossil fuel combustion in driving the global climate crisis and the health impacts associated with this. Fossil fuels remain the most significant cause of climate-driven health impacts, while their extraction, processing and combustion increases the burden of air pollution, release of carcinogens, and contributes to other NCDs in communities[15]. We also note with concern the high-level language on vulnerable populations, given the disproportionate impact that climate change is already having on vulnerable populations who are already facing substantial challenges in accessing essential care including people living with NCDs, women, children, outdoor workers, as well as refugees, migrants and internally displaced peoples.

We recommend Member States to:

- **Support the resolution and note the report** - the resolution provides a valuable resource to support the further integration of health into climate responses, and

[15] Global Climate and Health Alliance, 2022. Cradle to Grave: the health harms of fossil fuel dependence and the case for a just phase out.

inclusion of climate into future health planning. This comprehensive approach is essential to accelerate actions to create sustainable, climate resilient health systems, and which integrates health into national, regional and global climate change negotiations to maximise the health co-benefits and uses health to make the case for greater action

- **Support health sector engagement across all sectors to deliver health-in-all policies** - the health sector is responsible for 5.2% of global emissions and while action is greatly needed to curb health sector emissions, health also provide a compelling argument to support accelerated action to reduce the remaining emissions sources, including energy generation, transport, agriculture, with the potential for additional co-benefits.
- **Support explicit calls for reductions in the use of fossil fuels** - continued investments in fossil fuel subsidies outweigh health spending in several countries[16], while causing health costs six times greater than the cost of the subsidy itself in G20 countries. In response, we urge Member States to explicitly recognise the multidimensional impacts of fossil fuel use on health.
- **Integrate climate resilient health systems into UHC** - governments are challenged to deliver universal health coverage (SDG3.8) even at current levels of warming, with the majority of countries (108/194) experiencing worsening or no significant change in service coverage since the launch of the SDGs in 2015. These same populations are the most vulnerable to climate change. The COVID-19 pandemic has underscored the fragility of health. The resolution should, therefore, recognise that greater investment in adaptation is vital to save lives and help achieve SDG 3.4.
- **Call for greater regulation of climate and health impact industries** - building on lessons learned from Article 5.3 of the WHO FCTC, we urge Member States to consider requesting WHO to explore potential regulation of other climate and health impacting industries, such as the production and use of fossil-fuel derived plastics which exacerbates water-security issues among other health threats.
- **Proactively engage with civil society organisations** - CSOs continue to play a critical role in the response to the health impacts of climate change. We therefore urge WHO to engage with CSOs in the development of the Global Plan of Action on Climate Change and health, utilising the WHO-Civil Society Working Group for Action on Climate Change and Health as a key dissemination channel, and encouraging Member States to support civil society participation in the development, implementation and evaluation of national plans and strategies
- **Commit to supporting the integration of climate change education and training** as part of healthcare professional curricula and continuing professional development.

[16] Romanello, 2022. The 2022 report of the Lancet Countdown on health and climate change: health at the mercy of fossil fuels.

15.5 Economics and health for all (EB154/26)

The report provides an overview of the WHO Council on the Economics of Health for All (2021-2023), mandated to provide new economic insights into the value and role of health in our economies. Its culmination, the final report titled Health for All: Transforming economies to deliver what matters, encapsulates its work.

The Council proposes a new narrative on the relationship between the economy and health, recognising:

- Health as a fundamental human right, and that a healthy population is not just human and social capital or a by-product of economic growth
- The urgent need to reorient economies to deliver health and wel-being for all to address existing inequities, as well as the multiple and interlinked crises of health, inequality, and climate
- The cost of inaction being higher than the cost of action.

The Council's report outlined 13 recommendations to guide policymakers at all levels in tailoring policies to their respective contexts and priorities. It calls for cross-sector collaboration to prioritise human and planetary health in shaping economies, emphasising collective intelligence, alignment with SDGs and balanced economic decisions benefiting individuals and communities. Moreover, it calls for adequately resourcing WHO as the global body coordinating health for all.

The report explains this new narrative will require:

- Treating health financing as a long-term investment with national planning and involvement of other sectors, including finance ministers.
- Recognizing health as critical to the resilience and stability of economies, as seen with COVID-19.
- Addressing economies and financial systems as increasingly important determinants of health.

To implement these recommendations, the Council identified WHO's leadership as crucial, recognising its role in strengthening economics for health for all and expanding its work on macroeconomics and health. It also stressed the need for WHO to promote health and well-being through actions such as advocating for clean energy, sustainable transportation, and food systems.

The report further outlines WHO's efforts in this area, including work on health financing and macroeconomics; expertise and research networks on relevant topics (such as UHC financing, SDOH and health equity, CDOH, health taxes, and removal of subsidies on and divestment in health-harming industries); international financial architecture for health (with global and

regional agencies); and multisectoral financing dialogue and action, including through OECD and G20.

We applaud and welcome the call from the WHO Council on the Economics of Health for All to redesign our economies so that they can prioritise health through sustained economic and fiscal investments that promote health and are multisectoral and long-term.

We express concern that, as stated by the Council's report, NCDs are estimated to cost the economy US$ 47 trillion between 2010–2030 and that despite this figure and the existence of cost-effective solutions to prevent NCDs, such as the NCD 'best buys' and other recommended interventions, preventive actions are still seen by many policymakers as a cost rather than an investment, and often not prioritised by the whole-of-government.

We recommend Member States to:

- **Prioritise health investments,** including in a context of deficit reforms and budget reviews, to ensure the sustained funding of essential NCD prevention and control services across the continuum of care, including by drawing on the Appendix 3 of the WHO Global NCD Action Plan 2013–2030
- **Recognise that,** given the impact that other sectors' activities (finance, education, environment, transport, etc.) have on people's health outcomes, **health for all should be factored not only in health ministries' budgets** but also across the budgets of other ministries and government agencies.
- **Safeguard policymaking processes** addressing the determinants of health and aimed at transforming our economies from the undue influence of health-harming industries, such as those involved in fossil fuels, unhealthy foods, breastmilk substitutes, alcohol and tobacco products.
- **Harmonise health-related budgets with public health-oriented fiscal policies** (such as implementing excise taxes and removing subsidies on unhealthy products such as fossil fuels, unhealthy foods, alcohol and tobacco, and implementing subsidies on healthy products) **and other regulatory and legislative measures** to reduce exposure to NCD risk factors, including marketing and labelling policies on unhealthy products, to ensure policy coherence.
- **Measure economic growth against core societal values beyond GDP**, and request guidance to WHO on how best to measure well-being. SDG3 is about both health and well-being, and yet there are currently no targets and limited indicators to measure well-being.
- **Highlight the value of health for economic prosperity and sustainable development in the development of the UN Pact for the Future** to be agreed at the UN Summit of the Future (2024) and other UN/SDG processes, emphasising that the environmental and financial sustainability of a health-in-all-policies approach simultaneously address the well-being of people and our planet.

- **Ensure WHO's work** on economics for health for all, social determinants of health and health promotion and well-being is **coordinated and complementary**.

17. Draft Fourteenth General Programme of Work (A77/16)

The General Programme of Work (GPW) outlines WHO's strategy over a specific timeframe. The ongoing thirteenth GPW (GPW 13), originally slated for 2019-2023 but extended to 2025 due to the COVID-19 pandemic, will be followed by the fourteenth GPW (GPW 14), which is planned for finalisation in 2024 through consultation and subsequent approval by WHA77.

The GPW 13 established triple billion targets by 2023: one billion more people benefiting from UHC, one billion more people better protected from health emergencies, and one billion more people enjoying improved health and well-being. These pillars have guided WHO's strategy, integrating NCD prevention and control across health provision, protection, and promotion efforts.

The development of draft GPW 14 involved extensive global consultations, regional meetings, stakeholder sessions, and reviews by governing bodies. This included engagement with Member States, independent evaluators, WHO staff, and partners like UN agencies, CSOs, and private sector associations. Consultation documents were circulated from August 18, 2023, to March 8, 2024, evolving with feedback. The version presented at WHA77 integrates discussions from PBAC and Executive Board sessions in January 2024, along with further input received by March 26, 2024.The NCD Alliance submitted a total of four comments, with the final submission March on 22nd.

👏 **We applaud and welcome** the positive changes introduced in the March version of the revised draft GPW 14, including the introduction of additional outcome indicators that address strengthening health systems for UHC, promoting equitable access to quality NCD services, and improving health financing while reducing OOP payments. In particular, we welcome:

- The addition of **aligning public health financing with national disease burdens**;
- The addition of **outcome indicators focusing on priority risk factors associated with NCDs**, including unhealthy diets, physical inactivity, outdoor air pollution and climate-sensitive diseases.
- The inclusion of the **NCD 'best buys' within Determinants of health and root causes of ill health**, which should remain a reference for Member States on NCD prevention and control, promoting cost-effective interventions recommended for both populations and individuals.
- The addition of **outcome indicators related to NCDs in the delivery of UHC.** Specifically, we welcome indicators addressing:

- Essential public health functions, health facility density, access to care, and people-centredness;
- Government domestic spending on health (as a share of government expenditure and per capita) and on PHC
- Access to health products and improved regulatory systems;
- Diabetes, mental health and neurological conditions, hypertension, cervical cancer, and oral health;
- OOP health spending.

- The **acknowledgement of people living with NCDs as vulnerable populations during emergencies**, consistent with previous recommendations and principles in WHO's work on NCDs in emergencies and humanitarian settings.

⚠ **We express concern** over the missed opportunity in the draft GPW 14 to ensure comprehensive outcome indicators for NCDs. Despite recognising the necessity to simplify reporting and monitoring for Member States, it is imperative to underscore that NCDs account for a staggering 74% of the global disease burden, and the absence of comprehensive, NCD-specific indicators poses a significant obstacle in prioritising these diseases for progress towards achieving agreed-upon targets. For example, while we appreciate the text's commitment to aligning public health financing with national disease burdens, the lack of corresponding outcome indicators undermines the ability to assess the effectiveness of these efforts and track progress. Additionally, we regret that the current version has removed indicators for e.g. free sugar intake, prevalence of forgone care (not seeking medical care when needed), and the prevalence of the main oral diseases and conditions that were in the previous version released for consultation in March 2024, which are of particular importance for oral health.

We recommend Member States to:

- Consider, in light of reporting on access to NCD health products, whether NCDs are adequately represented among the 19 tracer Indicators contained in the Access to Health Products Index and in line with the global health burden.
- Consistently **measure and assess comprehensive NCD-specific indicators**, despite not being explicitly mentioned in GPW 14. These could include:
    - An indicator to assess the **alignment of policies and plans with national diseases burdens**
    - An indicator to assess **service coverage for people with NCDs**, in line with WHA72/2019/REC/1 Service coverage for people with mental health and neurological conditions;
    - Indicators for a more comprehensive assessment of the **burden of NCDs**, such as Quality-Adjusted Life Years (QALY), prevalence, in addition to mortality;
    - An indicator to assess **NCD spending in PHC**.

    - **Disaggregating health expenditure data, including both by disease type for populations with impoverishing OOP expenses and separately from total health expenditure data**, to facilitate the development of adequate financial protection mechanisms and enable governments to design more tailored national health services and UHC benefits packages.
- Prioritise the **meaningful involvement of people living with specific health conditions, such as NCDs,** in implementing and evaluating GPW 14, ensuring health policies and services are responsive to community needs and inclusive, leaving no one behind.
- Pledge **full, sustainable, and predictable financing** for the WHO's budget for 2025-28, with **flexible funding** to ensure sufficient resources for the delivery of NCD programmes. Currently, only 5% of WHO's budget goes to prevention and control of NCDs, which is starkly disproportionate to the 74% of the global disease burden they represent. More flexible funding would enable WHO to adapt to emerging needs, implement innovative solutions, allocate resources efficiently, and address funding gaps, such as supporting more comprehensive approaches to care that better address NCDs.