

NCD Alliance Advocacy Briefing

Resumed 73rd World Health Assembly, 9-14 November 2020

This briefing note provides background and key advocacy messages on the NCD Alliance's key priorities for the resumed 73rd session of the World Health Assembly (WHA73). The opening session of WHA73 was hosted in a virtual format and suspended due to the COVID-19 pandemic. The remaining WHA73 agenda items will be discussed at the resumed session in November, which will also be held virtually. A full list of documents, together with updated timetables for each day, can be found [here](#). This note deals with key NCD-relevant items in the order of the WHA agenda.

The first session of WHA73 in May 2020 was devoted primarily to the response to COVID-19. **Resolution [WHA73.1](#) on COVID-19 response** was negotiated and adopted, which includes references to NCDs in the context of the uninterrupted and safe provision of population- and individual-level health services.

In between the sessions of WHA73, the **UN General Assembly** also adopted an omnibus resolution titled **Comprehensive and coordinated response to the coronavirus disease (COVID-19) pandemic ([A/74/L.92](#))**, which further strengthens governments' commitments to NCDs and engagement of civil society in the pandemic response.

n.b. Several NCD-relevant agenda items for WHA73 have been concluded via silence procedure (meaning no objections to adoption received in writing from Missions in Geneva) between the two sessions of WHA73. These items will not be further discussed at the resumed WHA73 in November:

- **11.3 Global vaccine action plan: Immunization Agenda 2030.** Documents [A73/4](#), [A73/4 Add.1](#), [A73/6](#) and [A73/7](#). DG's Report noted, Decision [WHA73\(9\)](#) on strengthening global immunization efforts to leave no-one behind adopted.
- **11.4 Global Strategy for the elimination of cervical cancer as a global public health problem.** Documents [A73/4](#), [A73/4 Add.1](#) and EB146/2020/REC/1. **Resolution [WHA73.2](#) adopted** which confirms the global strategy and its associated goals and targets for the period 2020–2030.
- **11.5 Ending tuberculosis.** Documents [A73/4](#), [A73/4 Add.1](#) and EB146/2020/REC/. Resolution [WHA73.3](#) adopted.
- **11.7 Integrated, people-centred eye care, including preventable blindness and impaired vision** Documents [A73/4](#) , [A73/4 Add.1](#) and EB146/2020/REC/1. **Resolution [WHA73.4](#) adopted.**
- **11.9 Global strategy and plan of action on public health, innovation and intellectual property.** Documents [A73/4](#), [A73/4 Add.1](#) and EB146/2020/REC/1. Decision [WHA73\(11\)](#) adopted.
- **15.1 Decade of Healthy Ageing.** Decision [WHA\(12\)](#) adopted, which endorses the proposal for a Decade of Healthy Ageing 2020–2030.

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

Agenda item 11.1 Primary health care (Document [A73/4](#))

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, submitted for consideration by WHA73. The draft operational framework includes 14 levers needed to translate global

commitments into actions and interventions to accelerate progress on PHC. However, the framework does not well reflect the necessity of meaningful engagement of people with lived experience, nor the inclusion of health promotion and prevention in PHC, and particularly overlooks the importance of essential nutrition services.

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.
- **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.
- **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.
- **Reflect the importance of nutrition in the PHC framework**, referring to [WHO Essential Nutrition Actions \[EN\]](#) (2019) and the WHO guidance on [Nutrition in Universal Health Coverage](#) (2019) to be included as guidance to mainstream nutrition in PHC.

11.2 Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues:

• **Universal health coverage: moving together to build a healthier world ([A73/4](#))**

The report (drafted pre-COVID-19) 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. No WHA73 decision requested.

Key Messages:

- **Strengthen health systems to respond to the increasing burden of NCDs and co-morbidities - including COVID-19 - 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 COVID-19, 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.

- **Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases ([A73/5](#))**

The Director-General will report in full to *EB148 and WHA74 in 2021*. No decision is requested from WHA73.

Key Messages:

We encourage Member States to emphasise the disproportionate impact of the COVID-19 pandemic on people living with NCDs (PLWNCDS) and the need to urgently step up policy action and investment in NCD prevention and care, for both recovery and future preparedness and health security. COVID-19 has been recognised as a 'syndemic' with NCDs and inequality, with PLWNCDS at higher risk of worse outcomes of COVID-19, and major disruption of NCD care in almost all countries worldwide, which will multiply the toll of the virus itself. Please see [NCDA briefing note](#) on impact of COVID-19 on people living with NCDs and [WHO assessment of NCD care](#) and [mental health care disruptions](#). Please also refer to [UNGA omnibus resolution](#), with particular reference to NCDs and inclusion of people with lived experience in COVID-19 recovery and response plans.

- **Strongly support the need to update the toolbox of policy options for Member States and to develop recommendations for cost-effective interventions. Emphasise the increased urgency of implementing policy responses at national level, to recover from COVID-19 and increase future health security and preparedness**, 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 - including COVID-19 - 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:** 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:** 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**

EB146 in early 2020 tasked the WHO Secretariat with developing a Global Action Plan for adoption by 2022, in recognition of the need to build on the Global Alcohol Strategy. Assertive action is urgently needed 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 decrease that governments are committed to.

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:

● **Support the development of an ambitious and effective Global Action Plan on Alcohol Harm (to earliest 2030) by the WHO Secretariat:** Building on existing relevant WHO and UN strategies, commitments and recommendations, the 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.

● **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 of the SAFER technical package 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.

● **The alcohol industry has fundamentally conflicted interests in regard to alcohol policy and as such national or global governance and policy making must be protected from their influence.** This has most recently been documented in two reports co-published by NCD Alliance, [Signalling Virtue Promoting Harm, Unhealthy commodity industries and COVID-19](#) and [The Alcohol Industry's Commercial and Political Activities in Latin America and the Caribbean](#). We urge Member States to put measures in place to protect health and development policy from harmful commercial interests, and to request the WHO Secretariat to provide formal Conflict of Interest guidance to support Member States and UN agencies.

● **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.

11.6 Epilepsy and Neurology ([A73/5](#)): Proposed resolution on Global Action on Epilepsy and Its Synergies with Other Neurological Disorders

EB146 in February 2020 adopted Decision on Epilepsy [B146\(8\)](#) with support from more than 80 Member States and co-sponsorship by 37 countries. The Decision is followed up by a proposed Resolution on epilepsy and other neurological disorders for consideration by the 73rd WHA. Proposed by the Russian Federation, the draft resolution has been presented for negotiations to member states in September and will be proposed for adoption at WHA73 in November.

The draft resolution recognises that neurological disorders including epilepsy are the leading cause of disability and the second leading cause of death worldwide, which have disproportionate impacts on people living in low and middle income countries. The text and scope of the resolution is still in negotiation, but it is expected to call for a 10-year Intersectoral Global Action Plan on Epilepsy and other Neurological Disorders.

Key messages:

- **Support the draft resolution, ensuring the scope includes other neurological disorders, leaving no one behind.** Recognising the initial focus on epilepsy, future alignment is needed across neurological disorders to allow for replication of solutions and best practices in the coming years. This could form the basis of an overarching strategy on Neurological and Neurodevelopment Disorders for the Brain Health Unit at WHO; mapping out implementable, priority actions in the field of neurology over a 10-15 year period.

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

15.2 Maternal, infant and young child nutrition (A73/4)

Exploitative digital marketing of infant formula appears to have dramatically increased during the COVID-19 pandemic, in contravention of the International Code of Marketing of Breastmilk Substitutes. As documented in [the Lancet](#), Baby Milk Action and the International Baby Food Action Network have identified numerous infringements of both the Code and laws associated with COVID-19. In addition, the [report 'Signalling Virtue, Promoting Harm'](#) by NCD Alliance and the Spectrum consortium (Sept 2020) also includes several examples of the industry leveraging the pandemic and putting maternal and child health at risk..

In response, an important draft resolution is in preparation by Member States, calling for increased protection of infant and young child nutrition, which is critical for safeguarding breastfeeding and to ensure accountability for nutrition, including for continued implementation of International Code of Marketing of Breastmilk Substitutes. The resolution will request WHO to take much-needed action on digital marketing of breastmilk substitutes and request the continuation of biennial reporting requirements on Maternal, Infant and Young Child Nutrition at the World Health Assembly until 2030. It is important for Member States to clearly request that regular reporting continues to be required.

The WHA will also consider a biennial report on the implementation plan on maternal, infant and young child nutrition and is invited to identify areas for Secretariat action in support of Member States; discuss how the Secretariat can best support Member States' preparation for the Nutrition Summit (rescheduled to Dec 2021); and consider a decision to reduce reporting. Current trends 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

- We encourage Member States to **co-sponsor and strongly support the proposed resolution calling for increased protection of infant and young child nutrition, including continuation of biennial reporting**, which is urgently necessary in response to threats to undermine action on maternal, infant and young child nutrition commitments and the health-harmful practices of breastmilk substitute producers during the pandemic.
 - **We ask Member States to demonstrate from their own experience that 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 through a year of commitments for nutrition including through the 2021 Food Systems Summit, and the Nutrition for Growth Summit, Tokyo, December 2021.** 2020 is the mid-point in the Decade of Action on Nutrition, with 5 years until the deadline for the 2025 NCD and nutrition targets including for obesity and breastfeeding, and 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.

● **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.

● **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.