

NCD Alliance Advocacy Briefing

148th Session of WHO Executive Board, 18-26 January 2021

This briefing note provides background and key advocacy messages on the NCD Alliance's key priorities for the 148th session of the WHO Executive Board (EB148) in January 2021. The EB will take place in a virtual format due to the COVID-19 pandemic. 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 provisional agenda of EB148.

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

Agenda item 6: Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (Documents [EB148/7](#), [EB148/7 Add.1](#) and [EB148/7 Add.2](#).)

The report is the first annual consolidated report from the Director-General on progress achieved in the prevention and control of NCDs and the promotion of mental health. The report notes that "Over the last 20 years, NCDs have changed the world". Indeed, 7 of the top 10 causes of premature death worldwide are now NCDs. shows wholly inadequate progress worldwide on prevention and control of NCDs. The vast majority of countries are not on track to meet the 2025 targets for NCDs, [nor the 2030 target SDG3.4](#). It is particularly noteworthy that the risk of premature mortality from diabetes has *increased* by 5% since 2000, with a staggering 70% increase in premature diabetes mortality worldwide over the last 20 years. Increased diabetes prevalence and deaths is closely related to skyrocketing rates of obesity worldwide for both adults and children. Alarming, global consumption of alcohol is projected to increase. Air pollution is recognised as a major global cause of NCDs, and 90% of the global population live in areas with unsafe levels of air pollution. There has been almost no progress on inclusion of NCDs in UHC since 2000.

The report outlines the impacts of the pandemic on people living with NCDs (PLWNCDs) and mental health, which do not yet appear in the figures presented in the report. However, the impacts are likely to set progress back significantly, due to disproportionate impacts on PLWNCDs who are at significantly higher risk (e.g. diabetes, hypertension, kidney disease, obesity, people who are immunosuppressed due to health conditions or treatment, and people living in residential care); due to significantly delayed and disrupted NCD services; and due to increased exposure to major risk factors during the pandemic (e.g. alcohol, unhealthy food, lack of physical activity, tobacco, mental health stressors.) WHO is currently working on a forecast of the impact of disrupted NCD care on premature deaths of PLWNCDs - we appreciate their vital work in this area.

The report notes that "NCDs remain the largest, most internationally-underfunded public health issue globally, where most lives could be saved or improved."

The DG's consolidated report includes ten annexes and 2 appendices reporting on implementation of NCD-relevant resolutions, action plans and strategies:

Annex 1: Reporting on implementation of cancer resolution. To note.

NCD Alliance welcomes the progress WHO has made to date in fulfilling its obligations as laid out in WHA70.12(2017) and its close working relationships with key partners including IARC, IAEA and civil society. We highlight that

7.3 million lives could be saved by 2030 if Member States appropriately develop and invest in cancer prevention and care services and that every US\$1 invested in cancer control yields a full social return of US\$9.50 (based on direct productivity and societal gains).

For the resolution WHA70.12(2017) to be a success, we urge Member States to:

- *Use the resources developed by WHO and partners, particularly as they look to build back better after COVID-19 as there have been significant disruptions to cancer services which have threatened the lives of cancer patients worldwide.*
- *Capitalise on the guidance and support offered as part of the cancer resolution, cervical cancer elimination and childhood cancer initiatives to build momentum nationally. These programmes are relevant across the income spectrum, and the capacity to deliver core services at scale are key indicators of the strength, effectiveness and equity of health systems.*
- *Ensure the integration of cancer services into health systems as part of the COVID-19 recovery and the progressive realisation of UHC.*
- *Call on WHO secretariat to more meaningfully include people living with cancer in efforts to prevent, identify and address cancer prevention and control and support Member States to do the same.*

Annex 2: Physical activity. To note

Note WHO's commendable activities to strengthen technical support and guidance on promotion of physical activity for all populations. Yet we also note still insufficient levels of physical activity to protect and promote health across all age groups in most countries. We commend member states who have increasingly taken steps to support more active societies, however particularly note the impact of COVID-19 responses on physical activity and sedentary behaviour.

We urge Member States to

- prioritise and invest in physical activity monitoring, research and promotion across the lifecourse.
- ensure that COVID-19 response policies and 'build back better' strategies optimise opportunities for safe physical activity, else risk further dire chronic health consequences the longer term.
- take an integrated approach to supporting physical activity in communities, with many multiple-wins possible when joined up and coherent measures are embraced such as through urban design and active transport policies.

Annex 3: Nutrition: Biennial report on the implementation of the commitments made in the Rome Declaration on Nutrition, adopted at the Second International Conference on Nutrition (2014)

The report again highlights that despite traction in some areas, progress to end, halt or reverse the rise in all forms of malnutrition including diet related NCDs, obesity and diabetes, is off track and targets are unlikely to be met.

We commend WHO's leadership through the UN Decade of Action on Nutrition & related initiatives. However Member State policy responses to obesity & diet-related NCDs, such as with evidence based & effective Best Buys, are inadequately prioritised, implemented & resourced.

We are disturbed by the impact of COVID-19 on healthy diets & health outcomes for those living with NCDs & obesity, especially in low income & vulnerable populations. Long-neglected effective evidence based measures can reduce diet-related NCDs and obesity, which have been contributing to more severe outcomes for some contracting coronavirus. Meanwhile, we the responses of unhealthy food and beverage industries seeking to

leverage the pandemic has been alarming, and has affirmed the need for a mechanism similar to FCTC Article 5.3 preventing tobacco industry interference, for application to other commodity dietary risk factors of NCDs.

We urge Member States to:

- Accelerate efforts to develop & implement diet-related NCD policies particularly the NCD Best Buys, with a particular focus on efficient double duty actions which integrate evidence based measures to tackle multiple forms of malnutrition synergistically, such as food procurement standards, healthy school food programmes, healthy food procurement policies per WHO's new framework, fiscal policies combining taxes and healthy food subsidies, front of pack labelling, and promotion and protection of breastfeeding.
- Raise & allocate adequate resources to develop & implement policies to promote healthy diets & address overweight & obesity through domestic & donor funding sources.
- Include diet-related NCD policy in COVID-19 pandemic responses.
- Recognise and address actions by the food and beverage industry that undermine health. WHO should strengthen guidance on protecting health promoting policies, (especially those benefiting children) from conflict of interest in order to support implementation & enforcement.
- Engage civil society to help strengthen action networks & monitor progress towards NCD & malnutrition targets.

The UN Food Systems & Nutrition for Growth Summits provide vital opportunities to accelerate efforts to secure healthy diets for all. We urge all stakeholders to urgently scale up SMART actions & ensure no one is left behind with any form of malnutrition.

Annex 4: Air pollution. To note.

Air pollution has been recognised as a major NCD risk factor, as of the 3rd High Level Meeting of the UNGA on NCDs in 2018. The annex summarises progress in addressing health impacts of air pollution. WHO is preparing an update of the Air Quality Guidelines and has been working to update tools to assess health and economic impacts of air pollution and policy responses. Development of recommended policy interventions has however been repeatedly delayed.

- *We call on member states to increase resources to WHO to increase capacity to respond to air pollution, noting that 90% of people worldwide live in areas with unsafe levels of air pollution, putting them at risk of multiple NCDs, and a strong socio-economic gradient in exposure to air pollution both within and between countries exacerbating health inequalities.*
- *We call on WHO and member states to move ahead rapidly with recommendations for effective policy interventions to reduce exposure to both indoor and outdoor air pollution.*
- *We call on WHO and partners in the Interagency Taskforce on NCDs to step up technical support to countries to meet demand, including investment cases to support urgent policy action to tackle air pollution.*

Annex 5: Mental health

WHA74 will be invited to consider and adopt the updates proposed in Annex 5 to the appendices of WHO's comprehensive mental health action plan 2013–2030.

We encourage EB members to support the proposed objectives as a minimum and strongly support the clear focus on human rights and law. NCDCA calls on Member States to meaningfully involve people with lived experience of mental health conditions in development and monitoring of mental health services. We encourage Member States to monitor and submit WHO data on the proposed updated Appendix 1 (voluntary)

indicators. Reiterate that mental health and social care, as with other NCD prevention and care services, should be fully integrated into UHC packages.

Annex 6: Health literacy. Process to provide guidance. To note.

Annex 7: Analysis of successful approaches to multisectoral action for prevention and control of NCDs. Process to review international experiences. To note.

This annex outlines the process for a (delayed) WHO review of international experiences and analyse successful approaches to multisectoral action. Approaches that address social, economic and environmental drivers of NCDs would also be covered:

In 2022, WHO will launch a publicly-accessible NCD multisectoral action repository. It will support governments to draw attention to national or local multi sectoral projects and especially best practices. WHO will also launch a first stocktaking report, including examples submitted by governments, to be updated annually based on submissions to the repository. Governments will be able update submissions on a continuous basis and those who seek to extend their networks or replicate best practices would be able to do so by contacting project owners directly in other countries. In 2023, WHO will submit an analysis of successful approaches to EB150.

- *NCDCA welcomes the proposed call for examples of successful approaches to multisectoral action on NCDs, recognizing multisectoral approaches as a key strategy “to implement health-in-all-policies and whole-of government and whole-of-society approaches, and to monitor and act on the determinants of NCDs, including social, and environmental determinants”. [Resolution A/RES68/300](#).*
- *We ask that examples of best practices submitted by governments incorporate the views and voices of civil society and people living with NCDs, and that provision should be made for them to be included as project owners to be contacted for further discussions.*
- *We urge that reporting on multisectoral action for the prevention and control of NCDs be retained as an agenda item at the EB and WHA until 2025, and a major part of the commemoration of the 10th anniversary of the SDGs.*

Annex 8: School food best practices and guidance. To note.

Annex 9: People living with NCDs in emergencies. Process to provide guidance. To note.

We ask Member States to reiterate that NCDs are a growing issue in humanitarian settings. In 2017, NCDs accounted for between 24% - 68% of mortality in the top five source countries for refugees and people living with NCDs have an excess in morbidity and mortality related to their NCDs during emergencies and disasters.

Annex 10: Update on work of the UN Inter-Agency Taskforce on NCDs

The Taskforce coordinates action across the UN to support countries to achieve the SDGs related to NCDs via high-quality technical support for multisectoral action in countries. 12 UN organizations have published briefs on NCDs. The [report of the DG on the Task Force](#), submitted to the United Nations Economic and Social Council (ECOSOC) in March 2020 included updates on achievements.

In line with [ECOSOC resolution](#) which encouraged establishment of an NCD and mental health multi-partner trust fund, the Task Force Secretariat has drafted terms of reference with the UN Multi-Partner Trust Fund

Office as the administrative agent. The trust fund will support low- and middle-income countries accessing catalytic resources to tackle NCDs, as part of their national COVID-19 response and recovery plans.

Members of the Task Force continue to deliver joint programmes to support countries in advancing action on NCDs and are aligning activities with the United Nations' comprehensive response to COVID-19.

- *NCDA commends the efforts in ensuring coordinated action to support governments to take action on NCDs. The work of the Taskforce has become even more relevant in the light of the COVID-19 pandemic and its impact on people living with NCDs.*
- *We urge governments to prioritize the prevention and control of NCDs and mobilize resources for NCDs and mental health, including through the new multi-partner trust fund for NCDs and mental health.*
- *Call for an increased role for civil society and people living with NCDs in joint programming missions, joint programmes and initiatives of the Task Force, for which we offer our continued support.*

Appendix 1: Mid-term evaluation of WHO Global Action Plan for the prevention and control of NCDs 2013–2020 [extended to 2030] (Document - Executive summary of mid-term evaluation)

The heavily delayed mid-term evaluation of the Global Action Plan was undertaken during 2020 - due to be the expiry date of the original plan. However, as the duration of the plan has now been extended to 2030 by WHA72, conclusions of the evaluation can still be instructive for the coming years. The NCD Alliance CEO was included in the evaluation advisory group.

- *As the NCD-GAP centres on achievement of the nine voluntary global targets (including a 25% relative reduction in premature mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases by 2025), it is particularly disappointing that the evaluation does not focus sufficiently strongly on the lack of progress towards the targets and the 25 health outcome indicators within the global monitoring framework. This concern was raised by independent stakeholders in the advisory process.*
- *It is particularly important, at the end of the original timeframe of the action plan, to check progress against intended outcomes and impact. WHO reporting and the NCD Countdown 2030 collaboration makes painfully clear that the 2025 targets will be missed, with only a very small number of countries currently on track to meet the subsequent SDG3.4 target on NCDs for 2030. This evaluation is a missed opportunity. It should be a pivotal moment to recognise where the action plan is not delivering sufficient progress and to change course, ahead of 2025.*
- *The [NCD Countdown 2030 report](#) of September 2020 demonstrates that all countries can still feasibly meet the 2030 SDG3.4 target to reduce premature mortality from the 4 major NCDs by one-third, if they rapidly deploy tailored packages of policy measures to prevent and treat NCDs. Governments and WHO must not delay any further in recognising the lack of progress asking tough questions as to why the NCD action plan will fail to deliver the 2025 targets.*
- *The evaluation did not seek to cover strategic issues. It would be important for Member States to call on WHO to reflect on strategic issues as a matter of utmost urgency.*
- *The evaluation was not asked to consider the shift from '4x4' to '5x5' so does not address how to include mental health and air pollution as major considerations in the future NCD response. Member States should request WHO to redress this and consider how best to align and ensure synergies with recent WHA decisions, strategies and action plans on NCDs: Cervical Cancer, Epilepsy and Neurology, Eye Health, Oral Health, Childhood Cancer, etc. into the strategic framework for 2030.*

- *The evaluation correctly notes that lack of resources globally is a major barrier to progress on NCD prevention and care. Whilst NCDs are the major cause of premature death and disability worldwide, this is in stark contrast to NCDs being the focus of less than 2% of development assistance for health, equating to far less than US\$1 per DALY, and a tiny fraction of the funding devoted to other global health priorities (HIV, TB, RMNCH). It is insufficiently recognised that people and health conditions do not exist in these programmatic funding siloes and that risk factors cut across communicable and NCDs: e.g. HIV commonly co-occurs with cardiovascular conditions as well as HPV/cervical cancer, there is a bi-directional relationship between diabetes and TB. It is estimated that up to 95% of people living with NCDs also have at least one other chronic health condition. We urge Member States to raise this fundamental mismatch and limitations of the siloed approach in whole-of-government discussions and with global health funding bodies, agencies, and philanthropies.*
- *It is useful to note (lack of) progress on policy implementation to achieve health-promoting environments, to explain the lack of progress towards the 2025/2030 targets. We ask Member States to call for a follow-up study to draw these important strategic conclusions to guide the next phase of the action plan implementation.*
- *With the exception of the lack of resources available at international level, the evaluation does not identify the key barriers to NCD progress over the course of the NCD-GAP 2013-2020. We agree that the potential of civil society and expertise of people living with NCDs has not been sufficiently engaged to date. We call on Member States to identify these barriers, make proposals for stronger, formal engagement of civil society and PLWNCDs, and call on WHO to develop clearer guidance on identifying, managing and mitigating conflicts of interest in multisectoral engagements.*
- *The evaluation implies that progress in tobacco control is sufficient - this is by far not the case and is a dangerously misleading message. Member States must not let up on action on tobacco as a killer of over 7 million people every year. More action and investment is also needed on tobacco control, implementation of proven cost-effective policies and support for the Framework Convention on Tobacco Control, its Secretariat and the Conference of Parties.*
- *NCDA looks forward to working with Member States on how the recommendations of the evaluation can be strengthened and taken forward, with the required urgency to achieve progress ahead of 2025 and to meet the 2030 target SDG3.4.*

Appendix 2: Final evaluation of the global coordination mechanism on the prevention and control of noncommunicable diseases

The final evaluation of the GCM built on the preliminary evaluation conducted in 2017 and was based on responses to 4 questions on the relevance of the work of the GCM/NCD, its effectiveness, the most important factors for the successful or failed delivery of the GCM/NCD work plan and the role of WHO in the implementation of the work plans of the GCM/NCD.

The 5 functions/objectives of the mechanism are as follows:

- advocating for and raising awareness of the urgency of implementing the NCD-GAP;
- disseminating knowledge and sharing information based on scientific evidence and/or best practices regarding the implementation of the NCD-GAP;

- encouraging innovation and identifying barriers by providing a forum to identify barriers and share innovative solutions and actions for the implementation of the NCD-GAP;
- advancing multisectoral action by identifying and promoting sustained actions across sectors that can contribute to and support the implementation of the NCD-GAP;
- advocating for the mobilization of resources by identifying and sharing information on existing and potential sources of finance and cooperation mechanisms at the local, national, regional and global levels for the implementation of the NCD-GAP.

The process: The evaluation of the GCM/NCD was conducted concurrently the mid-point evaluation of the NCD-GAP. 16 Member States and 18 organizations in official relations with WHO responded to the questions on the GCM/NCD. Key informant interviews were also organized with 46 key stakeholders such as Member State representatives who had leading roles in GCM processes, United Nations agencies, academia, civil society organizations, private sector associations, other development partners and WHO staff.

Overview of results: The survey results showed a clear agreement that the overall purpose and functions of the GCM/NCD continue to be relevant, and noted that the specification of the functions could be improved by tailoring them to the different needs and gaps identified at the global, regional and country levels.

Key recommendations from the GCM evaluation:

- *The functions originally envisaged for the GCM/NCD remain valid and relevant to the NCD-GAP, the Thirteenth General Programme of Work, 2019–2023 and the Sustainable Development Goal targets to 2030. However, going forward, it is clear that the status quo is not an option. The GCM/NCD must ensure:*
- *A strengthened, more focused approach to delivery of the vital functions currently assigned to the GCM/NCD;*
- *To discontinue the mechanism, and establish a new operating model within WHO to ensure the functions are effectively carried forward. This could involve the functions of the GCM/NCD and its external engagement/linkage dimensions being undertaken either by the Global NCD Platform, one of the NCD technical departments or the Health and Multilateral Partnerships Department.*

Additional recommendations: WHO should

- *Develop a medium-term strategic plan with clear allocation of responsibility for the delivery of the five functions in synergy with the broader WHO strategy for implementing the NCD-GAP*
- *Enhance the country reach of WHO's work in delivering the five functions, with a particular focus on reaching national NCD focal points and country stakeholders.*
- *Formulate a clear engagement strategy with all stakeholders, We ask Member States to request that this includes guidance on how to identify, manage and mitigate conflict of interest from health-harming commodity industries including alcohol and ultra-processed food.*
- *Take steps to rationalize approaches to resource mobilization for NCD-related efforts within WHO and among Member States.*

The Russian Federation has proposed the following decisions:

Following up on the mid-point evaluation of the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2030 [extended from 2020] and in consultation with Member States, the decision would invite

WHO to make recommendations to reorient parts of the WHO Global NCD Action Plan 2013-2020, and submit an updated draft plan to the Seventy-fifth World Health Assembly in 2022. In addition, develop an options paper for the future of the WHO Global Coordination Mechanism, in response to the recommendations of the final evaluation of the GCM, in consultation with Member States. Submit a report to the Seventy-fourth World Health Assembly in 2021.

A separate Decision under item 6 is proposed to invite Member States to develop a Resolution for WHA74 (May 2021) to address diabetes as a public health problem as part of UHC. Noting: that diabetes is now in global Top 10 leading causes of death worldwide; deaths from diabetes have increased by 70% (80% for men) worldwide since 2000; the probability of dying from diabetes between the ages of 30 and 70 increased by 5% between 2000 and 2016 and that people living with diabetes are at higher risk from COVID-19. Globally, all regions are off track against the Global NCD target to halt the rise of diabetes by 2025, as adopted in 2013.

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.

- **Support the proposed decisions**, with addition of consultation of civil society and people living with NCDs. Call on WHO and Member States to include NCD prevention and control in security, preparedness and response.
- **Request Member States to work together to develop WHA74 Resolution on diabetes** including screening, diagnosis, care and type 2 diabetes prevention, including access to insulin and necessary devices and diagnostics. Include clear provisions on inclusion of PLWNCDs in decision-making at all levels. A forthcoming Cochrane review from WHO confirms obesity, a key risk factor for type 2 diabetes, is an independent prognostic factor in COVID-19 and patients are at increased risk of all adverse outcomes. Member States have an opportunity in a diabetes resolution to request global action on obesity, in both the context of COVID-19 and the Global Diabetes Compact.¹
- **Mid-point evaluation of the Global NCD Action Plan: 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.
- **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.

¹ NCDA member World Obesity Federation is working with WHO and interested Member States to advance action on obesity in the wake of COVID-19. A consultation to discuss a potential resolution on obesity is planned for Feb 2021.

- **Oral health (Document [EB148/8](#) and proposed resolution)**

Additional point under item 6, proposed for inclusion by Sri Lanka. At the recommendation of the Executive Board, the report outlines the challenges to global public health posed by oral diseases, recent oral health activities of the Secretariat, and proposes actions towards better oral health by 2030 as part of the work on NCDs, UHC and the SDG agenda. The Board is invited to note the report, consider a draft resolution and provide guidance on the way forward.

The draft resolution, proposed by Sri Lanka, calls for a global strategy, action plan including 2030 targets, development of technical guidance on dental services and 'best buys' on oral health.

Key messages:

- NCDs and members strongly welcome the DG's report and the proposed resolution to increase political focus on oral health, noting shared risk factors (inter alia sugar, alcohol, tobacco consumption), a strong socio-economic gradient reflecting health inequalities from an early age, and comorbidities with other NCD conditions, such as head and neck cancers, type 2 diabetes, obesity and other diet-related NCDs, and major inequalities in access to oral health care. We particularly welcome the emphasis on prevention measures in the report and reiterate the untapped potential to prevent both oral health conditions and other NCDs with shared risk factors.
- Member States are encouraged to adopt the proposed resolution and to step up political commitment and action on oral health, recognising the widespread impact of oral diseases and high out-of-pocket expenditures, globally and in particular in low- and middle-income countries and amongst marginalized populations.
- Member States are urged to take action on common risk factors, shared by other NCDs, including sugar, tobacco and alcohol consumption and underlying social and commercial determinants. These can be a basis for integrated strategies for prevention and control, noting that current WHO NCD 'Best Buys' in relation to tobacco, alcohol and diet are beneficial to oral health.
- With regard to the draft resolution, Member States are requested to emphasise the importance of dental research to strengthen the evidence-base for oral disease prevention and oral health promotion, including research into associations between oral diseases and other diseases. Member States are also asked to consider inclusion of cleft lip and palate as the second most common birth defect worldwide, and to consider recommending community-based methods for improved delivery of fluoride, i.e. community water fluoridation (as per resolution WHA60.17).
- Member States are urged to act on resolution WHA60.17, the 2011 Political Declaration of the first UN HLM on the Prevention and Control of Non-communicable Diseases, 2017 Minamata Convention on Mercury and Political Declaration of the 2019 UN HLM on UHC. In particular, Member States should:
 - Meaningfully engage people living with oral disease, oral health professionals and civil society organisations in planning, development, monitoring and evaluation of oral health care services.
 - Recognise that oral health conditions are estimated to affect 3.5 billion people worldwide, and integrate oral health into country level NCD strategies and legislation, focusing on shared risk factors such as tobacco and harmful alcohol use, unhealthy diets and poor hygiene through

measures to limit on availability, affordability and accessibility of unhealthy commodities, including taxation, and strengthening of health-promoting environments.

- Integrate NCDs, including oral health, into UHC programmes and primary health care to provide populations equitable access to oral health care including essential medical consumables, medication and equipment/supplies, financial protection against out-of-pocket health expenditure and orientation of the oral health workforce to ensure integrated, people-centered health services. This must include sufficient oral health budgets and improved oral health surveillance, data collection and monitoring.
- Integrate oral health, as well as other NCDs, into health and development priorities and programmes, including maternal, child and adolescent health, nutrition, education programmes, and healthy aging, to maximise potential for preventive action and equitable access to care for both oral health conditions and related NCDs / comorbidities.

Agenda item 7: Expanding access to effective treatments for cancer and rare and orphan diseases, including medicines, vaccines, medical devices, diagnostics, assistive products, cell- and gene-based therapies and other health technologies; and improving the transparency of markets for medicines, vaccines and other health products (Document [EB148/9](#))

At the recommendation of the EB in 2019 and following resolutions WHA70.12 (2017) and WHA72.8 (2019), the progress report includes access to health products for rare and orphan diseases. The Board will be invited to note the progress made and to provide further guidance on optimizing access to cell- and gene-based therapeutics and other health products for rare and orphan diseases.

The report includes regional updates undertaken by the WHO to increase transparency (such as information exchange platforms in EURO and EMRO, and work to explore legislative barriers to transparency in EURO and PAHO) and renewed support for the continuation of the fair pricing forum as a platform to continue discussions and collaborative work on the topic.

Key Messages:

- Welcome the report as a next step in improving access to essential treatments for people living with cancer and other NCDs.
- Welcome recognition of the Fair Pricing Forum and encourage its further promotion and political commitment to carry forward discussions. Member States are strongly encouraged to call for inclusion of people living with NCDs in the 2021 Fair Pricing Forum as well as any regional or country level discussions on pricing transparency.
- Member States are strongly encouraged to use the MedsPaL database and engage in pricing transparency discussions as a method to reduce out-of-pocket payments for people living with NCDs.
- Welcome the increased awareness and use of patent databases in order to build capacity for the proper implementation of intellectual property laws in line with TRIPS and that make sure of its flexibilities to improve access. We encourage WHO and Member States to engage with organisations including Medicines Patent Pool to disseminate information on the status of patents and licenses.
- Encourage WHO to expand pre-qualification lists to support Member States in improving access and affordability of medicines.
- Recognise that work to improve access to essential treatments should be holistic and Member States should also consider the rational selection and procurement of essential diagnostics and assistive

products based on national needs. To support this we encourage WHO to harmonise the essential medicines and essential diagnostics lists.

- Support the principle of transparency as part of good governance and the sharing of information. We recognise that we still need more data on which specific actions lead to better access and would encourage Member States to utilise the policy options contained in [WHO's 2018 Technical report pricing of cancer medicines and its impacts](#).
- While price transparency is one aspect of improving access, focus also needs to stay on other important aspects of improving health infrastructure and optimal use of health expenditure, policies to increase the uptake of quality assured generics and biosimilars, capacity building for local manufacturers and support to facilitate the transfer of technologies.
- Encourage Member States to engage non-government organisations as a key partner in taking these actions forwards, recognising the additional skills, expertise and resources which many NGOs are keen to contribute to national efforts to improve access to essential medicines, technologies and vaccines to prevent and treat cancer and other NCDs.

A draft resolution, “Strengthening Local Production of Medicines and Other Health Technologies to Improve Access”, is proposed by Ethiopia. This resolution notes the challenges Member States face in promoting sustainable local production of quality, safe, effective and affordable medicines and other health technologies to benefit public health and health security. It urges Member States and WHO to strengthen local, regional and global policies and mechanisms to promote quality and sustainable local production of medicines and health technologies.

Key Messages:

- Welcome the proposed resolution to support local production of medicines and health technologies, where appropriate based on the national context, and call upon Member States to support the resolution. People living with NCDs require access to quality essential medicines and health technologies. However marginalised populations and those living in low- and middle- income countries currently experience difficulties in accessing safe, appropriate essential medicines and health technologies. Those that do source such products often experience large out-of-pocket payments.²
- Endorse the call to use holistic approaches to strengthening local production including South-South and North-South development cooperation, partnerships and networks, establishment of national/regional pooled funds and incentives as well as call for enhanced inter-ministerial policy coherence.
- The text needs to be strengthened related to Member States’ technical ability and regulatory (legal) standards as the foundation for these efforts. Member States are requested to more strongly emphasise the pivotal role of regulatory frameworks alongside the development of evidence-based holistic national policies, strategies and plans of action to ensure safe, quality and sustainable local production. Support for development and monitoring of national regulatory frameworks could also be provided by subregional, regional and global networks.
 - WHO has developed [guidance](#) and also a [global benchmarking tool](#).
- Member states should include text to
 - Ensure that medicines are quality-assured and follow GMP (Good Manufacturing Practices (GMP), which is a system for ensuring that products are consistently produced and controlled according to quality standards.)

²<https://ncdalliance.org/resources/protecting-everyone-integration-of-noncommunicable-diseases-into-universal-health-coverage-in-the-era-of-covid-195>

- Address the problem of substandard medicines
- Address problems related to supply chains. Local production will be susceptible to supply chain constraints which are not yet considered in the zero draft.
- Address the need to strengthen national research as part of the holistic approach to strengthening local production.
- Advise Member States to remove reference to promotion of the local production of traditional medicines due to the limited available research on their efficacy or safety, and there is a lack of regulatory oversight. In many countries around the world, unproven traditional medicines are taken in place of proven treatments for conditions such as cancer, wasting valuable time in treatment pathways with the patient moving from curative to non-curative disease. Member States are instead advised to focus efforts on promotion of local production of allopathic medicines. If the reference to traditional medicines is included in the resolution, urge member states to include strict regulatory oversight.
- Request Member States include local production of assistive technologies alongside medicines and other health technologies within this resolution. Rehabilitation is an essential component of the continuum of care and assistive technologies, which Member States have resolved to improve access to through the resolution “Improving access to assistive technology” ([WHA71.8](#)), are vital for many people living with NCDs and disabilities. We remind Member States of the United Nations Convention on the Rights of Persons with Disabilities and that one billion people need assistive technology but that 90% of those do not have access to it. Local production of assistive technologies can be part of the solution to this problem.

Agenda item 9: Antimicrobial resistance (Document [EB148/11](#))

Pursuant to resolution WHA72.5 (2019), the DG’s report outlines progress in implementing the global action plan on antimicrobial resistance; provides an update on activities towards achieving the five strategic objectives of the global action plan, on progress in global coordination and tripartite partnership efforts; and highlights the main country-level and global challenges in programme implementation.

The EB is invited to note the report and provide guidance on accelerating Member States’ implementation of national action plans on antimicrobial resistance and on enhancing feedback from health ministries on the process to review the Codex Code of Practice to Minimize and Contain Foodborne Antimicrobial Resistance.

Key Messages:

- Member States are urged to recognise the strong bilateral relationship between infectious diseases and noncommunicable diseases. 8.4% of global NCD disability adjusted life years (DALYs) are attributable to infection.³ Many people living with NCDs are at increased risk of developing infectious disease due to disease or medication affecting their immune system e.g. people living with cancer. The growing threat from antimicrobial resistance further jeopardizes the health of people living with NCDs.
- Member States are strongly advised to increase provision of data through the Global Antimicrobial Resistance and Use Surveillance System (GLASS), adhere to the Minimum Requirements for infection prevention and control programmes and establish Antimicrobial stewardship programmes at national level. Partners such as WHO are encouraged to support countries’ antimicrobial susceptibility testing.
- NCDA, UICC and partners, welcome the One Health approach and acknowledgement of the need for multi sectoral collaboration. We also welcome inclusion of indicator 3.d.2 on antimicrobial resistance

³ [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30358-2/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30358-2/fulltext)

globally into the Sustainable Development Goals. Member States are called to meaningfully include people living with NCDs in multisectoral antimicrobial resistance working groups.

- Welcome the report and congratulate WHO on the development of valuable normative tools identified in the report.
- AMR has significant potential to undermine key advances made in the effectiveness of cancer and NCD care, undermining or eliminating the effective use of certain key treatment modalities (including surgery and certain chemotherapies).
- Encourage WHO and Member states to think beyond the usual partners in the national responses to AMR. In particular, to equip and engage with the cancer and NCD community in the development and implementation of AMR responses e.g. inclusion of oncology teams in national stewardship training programmes and guidance on AMR as a key group to support the roll-out of these measures.
- Encourage both WHO and Member States to collect and disaggregate data to better understand the impact of AMR on the successful treatment of cancer and other NCDs to better inform and refine national AMR strategies.

Agenda item 13: Integrated people-centred eye care, including preventable vision impairment and blindness (Document [EB148/15](#))

In response to resolution WHA73.4 (2020) requesting the WHO DG to prepare recommendations on feasible global targets for 2030 on integrated people-centred eye care, focusing on effective coverage of refractive error and effective coverage of cataract surgery, the WHO Secretariat consulted Member States, experts and stakeholders from July to November 2020.

The Secretariat published a discussion paper in October with preliminary recommendations for targets, and received comments through a web-based consultation. The report includes recommendations for global targets for 2030 for effective coverage of both treatment of refractive error and cataract surgery, for consideration by WHA74.

The proposed global target for effective coverage of refractive error is a 40% increase by 2030: Countries with a baseline effective coverage rate of 60% or higher should strive for universal coverage. Countries should aim to achieve an equal increase in effective coverage of near and distance refractive error in all relevant population subgroups.

The recommended global target for effective coverage of cataract surgery is a 30% increase by 2030: Countries with a baseline effective coverage rate of 70% or higher should strive for universal coverage. Countries should aim to achieve an equal increase in effective coverage of cataract surgery in all relevant population subgroups.

EB148 is invited to consider the proposed draft global targets for 2030 and provide further guidance.

Key message:

- NCDA and partners commend the attention given to the global burden of refractive errors and cataract - the leading causes of blindness and vision impairment. This is an important step as global eye care needs, especially those for refractive errors and cataract, are expected to increase substantially in the coming decades, with the number of people living with blindness and severe vision impairment projected to double by 2050.
- NCDA and partners welcome the open and collaborative process which led to the development of the proposed global targets for 2030. Engaging communities, civil society and people with eye care needs

in policy discussions is a major pillar of Integrated People-centred Eye Care (IPCEC), and a sure way to ensure that services are planned to address unmet needs and marginalized populations.

- We urge Member States to adopt the targets and rapidly increase effective coverage of refractive error and cataract surgery to address as a strategy chronic inequalities in access to eye-care services, which further exacerbate socio-economic inequalities by impairing access to employment and learning. These indicators also reflect broader eye care and should focus on the strength of the overall eye care system which will address other eye health conditions and can also reflect broader health coverage such as health services for older persons.
- We call on governments to integrate eye care strategies into wider country-level NCD strategies, which in turn are integrated into UHC frameworks to ensure sustainable, person-centered responses. We urge Member States to meaningfully involve people living with eye conditions in all decision making and policy development processes.
- NCDA and partners urge the WHO Secretariat to facilitate effective, timely and transparent monitoring and evaluation of progress on these targets to promote accountability and learning opportunities amongst member States. We call for the disaggregation of data across groups such as women and girls, people with disabilities, Indigenous peoples and other disadvantaged groups; to ensure increases in coverage do not focus only on those easiest to reach, leaving marginalised people behind.

Pillar 2: One billion more people better protected from health emergencies

14. Public health emergencies: preparedness and response

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 disruption](#)s. 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.

14.1 COVID-19 response ([Document EB148/16](#))

Further to the document submitted to the Executive Board at its fifth special session (on the COVID-19 response), the report updates the Board on the Secretariat’s activities to combat the pandemic of coronavirus (COVID-19). An online COVID-19 Strategic Preparedness and Response [monitoring framework](#) is now online, which provides a global overview of resources made available by WHO and UN entities. The report notes that WHO is currently undertaking a second pulse survey to monitor the impact on essential health services - the [first pulse survey](#) in August 2020 demonstrated severe disruption of NCD services in almost all countries, including screening, diagnosis, rehabilitation, surgery and palliative care.

14.2 WHO’s work in health emergencies ([Document EB148/17](#) - scheduled 13 January)

Pursuant to requests in resolution EBSS3.R1 (2015), decision WHA68(10) (2015) and resolution WHA73.8 (2020), the Director-General will submit a report which will: provide updates on all public health emergencies of international concern, Grade 3 and United Nations Inter-Agency Standing Committee Level 3 emergencies in which WHO took action in 2020 (up to August) and on the progress made to improve research and development for potentially epidemic diseases; and describe the work WHO is undertaking at global, regional and country levels in order to prepare for, prevent, detect and respond to health emergencies, including its role as health cluster lead. The Board will be invited to note the report.

- **Strengthening WHO's global emergency preparedness and response (Document EB148/18 - to be scheduled)**

Proposed by the USA for inclusion under agenda item 14.2. At the recommendation of the Officers of the Executive Board, the Director-General will submit a report on strengthening WHO's global emergency preparedness and response. It is intended that the report will support a discussion on the opportunities for making progress on strengthening the capacity of the WHO Secretariat and Member States to fulfil their respective roles in preventing, detecting and responding to health emergencies, 1 Document EB145/2019/REC/1, summary record of the first meeting, section 5. 2 Document EBSS/5/2. EB148/1 (annotated) 4 including outbreaks, in order to protect and improve global public health by full implementation of the International Health Regulations (2005).

- **Strengthening preparedness for health emergencies: Implementation of the International Health Regulations (2005) (Document EB148/19 - to be scheduled)**

Pursuant to requests made by the Health Assembly in resolutions WHA73.1 (2020) and WHA73.8, on September 2020 the Director-General convened the Review Committee on the functioning of the International Health Regulations (2005) during the COVID-19 response. The Director-General will transmit the Review Committee's interim progress report to the Executive Board for its consideration.

14.3 Mental health [and neurology] preparedness and response for the COVID-19 pandemic ([Document EB148/20](#))

A resolution on mental health preparedness and response has been proposed by Thailand. The DG's report emphasises the mental health dimension of the COVID-19 pandemic, noting that before the pandemic almost 1 billion people were living with a mental health condition, a further 50 million people have dementia and 250 million people live with alcohol or substance abuse disorders. The report notes that mental health conditions often occur alongside other chronic health conditions. It has been estimated that over 75% of people with mental health conditions in some LMICs cannot access mental health care. Furthermore, mental health services have been disrupted in 93% of countries during the pandemic.

The report highlights that mental health considerations are essential in all preparedness actions and responses to COVID-19, and that mental health must be included in universal health coverage as countries recover from the pandemic. Importantly, the report also observes the long-term neurological impacts of COVID-19, which will need to be reflected in health systems' capacity to provide care for people living with 'long COVID'. The Board is invited to note the report and consider the proposed resolution.

Key Messages

- **We ask Member States to request an NCD-specific subitem to this agenda item at WHA74 to examine the disproportionate impact of the COVID-19 pandemic on people living with NCDs (PLWNCDS).**
- **Recognise the need to urgently step up policy action and investment in NCD prevention and care, for both recovery and future preparedness and health security.**
- **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.**
- **Request technical guidance on how to mitigate increased population exposure to NCD risk factors during and beyond the pandemic, particularly alcohol, tobacco and barriers to healthy diets and**

physical activity, as well as mental health stressors. Policy action is needed to address prevention and treatment in the short- and long-term, including ensuring access to safe, nutritious and sustainable diets, stronger food systems and increased access to physical activity and improved mental health, to support a sustainable recovery and future resilience.

- **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.

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

Agenda item 16. Social determinants of health (Document [EB148/24](#))

At the recommendation of the Officers of the Executive Board, the Director-General has submitted a report on addressing social determinants of health (SDoH), namely, the conditions in which people grow, learn, live, work and age. Negative consequences on many health outcomes and on health equity, are being further emphasised by the toll of COVID-19. The Board is invited to note the report and provide further guidance.

A **resolution** has been proposed by Peru, which aims to recognise the need to establish, strengthen and maintain monitoring systems, including observatories, to provide data to assess health inequalities and the impact of policies on SDoH at national, regional and global levels. Data on SDoH would serve to guide national decision-making processes for strategies, policies and plans to improve wellbeing for all and health equity.

Key Messages

- Strongly support a stronger focus on social, as well as *economic, environmental and commercial determinants* of health across all WHO activities and request increased technical support to member states to integrate into national and regional policies and responses.
- A stronger focus on SDoH and reducing health inequalities, explicitly including NCD prevention and treatment, is essential for recovery from the pandemic and to increase population resilience to future health threats.
- Broader SDoH are relevant across NCDs and mental health conditions. Member States are requested to highlight that COVID-19 has further revealed the uneven burden of NCDs, as people living with NCDs are at significantly higher risk of serious illness. Both NCD and COVID-19 impacts are inequitable across different communities and are further widening health inequalities (socio-economic gradient, people of colour, Indigenous communities, women, older people, youth, marginalised groups, etc.)
- As well as the examples provided in the report, Member States are asked to specifically consider the impact of unhealthy environments, in terms of barriers to access to health services and in relation to availability, affordability and attractiveness (via marketing, promotion) of health harming products, including tobacco, alcohol and ultra-processed, high fat sugar and salt foods. Whilst the report mentions food insecurity, unhealthy, obesogenic food environments merit more specific consideration.

- The COVID-19 pandemic doubly risks further widening health inequalities, because of inequitable access to health services as well as unequal exposure to major NCD risk factors: tobacco, alcohol, unhealthy food, physical inactivity and pollution, overlapping with poorer living and working conditions. The tobacco, alcohol and junk food industries in particular have been shown to be exploiting the pandemic to promote unhealthy products and promote weaker regulation, see for example, NCD Alliance and Spectrum (2020) [Signalling Virtue, Promoting Harm](#).
- Encourage Member States to reflect on SDoH within their own national contexts and to take an explicit focus within health planning, particularly for NCDs, in order to ensure policy coherence and that the unintended consequences of previous national health, trade, urban development, and energy strategies do not continue to undermine the health of populations in the future and stretch limited health resources even thinner.

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

Agenda item 19.2: WHO reform: involvement of non-State actors in WHO's governing bodies (Document [EB148/35](#))

In February 2020, EB146 noted the proposals for improving involvement of non-State actors in WHO governing bodies, and requested a revised report to the Board. The report provides further information and proposals for informal meetings between non-State actors, WHO technical units and Member States. The Board is invited to decide if the proposed new approach to non-State actor involvement and the informal meeting should be tested at WHA74. There is general consensus that current ways of operating are not satisfactory for Member States, nor for non-State Actors. Ways forward must better ensure that engagement is meaningful, relevant and efficient, and respects diversity of NSA perspectives. Recognition that NSA participation in WHA73 was 'less satisfactory than normal'. Dr Tedros has noted the benefits of engaging with civil society e.g. through the WHO Civil Society Working Group on NCDs.

Proposed changes: *in addition to NSA participation in governing body meetings*

- Informal virtual technical coordination meetings (3x 3hrs) for NSAs in WHO official relations with WHO technical units, 2-4 weeks ahead of WHA
- Additional (3x 3hr) meetings of Member States and NSAs regarding WHA agenda points, to allow exchange of views
- Opportunity to organise side events alongside the coordination meetings, in advance of WHA – implied this would be instead of side events during WHA itself.
- Online consultations
- Development of constituency statements and limit individual statements to 3 per organisation
- Potential limits to size of NSA delegation

Key messages

- Welcome opportunity for further collaboration and communication with Member States and WHO technical teams. We however reiterate our request that consultations should also take place early in the preparation of technical documents, in relation to Zero drafts, as well as in advance of WHA.
- In order to maximise participation and exchange, particularly from member states, these meetings must be timed not to clash with formal preparatory meetings, e.g. PBAC. We are concerned by the implication that side events would no longer take place during WHA itself, noting potential impacts on participation.

- Applaud WHO's thinking to use new technologies to broaden out participation, recognising that the voices of NSAs representing smaller constituencies and from low- and middle-income countries face multiple barriers to participating in the meetings of Governing Bodies. This could set an important precedent as well for civil society consultation in preparation of Regional Committee meetings.
- Would welcome greater clarity on the modalities of the actions confirmed in order to better understand their implications for the global NCD community including how agenda items for these discussions will be selected, representation by non-state actors, capacity to submit questions and additional resources in a timely manner, etc.
- Urge WHO to recognise that informal discussion are an excellent complement to, but *not a replacement for*, comprehensive consultations on key documents as the latter will facilitate the more effective consolidation of resources (including data) to support the work of WHO technical teams
- We also strongly encourage the WHO to invite constituency statements on a *voluntary basis*, with clearer information on the incentives provided to support this. Mandatory constituency statements run the risk of marginalising minority voices from discussions, while voluntary constituency statements enables the ah-hoc and agile development of groups around consensus messages without the risk of marginalising minority groups. Clear guidelines should be provided on additional time for constituency statement and the minimum number of organisations required to qualify as a constituency.

Agenda item 19.3: Global strategies and plans of action that are scheduled to expire within 1 year
The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021 (Document [EB148/37](#))

The report describes progress made in tackling HIV, viral hepatitis and sexually transmitted infections, the challenges faced in achieving the 2030 goals, the lessons learned to date and makes a case for strategies from 2022-2030.

Key message: The report notes synergies between the strategies and HPV vaccination strategies for cervical cancer elimination. This is one important area of overlap between communicable disease communities and NCDs, but there are many other common comorbidities. The potential for synergies between communicable and NCDs should be more fully explored in a future consultation process on updating the strategies and aligning with strategic reviews of the Global Fund, UNAIDS and the Global Financing Facility. Please see NCDA (2020) briefing [Improving quality of life for communities living with HIV, TB and malaria](#).

In case of questions or feedback, please contact info@ncdalliance.org.