

Delivering Healthy Lives for All

NCD Alliance Advocacy Briefing 72nd WHO World Health Assembly 20-28th May 2019

This briefing note provides background and key advocacy messages on the NCD Alliance's main priorities for the 72nd WHO World Health Assembly (WHA). 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.

****Please note that this briefing has been updated on 18 May, once all WHA documents were made available.***

Priority agenda items (*hyperlinked to briefing section*)

[Agenda item 11.1 - Proposed programme budget 2020–2021](#)

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Committee A: Agenda Item 11: Strategic priority matters

Agenda item 11.1 - Proposed programme budget 2020–2021

Documents [A72/4](#), [A72/INF./2](#), [A72/5](#); Reports on programme budget 2018-2019 [A72/34](#), [A72/35](#)

The documents outline the proposed WHO programme budget for the biennial 2020-2021 in order to deliver on the Thirteenth General Programme of Work (GPW) 2019-2023. The new approach is intended to increase impact orientation with more support for national level activities, monitoring and reporting, a more integrated health systems-oriented approach and to increase accountability of WHO and member states for progress on overarching health targets including the “triple billion” goals and healthy life expectancy (HALE). Issues which

have received attention at UN High level meetings, including NCDs, will be the focus of specific indicators (A72/4, paragraph 51).

The newly published information document [A72/Inf./2](#), shows increases across NCD-relevant budget lines:

NCDs: +5%; Lifecourse +1.6%; Health systems +24%. The report notes that the NCD response will also benefit from the bigger increase under the Health Systems heading. The major shift seems to be from disease-specific areas (HIV, hepatitis, TB, Neglected tropical diseases and Polio) towards Health Systems.

Budget segments	2018–2019 approved Programme budget	2020–2021 Proposed programme budget for illustrative purposes ^a	Shifts
2 – Noncommunicable diseases	351.4	370.2	18.8
2.1 Noncommunicable diseases	179.0	190.4	11.4
2.2 Mental health and substance abuse	47.0	45.5	(1.5)
2.3 Violence and injuries	30.4	27.4	(3.0)
2.4 Disability and rehabilitation	16.5	17.9	1.4
2.5 Nutrition	46.5	53.4	6.9
2.6 Food safety	32.0	35.5	3.5
3 – Promoting health through the life course	384.3	390.6	6.3
3.1 Reproductive, maternal, newborn, child and adolescent health	211.3	221.6	10.3
3.2 Ageing and health	14.9	18.4	3.5
3.5 Health and the environment	107.6	109.0	1.4
3.6 Equity, social determinants, gender equality and human rights	50.5	41.5	(9.0)
4 – Health systems	589.5	728.0	138.5
4.1 National health policies, strategies and plans	142.7	174.8	32.1
4.2 Integrated people-centred health services	155.9	209.8	53.9
4.3 Access to medicines and health technologies, and strengthening regulatory capacity	167.9	177.0	9.1
4.4 Health systems information and evidence	123.0	166.5	43.5

Key messages:

- **Support the transition further from disease-silos and MDG focus to a person-centred approach:** Recognise that people live with multiple concurrent chronic conditions, both communicable and NCDs, and are exposed to NCD risk factors in all resource settings. e.g. 90% of the global population live in places with unsafe levels of air pollution, all countries are affected by at least one form of malnutrition.
- **Foresee adequate resources to meet increasing demand from member states for technical assistance for both NCD prevention (healthier populations pillar) and control (UHC pillar),** to support roll-out of technical packages and evidence-based recommended interventions. Demand for technical assistance is very high and continues to increase.
- **Ensure that both the UHC and Healthier population indices reflect a comprehensive approach to NCDs:** Recognise that SDG3.4 falls short of a lifecourse approach, by focusing only on mortality in a narrow age range. Indicators should also consider morbidity throughout the lifecourse, premature deaths in the youngest (<30 years) and modifiable impact of NCDs on the over 70s. Comprehensive indicators should consider the burden of NCDs including and beyond cancers, cardiovascular, respiratory conditions and diabetes, especially mental health conditions (not only suicide as an indicator). NCD civil society, including people living with NCDs, should be consulted in the ongoing development of the Healthier population index. Provision should be made to regularly review the indices in line with scientific progress and update as appropriate.

- **Support the budget increase (Heading 4.4) to improve data collection and tackle gaps. Engage donors to further support improved data collection and analysis** particularly in countries with the highest burden of NCDs, as the basis for targeted interventions with maximum health impact.

Agenda item 11.4 - Implementation of the 2030 Agenda for Sustainable Development [A72/11](#)

The report provides an update on progress towards achieving the health-related Sustainable Development Goals. It summarises global and regional progress made by member states towards achieving SDG3, as well as progress on resolution [WHA69.11](#). In the section on NCDs, the report notes trends in alcohol consumption, tobacco use and suicides. The section on UHC notes problems with access to essential medicines for pain and palliative care, increasing HPV vaccine coverage, and poor alignment between global public health needs and R&D spending. A section on environmental risks is also highly relevant for NCDs. The report briefly summarises key outcomes from the NCD HLM and intra-UN work towards a Global Health Action Plan for SDG3. The report indicates that a comprehensive review of SDG indicators is due in 2020. The WHA is invited to note the report.

Key Messages:

- **Strengthen health systems to respond to the increasing burden of NCDs and multi-morbidities:** Weak health systems remain an obstacle to progress, and resilient health systems are required to ensure people have access to basic services, including NCD prevention, treatment and care. Health systems must deliver integrated services that address multi-morbidities between NCDs and other diseases such as HIV/AIDs and TB, as well as maternal health conditions, to ensure a person-centred approach.
- **Accelerate action on the risk factors for NCDs:** Reducing exposure to the main risk factors for NCDs has stalled in some areas, such as alcohol use, obesogenic environments and air pollution. In order to meet the global targets for NCDs and health-related SDGs, governments should implement the WHO recommended interventions.
- **Facilitate multi-sectoral cooperation with non-health actors:** Achieving the health-related SDGs requires a Health in All Policies approach and cooperation and coordination with all sectors. In order to achieve the 2030 Agenda, it is essential that all relevant non-health actors whose outputs have a health impact are engaged to deliver a coordinated approach, and that parties no longer work in silos.

Agenda item 11.5 - Universal Health Coverage (UHC)

Primary health care towards UHC [A72/12](#), [Resolution EB144.R9](#), [EB144/2019/REC/1](#)

The report summarises the outcomes of the Astana Declaration from the Global Conference on Primary Health Care (PHC). The report highlights that strong health systems that emphasise primary health care allow systems to respond to global challenges, address the main risk factors for poor health, the growing burden of NCDs, and help achieve UHC and the health-related SDGs. It also notes that the package of services offered through PHC should be tailored to local needs and health priorities, and that a well resourced and trained health workforce is essential for delivering PHC. The WHA is invited to adopt the draft resolution (R9) recommended by EB144.

Community health workers delivering primary health care: opportunities and challenges [A72/13](#), [Resolution EB144.R4](#), [EB144/2019/REC/1](#)

The report highlights the importance of a well resourced and trained health workforce, largely comprising community health workers. The report also notes challenges faced by community health workers and sets out several opportunities and policy options to help ensure this critical component of many health systems is well-supported at all levels. The WHA is invited to adopt the draft resolution (R4) recommended by EB144.

Preparation for the high-level meeting (HLM) of the United Nations General Assembly on UHC [A72/14](#), [Resolution EB144.R10](#), [EB144/2019/REC/1](#)

The report presents the need to focus on achieving UHC and health system strengthening, in addition to continuing the existing disease-oriented focus of the health and development sectors. The report outlines the

main components of UHC: service coverage and preventing catastrophic spending on health, which includes out-of-pocket spending exceeding a household's ability to pay and impoverishing spending. The report outlines preparations for the first UN HLM on UHC as well as for a political declaration. The WHA is invited to note the report, and to adopt the draft resolution (R10) recommended by EB144 .

Key Messages: Please see NCDA's resources for the [HLM on UHC here](#) for more details.

- **Prioritise prevention as an essential component of UHC:** Investment in NCD prevention is a prerequisite for UHC. Without sustained focus on the upstream drivers (social, commercial, environmental) of diseases and modifiable risk factors, UHC will drift out of reach for many countries. UHC benefit packages must be designed to address the continuum of care (including primary, secondary and tertiary prevention), and action across all stages of life.
- **Provide primary health care (PHC) as the foundation for UHC:** PHC is the most common entry point for people to the health system and offers the greatest potential to detect high-risk individuals who may be interacting with the health system for other reasons. Integrated PHC can be a powerful tool in decreasing health inequalities, and improving health outcomes.
- **Save lives by increasing equitable, universal access to quality and affordable essential medicines and products:** Access to treatment and care is essential to the fundamental human right to achieve the highest possible standard of physical and mental health and well-being. National UHC packages must increase access to affordable, safe, effective, quality medicines, diagnostics and health technologies.
- **Increase sustainable financing for health and improve efficiency in investments:** Fiscal policies for unhealthy commodities such as taxation of sugar, tobacco, alcohol (STAX) and fossil fuels provide can governments with a double dividend. STAX should be designed to effectively and significantly reduce demand on health systems by reducing consumption and exposure to risk factors, whilst generating revenues which can be directed to health. For some 30 low-income countries, continued development assistance for health will be essential and should be aligned with the burden of disease.
- **Enable community engagement and empowerment in UHC design, development, and accountability processes:** UHC will only be successful if it takes into account needs of people most affected by determinants, risk factors and outcomes. The lived experience of people who interact with the health system - especially of those people living with multiple conditions, together with their carers, young people, and marginalised groups - must shape UHC systems to meet the needs of people and populations. Communities must be meaningfully engaged from the design and development of national UHC packages, through to implementation, monitoring, and evaluation.

Agenda item 11.6 - Health, environment and climate change [A72/15](#), [A72/16](#)

In the months since EB144, member states have provided comments on a Draft Global Strategy on Health, Environment and Climate Change ([A72/15](#)) and a Draft Global Plan of Action on climate change and health in small island developing States (SIDS) ([A72/16](#)). Member states at WHA72 are invited to note the Strategy and Action Plan and to request the Director-General to provide progress reports on both issues to WHA74 in 2021.

Key Messages:

- **Climate change and environmental threats pose an unprecedented threat to human health and necessitate urgent and ambitious action to avert global crisis:** Business as usual will guarantee that we pass a point of no return with regard to global warming in less than 12 years and the recent [IBPES report](#) shows irrevocable mass species loss worldwide. Without drastic action to reduce man-made emissions, the melting permafrost will release millions of tonnes of methane and carbon dioxide into the atmosphere, setting off an irreversible chain reaction. We urge member states and WHO to use terminology which reflects the reality of this crisis, such as climate breakdown and mass extinction.
- **All member states should provide health sector inputs into processes related to the UN Framework Convention on Climate Change (including national adaptation plans, national communications and**

nationally determined contributions): This is currently only included as an action for SIDS (in the draft global plan of action on climate change and health) but is an essential priority for all countries and will require coordination within and between governments, including Ministries of Energy, Environment and Finance. The urgency of protecting human health through mitigating and adapting to climate breakdown must be communicated at the June UNFCCC Intersessional meetings in Bonn and at COP25.

- **Recognise and address the tactics used by polluting industries to block effective measures:** Strategies deployed by fossil fuels, automotive and aviation lobbies to influence policy-making mirror those used by the tobacco, alcohol, junk food and drinks industries. The health sector has valuable experience to share in this regard. e.g. FCTC article 5.3 demands the protection of public health policies from the vested interests of the tobacco industry, but a comparable paragraph cannot be found, for example in the UNFCCC. We note with grave concern that that previous language in the Draft Global Strategy ([EB144/15](#)) noting commitment to tackling “undue influence and vested interests going against public interests” has been removed in the text for WHA.
- **Emphasise opportunities to promote human and planetary health through sustainable food systems:** A growing body of evidence shows the importance of sustainable food systems (from agricultural practices to consumption) to protect planetary health. This is not adequately reflected in the report.
- **Reallocate funds from fossil fuel fiscal reform to investment in health:** As is the case with taxation of other unhealthy commodities, taxes and/or removal of subsidies on fossil fuels reduce consumption and burden on health systems whilst generating revenue which can be invested in health priorities.
- **Consider climate mitigation alongside adaptation:** Just as the health sector has a role in promoting both prevention and control of NCDs, health sector involvement in climate change mitigation is necessary in addition to reactive health sector adaptation. The urgency of adaptation and resilience in SIDS is indisputable, but mitigation must nonetheless not be overlooked. Many climate change mitigation measures offer co-benefits for NCDs, including transitioning to renewable energy to reduce air pollution, creating environments which are conducive to active transport, and ensuring access to locally sourced, minimally processed food as part of plant-rich diets.
- **Expand evidence for cost-effectiveness of co-benefit interventions:** Governments can be encouraged to invest in co-benefit solutions for health promotion and climate change mitigation if presented with evidence on the savings which will be made - both in terms of economics and human lives.
- **Establish guidance for Health Impact Assessments for all policies:** Assessment of the health impact of all policy proposals should be carried out and taken into account for decision making across key sectors. In particular, the health impact of proposals in areas including energy, transport, housing, labour, industry, food systems and agriculture, water and sanitation, and urban planning, should be assessed to ensure and maximise overall benefit to public health.
- **Provide and promote guidance on establishing cross-sectoral governance structures:** Improved coordination between health and non-health sectors at local, national, regional and global levels, is at the heart of the ‘massive prevention effort’ in the report. Key sectors are included in figure 1 of the strategy, to which trade, economic, foreign affairs, development and social sectors should be added.
- **Address environmental causes of AMR:** Public health and health systems are threatened by increasing global prevalence of antimicrobial resistance (AMR). It is essential for the health sector to mitigate the risk by implementing stringent stewardship programmes, calling for mandatory waste regulation to tackle environmental causes of AMR in the production of antimicrobials (specifically local water pollution with active antimicrobial substances in proximity of production facilities) and taking environmental AMR impacts into account in procurement decisions.

Agenda item 11.7 - Access to medicines and vaccines [A72/17](#)

Draft Roadmap for access to medicines, vaccines and other health products 2019-2023

The WHA is invited to note the draft road map, provided in response to WHA71(8), requesting the DG to outline the WHO's work on access. The scope of the draft roadmap includes health products for prevention, treatment, diagnosis, palliative care and rehabilitation, recognised as essential to provide UHC. The draft roadmap has been revised in light of EB comments: Appendix 2 has been added to show linkages between the GPW13 and roadmap activities, actions, deliverables and milestones, and to reflect the global goods planning process. Information has been added to illustrate WHO's mandate for proposed action and to outline the estimated budget. The report recognises the high percentage of health spending on medicines (up to 20-60% in some LMICs) as a barrier to UHC. *"With the rise of NCDs - many of which are chronic conditions that require long-term treatment - the financial burden on both governments and patients will become even greater."*

The roadmap has a dual focus: ensuring quality, safety and efficacy via regulatory system strengthening, assessment, market surveillance and improving equitable access by matching R&D to public health needs, IP, affordability and pricing and reducing waste, procurement and supply chain management, appropriate prescribing and rational use. The WHO is working to develop a list of agreed indicators to improve access to quality health products, which will contribute to the SDG indicator for access to medicines under development.

Draft Resolution on improving the transparency of markets for medicines, vaccines and health-related technologies proposed by Italy, Greece, Malaysia, Portugal, Serbia, Slovenia, S. Africa, Spain, Turkey, Uganda

A draft resolution has been presented to WHA in response to the draft roadmap, the report on cancer medicines presented to the EB ([EB144/18](#)) and the Fair Pricing Forum hosted in Johannesburg in April 2019. The resolution notes that "the high prices of medicines impede progress for the many countries that have committed to the attainment of UHC." The resolution urges member states to share information to increase transparency of prices of medicines, vaccines and health technologies. It calls on governments to require information on R&D costs and sources of funding and results of clinical trials to be made publicly available. It asks the WHO to support governments in collecting information on prices, reimbursement, clinical trials outcomes and a webtool to share information, including on public investments and subsidies for R&D.

Key Messages:

- **Support the WHO roadmap on access to medicines, vaccines and technologies**, and efforts to encourage more transparent and better policies to ensure fairer and affordable pricing and reduction of out-of-pocket payments. Access to essential medicines and technologies is a vital component of chronic disease management, but in many LMICs availability and access is significantly inadequate for people living with NCDs, with high out-of-pocket payments (OOP) resulting in patients foregoing life-saving care or resulting in devastating, long-term economic consequences. Improvements in pricing and procurement policies for cancer and other NCD medicines is therefore an essential part of the journey to achieve UHC and the SDGs.
- **Support member state-led initiatives to exchange information** regarding pricing of medicines, vaccines and technologies and reimbursement costs.
- **Call on WHO to facilitate secure, voluntary sharing of information between governments and to support member states in developing regulatory requirements to publish clinical trial results.**
- **Ensure that rights to use TRIPS flexibilities in line with the Doha Declaration are not undermined by international trade agreements.**
- **Involve people living with NCDs to improve governance and accountability at national level** with regard to ensuring access to essential products and services. Ensure that lived experience of people living with and affected by NCDs is taken into account in efforts to reduce inefficiencies, distortion of competition, undue influence, corruption, waste and fraud and to improve access to vital information about products.
- **Tackle the multifaceted challenges to equitable access and particularly out-of-pocket expenses for people living with NCDs:** including health systems financing and policies, inadequate investment in R&D, weak procurement and supply chain management, inappropriate prescribing and irrational use of products. Recognise the need to support member states' capacity to allocate resources more effectively through evidence-based decisions to ensure that cost-effective health products for NCDs

are included in a country's EML, essential diagnostics list or reimbursement lists and through more efficient procurement and supply processes and rational use of medicines in all resource settings.

Agenda item 11.8: Follow-up to HLMs of the UN General Assembly - Prevention and control of NCDs

Documents [A72/19](#), [Decision EB144\(1\)](#)

The WHA is invited to note the report by the Director-General and to adopt the draft decision EB144(1) on actions by the WHO to follow up on the 2018 UN HLM on NCDs.

NCDCA strongly encourages WHA72 to **adopt Decision EB144(1)**, which extends the period of the WHO's global action plan for prevention and control of NCDs and mental health action plan to 2030, to align with the SDG timeframe. The Decision also mandates WHO to update the appendices of the NCD action plan to achieve NCD reduction commitments and SDG3.4. In particular, WHO is asked to update the menu of policy options and cost-effective interventions to include measures to promote mental health and to tackle air pollution. The Decision also asks the WHO to report to WHA73 in 2020 on progress on the global strategy to reduce harmful use of alcohol and to report in 2021 on ways forward and to share best practices on prevention of overweight and obesity. The Decision reiterates the demand from member states for technical support and asks for more human and financial resources to be made available, including for technical support on NCD surveillance and integration of prevention and control NCDs and mental health into primary health care.

The **DG's report** outlines the process that led to the HLM, the main outcomes of the NCD Political Declaration and proposed WHO follow-up actions. There are several notable changes in the report for WHA, as compared to the report presented to the EB in Jan 2019, including a summary of the current status of NCDs from WHO data, which reiterates that progress is insufficient to meet SDG3.4. Table 3 shows that across almost all indicators there has been very little or zero progress or there is no data. Indicators for diabetes and obesity show an alarming increase.

Key Messages:

- **Adopt Decision EB144/1 to ensure progress, not procrastination by 2025:** We urge Member States to demonstrate renewed commitment to the prevention and control of NCDs to meet the 25x25 and 2030 targets. We support the mandate in the Decision to update the evidence base and expand the toolbox of Best Buys and recommended interventions, which is strong and consistently growing with post-implementation evidence of the impact on public health and cost-effectiveness. We call on the Secretariat to identify a comprehensive package of effective, evidence-based interventions, which should be implemented to achieve SDG 3.4 and make a significant contribution to the SDGs more broadly - including poverty reduction, equity, including for gender, and environmental goals. The toolbox should be updated *by 2020* to include measures to tackle mental health and air pollution. These should include fiscal measures on fossil fuels, including removal of health-harmful subsidies.
- **Support implementation of all cost-effective interventions for the prevention and control of NCDs:** We caution against identifying a specific subset of "NCD accelerators" from the existing list of WHO best buys and other recommended interventions as it could lead to pressure to remove cost-effective interventions due to the undue influence of unhealthy commodity industries on a few Member States. The WHO can provide tailored guidance on which measures should be prioritised according to burden of disease and resources in different national contexts. However, the full list serves an important toolbox for governments to select tried and tested measures and adapt to local contexts. The set of tools available should be regularly updated to reflect scientific progress and real world experience.
- **WHO accountability - Ensure WHO top management responsibility for the NCD Delivery Plan:** The WHO should foresee top level management to ensure cross-department coordination and delivery, including sufficient resources to meet increasing demand from member states for technical assistance and to support roll-out of the technical packages and recommended interventions. We call on WHO to integrate reports of progress on target 21 of the Global Programme of Work (aligned with SDG target 3.4) into all NCD reporting ahead of the next HLM, in order to hold governments to account.

- **Elevate the voices of people living with NCDs, young people, and marginalised populations:** The 2018 NCD HLM Political Declaration recognised the need to amplify voices of 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.
- **Secure sustainable financing for NCDs:** Despite the large economic and social burden of NCDs, the response remains chronically and disproportionately underfunded. Demand for technical assistance is very high and continues to increase. We ask member states to call for more clarity from the WHO programme budget, to make transparent the resources available for NCDs, including human resources and technical expertise in-country to increase absorption capacity for funds from different sources.
- **Exercise caution when engaging the private sector in the NCD response:** The private sector is not a homogenous group and therefore due consideration must be given to any real or perceived conflicts of interest. The negotiations on the 2018 HLM on NCDs were illustrative of the significant negative influence of some private sector entities, weakening language to put narrow commercial interests above public health. And we note that once again that the DG's report (Annex 2) has been amended to further weaken language on fiscal measures, in particular dropping a recommendation to governments to include all sugar-sweetened drinks in SSB taxes, *including fruit juices and sweetened milk drinks*.

We therefore consider WHO's bilateral engagement with the alcohol and SSB sectors to be inappropriate and counterproductive, given their track record of lobbying against evidence-based interventions and the failure of self-regulation. We encourage member states to call on WHO to drop dialogues with these sectors and to require all stakeholder dialogues and collaborations to be conducted in full transparency, including public record of meeting attendance. We recommend that the Secretariat focuses instead dialogue with businesses with a vested interest in improving health, such as the insurance sector, active mobility, clean energies, and healthy homes.

Agenda Item 12: Other technical matters

Agenda item 12.3 - Human resources for health [A72/23](#), [A72/24](#)

Report [A72/23](#) is on international recruitment and migration of health personnel, while report [A72/24](#) summarises progress in the implementation of the WHO Global Strategy on Human Resources for Health: Workforce 2030. The Assembly is invited to note both reports. The key messages below relate to [A72/24](#).

Key Messages:

- **Develop and promote postgraduate training curricula to enable health professionals across disciplines to provide NCDs services:** With the rapidly growing burden of NCDs worldwide, it is essential to continually reinforce and expand knowledge of existing health care professionals across disease areas, to ensure the integration of NCD prevention and care delivery into existing platforms and service providers.
- **Provide guidelines and share good practice in task shifting, task sharing, and coordination across health professionals:** NCD prevention (including through community education) and screening, as well as certain treatment services are often tasks which can be completed by nurses, community health workers and pharmacists. Provision must be made for appropriate remuneration.
- **Strengthen mechanisms for data collection:** While there are many challenges in data collection on health professional density, it would be advantageous where possible to also collect data on the specialisms of secondary and tertiary health professionals to monitor how these respond to patterns of disease burden at national level.

Agenda item 12.4 - Promoting the health of refugees and migrants [A72/25](#)

The draft global action plan (2019–2023) on promoting the health of refugees and migrants has been extensively revised in light of the discussions at the WHO Executive Board. The document overall has been strengthened. Member States are requested to note the report.

Key message:

- **Commend the inclusion of NCDs and mental health priorities, and both prevention and management:** NCDs are too often omitted from packages to promote the health of refugees and migrants, with the focus being on infectious diseases. Despite their chronic nature, NCDs pose an acute threat to health in emergency settings. The mention of prevention early on in the document reflects the fact that many crises are protracted over years or even decades.
- **Decision on the global action plan will be critical for UHC HLM negotiations:** Migration and refugees are emerging as a point of particular contention for negotiations on Political Declaration for UN HLM on UHC. Adoption of the global action plan is crucial to pave the way for a strong UHC outcome document.

Agenda item 12.8 - Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)

[A72/30](#) The WHA is invited to note the report, which highlights successes, challenges and activities with regard to implementing the Global Strategy for women's, children's and adolescents' health (WHA69.2), working towards universal coverage of maternal, newborn and child health interventions (WHA58.31) and the newborn health action plan (WHA67.10).

Key messages:

- **Better integrate the RMNCAH and NCD agendas to deliver comprehensive care and services:** The interlinkages between the RMNCAH and NCD agendas are numerous, and a coordinated approach that delivers comprehensive and holistic care will result in better health outcomes. Strong health systems underpinned by primary health care can better respond to the needs of people, treating them as a whole and not as a disease.
- **Increase uptake of the HPV vaccine:** Cervical cancer is the fourth most common cancer in women and the only cancer for which there is a vaccine. WHO must support Member States to increase coverage and uptake of the HPV vaccine in order to save millions of lives.
- **Accelerate action on the risk factors for NCDs:** Adolescence is a key period of development and growth, and is often a time of increased exposure to behavioural risk factors. Addressing unhealthy diet, exposure to air pollution, alcohol and tobacco use, and physical inactivity at this stage of life can have long-lasting benefits for current and future generations.

Committee B: Agenda Item 18: Managerial, administrative and governance matters

Agenda item 18.1 - WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform

Documents [A72/48](#), [A72/49](#), [A72/50](#), [A72/51](#), [A72/52](#), [A72/INF./4](#), [EB143/2018/REC/1](#), [Decision EB143\(7\)](#), [EB144/2019/REC/1](#), Decisions [EB144\(3\)](#), [EB144\(4\)](#)

Decision EB144(3) is of particular relevance for non-State actors (NSAs) working on NCDs. It contains new deadlines ahead of EB and WHA meetings, and proposals for change relating to the participation NSAs in WHO governing body meetings. It recommends continuing discussions on establishing an informal NSA forum additional to existing engagement at EB and WHA meetings.

Key messages:

- **Flexibility on timelines for statement submission is necessary:** While we greatly appreciate the opportunity that advance submission of statements by NSAs would allow member states to consider

the priorities raised, it is important to allow for these statements to be updated to reflect, for example, new decision texts which are negotiated by Member States and evolve in the days prior to a given agenda item being discussed at EB or WHA. It is important that NSAs are permitted to update their statements less than two weeks prior to the start of the meeting.

- **Coordination required for joint statements by NSAs should be taken into account:** While the preparation of joint statements has many advantages including collaboration across different NSAs, increased impact, and limited repetition, this is time consuming. It is therefore keen that papers are available at least two weeks prior to the submission deadline for the agenda item concerned, and furthermore that at least six hours' notice is given to allow coordination across organisations in case the Chair asks for statement durations to be shortened.
- **The opportunity offered by an informal forum for NSAs for more meaningful dialogue with Member States is appreciated:** We reiterate that such a meeting must not replace current participation by NSAs in WHO governing body meetings. Further information on a the strength of the mandate for Member States to send a representative to the meeting should be outlined. There is little to no benefit to holding a forum if NSAs actors are not able to interact with Member State representatives.
- **Scheduling of the informal forum must allow for maximum participation by both Member States NSAs:** A meeting directly before the WHA is likely to be poorly attended by Member States. An informal meeting in January, ahead of the Programme, Budget, and Administration Committee (PBAC) meeting and the EB session would minimise travel burden on both Member States and NSAs, and could provide fruitful opportunities for discussion on priorities to be taken forward during the EB meeting and onwards to the WHA. A stand-alone meeting some weeks before the WHA would mean that participation for NSAs based in LMICs would be cost-prohibitive. A standalone meeting at another point in the year, when the draft documents for the following governance meeting would not yet be available would have limited impact.

Agenda Item 21: Matters for information

Agenda item 21.1 - Strengthening synergies between the WHA and the Conference of Parties to the WHO Framework Convention on Tobacco Control (FCTC) [A72/57](#)

The WHA is invited to note the report by the Head of the Convention Secretariat on the outcomes of COP8 and the first session of Meeting of the Parties to the Protocol to Eliminate Illicit Trade in Tobacco Products (MOP1) in October 2018.

Key message:

- Underscore the importance of the [Global Strategy to Accelerate Tobacco Control 2019-2025](#), adopted at COP8. We call on member states to refer to the strategy as a tool to accelerate implementation of the FCTC.

Agenda item 21.2 - Outcome of the Second International Conference on Nutrition [A72/58](#)

WHA is invited to note the report by the Director-General and the implementation plan of the Report from the Commission on Ending Childhood Obesity. The report outlines positive policy developments and financial commitments made by governments, (e.g. Brazil and Ecuador) and UN agencies (e.g. WHO, FAO) to tackle malnutrition in all its forms, and the formation of global and regional Action Networks to accelerate and align policy. The report details insufficient and uneven progress, identifies areas requiring intensified action to tackle malnutrition in all its forms, and looks ahead to the 2020 Nutrition for Growth Summit in Tokyo.

Key messages:

- **Intensify implementation of ambitious, well-resourced SMART commitments to tackle all forms of malnutrition:** We commend leading member states and UN Agencies and support the DG's recommended areas of intensified action. We welcome increased recognition of the need to act on diet related NCDs, and call on governments to make more ambitious SMART commitments with win-

win benefits for all forms of malnutrition. The Nutrition for Growth Summit in 2020 is an additional opportunity to accelerate actions and delivery of existing nutrition commitments, and for all countries and sectors to invest more in policy and resources to fully optimise the Decade of Action on Nutrition.

- **Integrate nutrition - in prevention and health promotion - across the continuum of care at all stages of life:** optimal nutrition is important not only for prevention of all forms of malnutrition, but also for improving health among those with existing conditions. This is especially relevant to the potential for integrating nutrition through the health systems lens of UHC to help deliver Health for All.
- **Improve policy coherence and actions across the food system and all sectors to best protect people and planet:** Member States, exemplified by Norway's leadership, acknowledging the importance of strengthening food systems for the health and people and planet realise sustainability benefits across sectors. We call on Governments to promote policy coherence and multisectoral actions which bring double or triple duty (health, environmental, social, economic) benefits.
- **Food industry should implement; governments should beware industry resistance and lobbying:** The food industry is best placed to implement independently determined, evidence based recommendations set out by WHO, such as eliminating trans-fats, comprehensive labelling, and adhering to the International Code of Marketing of Breast-milk Substitutes. Given the adverse impacts of lobbying by parts of the food and beverage and alcohol industries on the HLM Political Declaration, we call for stronger measures to protect food and nutrition related policy-making from conflict of interest and industry interference.

145th Executive Board

EB145 Agenda item 6.1 - WHO governance reform processes Involvement of non-State actors [EB145/4](#)

The report by the DG responds to the request from EB144 "to elaborate a report and make recommendations to be submitted to the 145th session of the Executive Board about an informal meeting to bring together Member States and other non-State actors in official relations". It also sets out potential ways in which the participation of NSAs could be modified in future years, including the following points: 1) Limits may be placed on the number of people included on the delegation of each non-State Actor in official relations; 2) Non-State Actors may be divided into constituencies to present their consolidated priorities prior or during Member State discussions, rather than delivering individual statement afterwards; 3) A World Health Forum could be held every one, two or five years; 4) Member States could include non-State Actors on their delegations or hold consultations with non-State Actors in their own country prior to WHA and EB meetings.

Key messages:

- **Meaningful engagement with civil society is essential to the legitimacy of WHO and the decision-making process.** That civil society organisations and experts actively participate and provide valuable contributions at WHA and EB meetings is a strong signal of citizens' interest in and commitment to the mission of WHO. The report recognises that WHO needs to engage with NSAs in order to achieve its objectives and advance its work. In order to meaningfully engage, civil society representatives must be able to meet in person with delegates in person during WHA and EB meetings at the UN Palais. It is notable that paper [EB145/11](#) mentions an additional venue for the WHA73 (the International Conference Centre in Geneva). We seek confirmation that this is not in fact intended as a separate space for attendance for NSAs, nor intended to imply curbing of access to the Palais.
- **Joint NSA statements offer an effective channel at WHA and EB meetings, under certain conditions:** The effect of such a proposal must be to allow NSA statements to be more impactful and relevant to decisions, not to sideline NSA interventions or dilute content. NGOs routinely endeavor to coordinate and present joint statements - this can only work on a voluntary basis. We would suggest this could be incentivised by offering longer speaking slots for joint statements.

- **Scheduling of an informal forum must allow for maximum participation by both Member States NSAs:** Any separate forum must have a recognised, formal role in feeding into decision-making. An informal discussion forum would not in any way replace the essential value of civil society participation in governance meetings. We encourage member states to convene consultative meetings with civil society, prior to WHA and EB meetings to exchange rich and diverse expertise. Inclusion of civil society representatives on delegations also enables Member States to draw on key areas of technical insight.
- **Consultation is requested before limiting the number of individuals on the delegation of any non-State Actor:** Recognising the value of civil society participation, it would be counterproductive to further limit the number of people who can attend the many events taking place at the Palais during WHA sessions. In particular, with regard to encouraging participation from national civil society participants, including people living with health conditions, we ask that any unallocated spaces on NSA delegations could be allocated to other organisations.