

NCD Alliance Advocacy Briefing

146th WHO Executive Board, 3-8 February 2020

This briefing note provides background and key advocacy messages on the NCD Alliance's key priorities for the 146th meeting of the WHO Executive Board (EB). A full list of documents, together with updated timetables for each day, can be found [here](#). The NCD Alliance is closely following developments on NCD relevant resolutions to be taken forward to the World Health Assembly in May 2020.

Pillar 1: One billion more people benefiting from Universal Health Coverage (UHC)

Agenda item 6 – Primary health care: Draft operational framework: Primary health care: transforming vision into action [EB146/5](#)

Following the PHC Resolution WHA72.2 (2019), the Director-General has developed a draft operational framework for PHC as a key contributor to the achievement of Universal Health Coverage by 2030, which will be submitted for consideration by the 73rd World Health Assembly in May 2020.

The report presents the draft operational framework, which includes 14 levers needed to translate global commitments into actions and interventions to accelerate progress on PHC. The Board is invited to note the report and support the implementation of the draft operational framework for primary health care.

Key messages:

- **Ensure people living with NCDs and their carers are meaningfully consulted and engaged in the development and strengthening of national primary health care systems** to ensure the lived experience of those most affected is at the core of health services. In order to deliver effective and efficient health services, the experience and perspectives of those who interact with the health system most often must be considered.
- **Strengthen health systems to ensure a lifecourse approach to health across the continuum of care** - including promotive, protective, preventive, curative, rehabilitative and palliative services of sufficient quality and affordability, in order to tailor health care systems that meet the needs of populations. This includes ensuring nutrition is a component of health promotion and prevention. Primary health care must also be linked to strong secondary and tertiary care in order to deliver effective services.
- **Include civil society and people living with NCDs and other health conditions in the development and implementation of the monitoring and evaluation framework**, and encourage independent accountability to accurately track progress and hold governments to account. WHO should identify how this PHC framework will align with existing monitoring frameworks to avoid overburdening governments with multiple reporting mechanisms.

Agenda item 7.1 – Universal health coverage: moving together to build a healthier world [EB146/6](#)

The report outlines the next steps for WHO, following up on the [political declaration on UHC](#) from the HLM, and the [UHC monitoring report](#) of 2019. It describes WHO's 2019 monitoring report "[Primary health care on the road to universal health coverage](#)," and identifies challenges in ensuring equitable progress, and discusses the need to invest in UHC and eliminate catastrophic health expenditure in order to increase human capital and economic prosperity.

In terms of next steps, WHO will prioritise integration of services and programmes as outlined in the [Global Action Plan for Healthy Lives and Well-being for All](#), and will summarise progress and recommendations in a report submitted to the 75th session of the UN General Assembly in 2021. The EB is invited to note the report.

Key Messages:

- **Strengthen health systems to respond to the increasing burden of NCDs and co-morbidities by rooting health systems in primary health care:** Health systems must deliver integrated services that address co-morbidities between NCDs and other diseases such as HIV/AIDs and TB, as well as maternal health and mental health conditions, to ensure a holistic, lifecourse approach to health. Effective primary health

care and sustainable health systems must be based on health promotion and prevention. WHO's special programme on primary health care will be an instrumental model in helping governments integrate services across multiple disease areas.

- **Ensure implementation of the Global Action Plan spans the full spectrum of health-related goals in the SDGs and that implementation takes into account all seven accelerators**, in order to move beyond existing health siloes structured around the Millennium Development Goals. Governments and UN agencies must adopt the integrated agenda proposed by the GAP and implement policies and programmes that are integrated across disease areas and across the lifecourse in order to deliver the health-related SDGs. Achievement of the health-related SDGs involves ensuring all accelerators are achieved together, particularly engagement of civil society and communities in the development of all national health plans and policies and in the consideration of addressing the determinants of health.
- **Strengthen sociopolitical accountability to hold governments and all stakeholders to account for their commitments, including formalised roles for civil society and health service users**: Despite numerous commitments on NCDs and health, governments have yet to achieve their targets. In order to achieve health and well-being for all, rigorous monitoring and evaluation is that reports on the implementation, reach and health-financing measures of UHC that results in more people covered and accessing quality health services, including the most vulnerable, and less people incurring catastrophic health expenditure is needed.

Agenda item 7.2 – Follow up to the UN High-Level Meeting on NCDs in 2018 [EB146/7](#), [EB146/7 Add.1](#)

The report (EB146/7) responds to the WHA72(11) decision to prepare and update menus of policy options and interventions for Member States and to address the need to prioritise early detection, as well as prevention and treatment of NCDs. The report includes a proposed set of evidence-based cost-effective interventions to promote mental health and wellbeing, and next steps towards outlining policy options to reduce the health impact of air pollution. The report also reviews progress in implementation of the [global strategy to reduce harmful use of alcohol](#) in its first decade. An additional report (EB146/7 Add.) summarises the results of a consultation on the global alcohol strategy. The EB is invited to note the report and provide further guidance.

Key Messages:

- **Strongly support the need to update the toolbox of policy options for member states and to develop recommendations for cost-effective interventions. Emphasise the urgency of implementing policy responses at national level**, including to promote mental health and wellbeing and to reduce the burden of premature death and a range of NCDs caused and exacerbated by air pollution. These interventions should be implemented to reach SDG3.4 and contribute across Agenda 2030 more broadly, including poverty reduction, (gender) equity and environmental goals.
- **Recognise multimorbidity and co-morbidity with communicable diseases and between NCDs, including mental health conditions** as a challenge to be considered in designing policy responses and UHC, and as an opportunity in addressing common risk factors and investing in affordable diagnostics, screening and early diagnosis of NCDs.
- **Mental health and wellbeing recommended interventions (Annex 1 and Appendix 1)**: Welcome further updates of the (non-exhaustive) menu of cost-effective interventions for mental health, including in the appendices of the mental health action plan 2013-2020 (now extended to 2030). Encourage governments to undertake national cost-effectiveness analyses for mental health interventions and to implement recommended interventions, whilst taking into account the rights and views of people with lived experience of mental health conditions and their carers.
- **Air pollution: development of recommended interventions (Annex 2)**: Welcome the Health-in-all-Policies approach to reducing air pollution and efforts to work in synergy across UN agencies. Call on the UN Inter-agency Taskforce on NCDs to develop investment cases for air pollution actions, also taking into account co-benefits of curbing and mitigating impacts of climate change on health, and impact on human capital (e.g. co-benefits in education and productivity). This should include consideration of fiscal measures on fossil fuels, notably removal of health-harmful subsidies. Please see for example [NCDA and FIRS \(2019\)](#). Request an indication from WHO secretariat of the timeframe for proposals to integrate

into the list of recommended interventions to prevent and control NCDs and urge the meaningful engagement of independent civil society and academic expertise, including from NCD community and people living with NCDs.

- **Evaluation of global strategy to reduce harmful use of alcohol (Annex 3 and Add. 1)**

Note with concern Annex 3 of report EB146/7, on both alcohol related harm and the likelihood of achieving WHO NCD targets by 2025 and SDG 3.4 by 2030 unless additional assertive action is taken to reduce preventable alcohol mortality and morbidity, which currently causes 3 million premature deaths every year. Half of death and disability due to alcohol is from NCDs, including cancer, cardiovascular disease, and mental health conditions. Alcohol is a carcinogen and in the context of alcohol-attributable cancer, there is no safe level of intake. Not only is the world off track to meet alcohol related NCD and SDG targets, but projections estimate a 17% increase of harmful use by 2030 rather than the necessary decrease.

Key Messages: (refer to EB146/7 Add.1)

We commend Member States for their participation in the consultation on the Global Alcohol Strategy (GAS) and way forward. Member States should call for more robust recommendations to reverse the trends in alcohol mortality and morbidity, and to dramatically reduce preventable alcohol harm. We recommend WHO and Member States recognise and respond to alcohol in the following ways:

- **The way forward requires concentrated attention through an expert working group established through EB/WHA.** A technical working group / expert committee's mandate should be to further determine ways to deliver dramatic reductions in alcohol harm by 2030, including consideration of internationally binding instruments, with reporting and recommendations to WHA via EB in 2021.
- **Request a Global Action Plan on Alcohol Harm (to earliest 2030) be developed by the WHO Secretariat:** Building on existing relevant WHO and UN strategies, commitments and recommendations, an Action Plan should incorporate a more detailed review and update of the GAS mindful of developments since 2010, opportunities, challenges, gaps and recommended priorities; Emphasise and further develop WHO evidence-based 'Best Buys' for prevention and control of NCDs, specifically those on alcohol which are the subject of the SAFER technical package; Establish a monitoring framework with reporting timeline; Include guidance and tools for UN agencies and Member States on preventing and managing alcohol industry conflict of interest and interference in policy shaping, setting and programme implementation; provide a framework for action to make inroads across all alcohol-related SDGs, in line with principles set out in the Global Action Plan for Healthy Lives and Well-being for All. A draft Action Plan should be consulted on and drafted for consideration by WHO Governing Bodies in 2021 with a view to endorsement by WHA in May 2022.
- **Request continued WHO support, and for MS to take steps to accelerate and scale activities toward dramatically reduced use of alcohol** through implementation of recommended evidence-based policy measures and related monitoring and reporting in their own countries, which are not yet sufficient to meet global targets.
- **SAFER can reinforce efforts to achieve SDG 3.4 and 3.5.** Deficiencies in GAS and slow implementation of the Best Buys through the NCD Action Plan is now supplemented with the SAFER initiative and technical package to strengthen implementation of evidence-based measures to reduce alcohol harm. WHO requires sufficient resourcing to support roll out of SAFER.
- **WHO should desist with dialogues with economic actors in the alcohol sector and provide guidance to Member States on how to identify and avoid conflicts of interest and undue influence in relation to interaction with the sector.** Given the track record of industries driving consumption of major modifiable NCD risk factors, including alcohol, of lobbying against evidence-based life-saving recommended interventions, their consistent failure in all regions to deliver sufficient public health outcomes via self-regulation, and evidence of industry-led initiatives being counterproductive distractions subverting effective measures, the WHO's bilateral engagement with the alcohol sector on health-related measures is inappropriate. We request full transparency of any such dialogues and engagements that do take place, including public record of meetings and attendance.
- **Invest in alcohol harm reduction policies and programmes: Provide adequate resources to support implementation at global, national and sub-national levels.** We call for innovative and catalytic funding

mechanisms for alcohol control and NCD prevention, and increased budget allocation by WHO to support advancing on the above recommendations and provision of technical assistance to countries.

- **Alcohol harm affects the SDG agenda beyond health and NCDs: Require a whole-of-government and whole-of-UN approach across health, society, economy and development.** Attention to alcohol should be integrated and coordinated across WHO work-programmes and departments, UN agencies in the implementation of the Global Health Action Plan for SDG3, and across government sectors. As such, discussions pertaining to alcohol should be afforded their own place on the EB and WHA agenda in 2021 governing body meetings.
- **Promoting early detection of NCDs (Annex 4):** Strengthening capacity for early diagnosis, screening and appropriate treatment is essential to rapidly reducing the burden of NCDs to reach SDG3.4 and 3.8 as late diagnosis results in higher treatment costs, catastrophic expenditures and reduced chances of successful treatment.
- The report provides a useful snapshot of current capacity in Member States and illustrates some major gaps in essential NCD interventions, which still need to be addressed under the global action plan for prevention and control of NCDs within the extended timeframe to 2030.
- Support the secretariat in developing technical packages and service delivery models to support scaling up of early diagnosis and screening.
- Ask the secretariat and regional offices to reach out to PLWNCDs for the benefit of their views and lived experience, when designing screening programmes and information systems.

Agenda item 9 – Elimination of cervical cancer [EB146/9](#)

A pathway to elimination of cervical cancer is feasible in all countries with current tools, which are cost-effective and will save millions of lives by 2030. Ultimately, the strategy is projected to avert 78 million cases via preventive programmes plus prevent 62 million deaths by providing treatment in 78 LMICs. In low income countries, \$0.40 per person per year would be needed on average to achieve elimination, and \$0.20 per person per year in lower-middle income countries. Every dollar invested in the strategy is projected to yield \$3.20 in benefits.

In follow up to decision EB144(2), the Secretariat presents a draft global strategy to accelerate the elimination of cervical cancer, including goals and targets for 2020-2030. The strategy includes HPV vaccination, screening, detection, treatment of pre-cancerous lesions and cancers, as well as palliative care. The EB is invited to consider the draft strategy, and a proposal for a Resolution, and to provide further guidance.

Key messages:

- **Support the draft strategy to accelerate cervical cancer elimination:** Wholeheartedly welcome good progress on the strategy and strong support from Member States, particularly the inclusion of the 90-70-90 targets as the basis for monitoring and evaluation, the cost-effectiveness assessment to stimulate investment. The framework is important to ensure a coherent approach to prevention and control to maximise impact for the community, empower women and young people to be proactive with regard to health.
- **Support / co-sponsor the Resolution on the strategy submitted by Member States:** noting the urgent action and investment needed to scale up interventions and requesting increased WHO support to Member States to tackle barriers to successful implementation of the strategy, prioritising support for high-burden countries and those currently at risk of being 'left behind'.
- Emphasise the needs identified in the draft strategy to **integrate cervical cancer with other health services and global health priorities**, including HIV, in the context of strengthening health systems and PHC to achieve UHC. Cervical cancer is an instructive case for integration needs of other NCDs.
- Highlight the needs to centre strategies on the needs of women and young people and particularly note the importance of **meaningful involvement of people living with NCDs** with relevant lived experience in tailoring the strategy to regional, national and local level.

Pillar 3: One billion more people enjoying better health and wellbeing

Agenda item 17 – Decade of Healthy Ageing [EB146/23](#)

The EB is asked to endorse the proposal for a Decade of Healthy Ageing 2020-2030 and to request regular progress reports to be presented to WHAs. The priorities proposed include healthy life expectancy, age-friendly cities and communities and reduction of dependence on care, and stakeholders requested that the Decade focus on improved engagement with older people, better understanding of older peoples' needs, and developing and strengthening health and long-term care- all of which is consistent with the need to urgently step up policy action and investment in the NCD response.

- **Welcome the vision for the Decade: a world where everyone can live a longer and healthier life**, and ensure action is supported by adequate resources to meet the objectives.
- **Stronger emphasis on the importance of prevention of NCDs and public health policies and programmes.** As yet, there is insufficient recognition of the major risk factors of NCDs and drivers of ill health in the proposal to ensure synergies across all pillars of GPW13 and with all agencies engaged in the SDG3 Global Health Action Plan. This recognition, particularly of commercial determinants of health (*inter alia* tobacco, unhealthy food and drink, alcohol, lack of physical activity and air pollution) and social determinants of health (particularly poverty and education), is essential when considering multisectoral action and (in)compatible partnerships with private sector actors.
- **Insist on meaningful engagement with older people, carers and communities in the development, implementation, monitoring and evaluation** of the Decade, ensuring responsiveness to lived experience in relation to each of the action areas, which can be followed up by necessary policy action.
- **Welcome the recognition of the prevalence of multiple and complex health conditions, including NCDs, in older people** and call for the development of an appropriate policy response in the framework of NCDs, UHC and PHC.

Agenda item 18 - Maternal, infant and young child nutrition [EB146/24](#)

The EB will consider a biennial report on the implementation plan on maternal, infant and young child nutrition and is invited to comment on progress; identify areas for Secretariat action in support of Member States; discuss how the Secretariat can best support Member States' preparation for the Nutrition Summit; and consider a draft decision to streamline reporting. While it is encouraging that many processes, guidelines and commitments at political levels focused on nutrition have evolved since the last biennial report, current trends worryingly indicate that nutrition targets are unlikely to be met. In particular, the child obesity target will not be met, with prevalence of obesity among children under-five now to over 40 million, almost half of whom lived in Asia and one quarter in Africa, with increasing trends in these regions. Many member states are off track with regard to breastfeeding targets.

Key Messages

- **Child malnutrition is changing:** a double burden of undernutrition and diet-related NCDs and obesity is increasingly prevalent in countries where diet-related NCDs were previously of relatively low concern.
- **Accelerate progress on targets for NCDs & SDG 2.2 on malnutrition in all its forms by implementing recommended measures to meet undernutrition *and* diet-related NCD and obesity targets.** We call on governments to take a comprehensive approach to ensure diet-related NCDs and obesity are integrated across nutrition programmes and to promote double-duty actions - where benefits are realised by multiple sectors such as health and environment concurrently. e.g. school food programmes, fiscal policies, promotion of breastfeeding.
- **Make ambitious, well-resourced SMART commitments, with improved policy coherence to tackle all forms of malnutrition ahead of the Nutrition for Growth Summit, Tokyo, December 2020.** 2020 is the mid-point in the Decade of Action on Nutrition, with 5 years until the deadline for the 2025 NCD targets including for obesity and breastfeeding, 10 years until the 2030 deadline for SDGs. The time is now for accelerated and scaled up action to ensure sustainable, healthy diets for all.

- **We commend Member States taking steps to implement legal measures to limit, eliminate and REPLACE industrially produced trans-fatty acids and introducing fiscal policies on sugar sweetened beverages.** We call on more Member States to follow these instructive examples of effective measures.
- **Protecting & promoting breastfeeding is a powerful and cost-effective double-duty policy action for governments to save lives and boost health of infants and mothers from birth.** We request reinvigoration of the Baby-friendly Hospital Initiative (BFHI), including full integration of the updated Ten Steps to Successful Breastfeeding in efforts and programmes aimed at improving quality of care for maternal, new-born and child health, as well as breastfeeding counselling per WHO guidelines. We urge Member States to adopt legal measures to strengthen implementation and monitoring of the International Code of Marketing of Breast-milk Substitutes.
- **Put children's and mothers' health ahead of commercial interests by protecting nutrition research, programmes, policies and policy development from conflict of interest and industry interference.** We request the WHO Secretariat to continue to provide and strengthen guidance on managing conflict of interest and industry interference in nutrition to Member States and other UN agencies.

Pillar 4: More effective and efficient WHO providing better support to countries

Agenda item 22.2 – WHO reform: Involvement of non-state actors in WHO's governing bodies [EB146/33](#)

The EB is requested to note a report by the Director-General and decide when a proposed new approach to non-state actor (NSA) engagement in WHO's governing bodies should be piloted. Whilst the web-based consultation with NSAs showed general dissatisfaction with current means of engagement, civil society organisations have expressed concerns regarding the proposed new approach. The Global Health Action Plan (2019) recognises community and civil society engagement as a necessary accelerator to reach SDG3, and the WHO Civil Society Task Team report (2018) recommends that WHO create more formal rules to foster more meaningful civil society participation in policy-making, including WHA, Regional Committee meetings, technical working groups and advisory committees.

Key messages:

- **Request a mixed working group to consider proposals** and impacts on different groups of NSAs, particularly civil society engagement in governance. Don't rush into piloting without broad agreement.
- **Shrinking civil society space:** between 2012-2015, sixty countries proposed laws restricting the rights of civil society organisations. In this light, it is all the more important that civil society voices are actively sought and given a platform by UN agencies, including WHO, and that governance ensures that adequate space is dedicated to these voices being heard by Member States and stakeholders.
- **Elevate the voices of people living with NCDs, young people, and marginalised populations:** It is particularly important to give a platform to people most affected by WHO decisions, including people living with NCDs and their carers. The 2018 NCD HLM Political Declaration recognised the need to amplify civil society and especially people living with NCDs (PLWNCDs), to ensure a people-centred approach to NCD prevention and control. We call on Member States to undertake well-publicised actions to include PLWNCDs, young people, and marginalised groups, such as women and indigenous peoples, throughout all stages of policy and programme development and implementation.
- **Improve engagement via timely online consultations with civil society:** For WHO to better gather civil society expertise, to increase access for civil society groups with limited resources to attend governance meetings, and to improve the relevance of civil society statements at governance meetings, we request engagement in preparation of policy and strategy documents at the outset of the process, by means of online consultation. We request advanced notice of consultation to facilitate engagement.
- **Ensure relevance of proposed informal meetings:** That WHO is considering options to ensure more meaningful dialogue between NSAs and Member States is appreciated. We emphasise that this must be an additional opportunity for interaction, additional to current participation by NSAs in WHO governing body meetings. We request clarification of the objectives of the meeting, in relation to WHO governance and further information on the strength of the mandate for Member States to send a representative to the meeting. There is little benefit in holding a forum if NSAs are not able to interact with Member State

representatives. We remain concerned about the costs of additional meetings, particularly in Geneva, being prohibitive for smaller organisers and those from LMICs and note the call in the Global Health Action Plan (2019) to agencies to minimise the transaction costs of engagement to encourage participation of civil society. We request consideration of means of online participation.

- **Constituency statements:** Constituencies must be self-selecting. Limitation to 3 civil society constituency statements is too limited to reflect the diversity of views within civil society and risks losing important expert perspectives and particularly voices of those with lived experience. Organisations should not be limited in how many statements they can submit or support. We call primarily for current practical disincentives to sign-on by multiple organisations be removed, including the name of organisations being included in the word count. We request more time to deliver statements for those with multiple signatories, to positively incentivise voluntary coordination.
- **Size of civil society delegations:** We request that the size of civil society delegations *not* be limited, as this risks excluding valuable civil society insights, particularly from lower income countries and smaller organisations.