

## NCD Alliance Analysis of the 154th session of WHO's Executive Board (EB154)

**Geneva, 13 February** – The 154<sup>th</sup> session of WHO's Executive Board (EB154), which took place between 22-27 January 2024, has started the countdown towards the Fourth UN High-Level Meeting on NCDs and mental health in 2025. As outlined in our [EB154 advocacy briefing](#), the importance of NCD financing, the need for NCD targets and monitoring beyond 2025, social participation and integration of NCDs into Universal Health Coverage (UHC), response and preparedness to both humanitarian settings and pandemics, planetary health and well-being are needed to make progress.

The mood at EB154 was fraught in the shadow of the recent armed conflicts, with complex power-dynamics, including contrasting views on the focus and language used across EB154 decisions. This led to many proposed decisions being delayed for consideration at the 77<sup>th</sup> session of the World Health Assembly (WHA77) this May, and the impartial application of [FENSA Principles](#) was questioned based on the opposition of many Member States to approve The Centre for Reproductive Rights as a non-State actor in official relations with WHO.

### Accelerating NCD implementation by getting the resources right

As we approach the 2<sup>nd</sup> **WHO global dialogue on sustainable financing for NCDs and mental health** (tentatively scheduled for June 2024) as part of the [preparatory process for the 2025 UN High-Level Meeting on NCDs \(4HLM\)](#), the need to invest more in policies and services for NCDs, including mental health conditions, was strongly highlighted by many Member States throughout the different debates that took place during the EB154 week. During the opening session, **Slovenia** stressed how NCDs remain an underfunded and under-prioritised area of public health concern, pointing out the availability of tried-and-tested tools such as WHO's [NCD 'best buys' and other recommended interventions](#).

At the debate on UHC (agenda item 6), the **USA** flagged nutrition and NCDs as public health areas that will require more investment to get us on track to achieve UHC and the health-related SDG targets. Under the NCD discussion (agenda item 7), **Japan** also flagged the need to integrate the NCD response within UHC and primary healthcare (PHC) strengthening efforts, building on the outcomes of the UN High-Level Meeting on UHC (2023), and **Brunei Darussalam** reflected on the lack of NCD implementation with high precision:

*"[...] [W]hile action plans, strategies and guidelines for NCDs are readily available, implementation at country level is still lacking [...] the COVID-19 pandemic impacted negatively on NCDs, the disruption of the delivery of essential health services caused delays on diagnostics. as countries re-orient their health services to catch up with delays on NCD screening and management, one of the challenges faced is the lack of funding to support such services [...] while there are established global funding mechanisms for pandemic and health emergencies, such mechanisms for tackling NCDs are more disparate and limited. **There is a clear need to explore how we strengthen the global funding landscape for NCDs***

***based on existing models and importantly how Member States can tap on these funds to support their NCD initiatives.”***

Indeed, countries such as **Malaysia** insisted on the need for more resource allocation for NCDs, with countries such as **Brazil** and **Yemen** highlighting the burden of NCDs on national healthcare spending and out-of-pocket expenditures for individuals respectively. **Denmark**, on behalf of the European Union, also expressed concern about the lack of investment in NCDs and mental health despite the known return on investment from NCD interventions, and therefore also the need to adequately include NCD considerations within WHO’s upcoming fourteenth General Programme of Work (GPW14). As highlighted by **Senegal**, on behalf of the African region, there are innovative sources for funding that can also help prevent NCDs, such as taxes on tobacco, alcohol, and sugary products.

In follow-up to the [2023 Small Island Developing States \(SIDS\) Bridgetown Declaration on NCDs and Mental Health](#), **Barbados** reiterated the importance of allocating resources specifically for NCD policies and programmes, as well as exploring sustained financing solutions for SIDS. Other SIDS such as **Micronesia** and **Maldives**, called for more investment in NCDs and tailored support for SIDS respectively, due to the specific pressures these countries face, including dependence on imported food, commercial influence and trade-related challenges, and climate change.

## **Major developments on NCDs and UHC at EB154**

Under the NCD agenda item, in addition to noting the **annual NCD progress report** [\[EB154/7\]](#), Member States also adopted the decision on increasing availability, ethical access and oversight of **transplantation of human cells, tissues and organs** [\[EB154\(7\)\]](#), led by **Spain**, who highlighted how kidney transplant can be significantly more cost-effective than long-term treatments like dialysis. **Canada** also verbally requested WHO to **outline the process for updating and extending the Global NCD Monitoring Framework and its set of global NCD targets by 2025 and 2030 to 2050**.

Another major point of discussion under NCDs was the draft decision on **strengthening mental health and psychosocial support** before, during and after armed conflicts, natural and human-caused disasters and health and other emergencies, led by the **Netherlands** and **Ukraine** [\[EB154/CONF./11\]](#), to be further negotiated and tabled as a resolution at the 77<sup>th</sup> session of the World Health Assembly (WHA77). **Of concern**, the current draft decision requests that WHO reporting on mental health, dementia, alcohol, drugs, and epilepsy and other neurological disorders, be done separately from the annual consolidated progress report on the prevention and control of NCDs and the promotion of mental health (OP2.7). Given the greater challenges that people at risk of or living with NCDs, including mental health conditions, face to manage their conditions during emergencies, NCD Alliance is supportive of this document overall. However, **we are urging Member States not to risk splitting the current annual NCD progress reporting process as otherwise it would create a non-unified mechanism that does not reflect the five-by-five approach on NCDs**.

On the [road to the 4HLM](#), we are also expecting the convening of **two symposia on the meaningful engagement of people living with NCDs, including mental health conditions**

later in 2024. In light of this, we were extremely pleased to see the support from many Member States for the draft decision on **social participation for UHC, health and well-being**, led by Thailand and Slovenia [[EB154/CONF./10](#)], to also be further negotiated and tabled as a resolution at WHA77 under the UHC agenda item.

We are hoping this Member State-led document will continue to acknowledge the **value of the lived experience and communities (especially of those in vulnerable situations)** in effectively informing health policy and programmes, with a strong focus on the need to implement formal, sustained and meaningful social participation mechanisms that involve civil society in health decision-making processes, while also asking for guidance and tools for the monitoring and evaluation of such mechanisms. This would ensure the resolution remains in line with [NCD Alliance's ask for meaningful engagement](#) of civil society organizations and people living with NCDs to ensure NCD and UHC programmes are people-centered, that is, inclusive and responsive to their needs.

Last but not least, under the UHC agenda item, the development of a WHO global strategy and action plan for **integrated emergency, critical and operative care**, 2026–2035 was requested [[EB154\(6\)](#)].

## **WHO navigating complex geo-political landscapes and providing guidance and support for emergencies**

The reports from the Standing Committee on Health Emergency Prevention, Preparedness and Response ([EB154/5](#)), on WHO's work in health emergencies ([EB154/14](#) and [EB154/15](#)) and Health Conditions in the Occupied Palestinian Territory, including east Jerusalem ([EB154/51](#)) were met with poignant discussion by Member States on the steep increase in humanitarian health needs related to armed conflict and insecurity, accelerating climate change, food insecurity, weakened health systems and disease outbreaks. WHO highlighted that it is responding to more frequent, more complex and longer-lasting health emergencies than at any time in its history, which is leading to a budget gap. This was also noted in the DG's opening remarks, noting that the \$1.5 billion appeal for WHO work in emergencies was launched in January.

Four topics were brought to the table – to continue the Universal health and preparedness review process ([EB154\(9\)](#)); strengthening health emergency preparedness for disasters resulting from natural hazards ([EB154/CONF./2](#), to be finalised); strengthening laboratory biological risk management ([EB154\(10\)](#)); and health conditions in the occupied Palestine territory, including east Jerusalem ([EB154.R7](#)).

A number of countries highlighted their support for WHO and the importance of reaching an agreement on the pandemic treaty as soon as possible, but other member states noted topics identified in the INB and the WGIHR processes around the need to balance sovereignty with the promotion of mutual accountability. The negotiations will continue and hope to reach completion at WHA77.

We were delighted that **Barbados** emphasized the importance of WHO's efforts and support in for people living with NCDs, and vulnerable groups including the elderly, reducing the impact of health emergencies. Spotlighting the needs of people living with NCDs in humanitarian settings will be the topic of the [WHO Global High-Level Technical Meeting](#) in February, where recommendations will also be made towards the UN Fourth High-Level Meeting for NCDs in 2025. NCDA had produced a [policy brief](#) on the topic, with three case studies.

## **Promoting planetary and human health and well-being as a key pillar for the upcoming GPW14 and at EB154**

The EB154 also witnessed substantial discussions on the future strategy of WHO (the GPW14) and its work on Pillar 3 (*one billion more people enjoying better health and well-being*), which are crucial to advance the NCD prevention and control agenda. The reception by Member States around the scope of the six objectives\* proposed in the **draft GPW14** [\[EB154/28\]](#) was mixed, with countries such as **Belgium** welcoming the inclusion of work on commercial determinants of health and the focus on a PHC approach for UHC, while also stressing the need for WHO to better reflect its prioritization exercise as its strategic agenda gets larger. Other Member States echoed concerns around prioritization, and also the need for the results framework to focus on measuring impact. The WHO Secretariat said they will be circulating a revised narrative from mid-March ahead of WHA77.

Late in the EB154 week, Pillar 3 discussions covered structural matters having an impact on people's health outcomes – from the social determinants of health equity and the economics of health for all, to climate change and health, nutrition and health promotion in sport events. Member States welcomed the recommendations for the **World Report on Social Determinants of Health Equity** [\[EB154/21\]](#), to be published later in the year, which flags the importance of monitoring social determinants, with countries having the recently [Operational framework for monitoring social determinants of health equity](#) as guidance.

The work on social determinants of health also touches on economic structures, such as universal public services, development financing and investment and commercial determinants of health, which closely interlinked with the discussions at EB154 on **Economics and health for all** [\[EB154/26\]](#). With many Member States agreeing that health is a long-term investment and that our economies need to be re-oriented, valuing health (and budgeting health needs) across government sectors, in line with [NCD Alliance's statement](#). During the debate, some discussions emerged around the need to maximize the public value of investments in health over commercial interests. A draft decision on this topic, led by Finland [\[EB154/CONF./8\]](#), will be further negotiated and tabled as a resolution at WHA77.

Another key draft decision that was not considered by the Executive Board, and will be further negotiated and tabled as a resolution at WHA77, was the one on **climate change and health** [\[EB154/CONF./12\]](#), led by the **Netherlands** and **Peru**. As [highlighted by NCD Alliance](#), the document must call for reductions in fossil fuel use as the most significant driver of climate change (and air pollution) to ensure it addresses comprehensively the many impacts of climate change on human health, and it will be key that civil society is

consulted in the development of the requested WHO's Global Plan of Action on Climate Change and Health. Member States didn't necessarily focus on the role of mitigation beyond health systems, although **Belgium** alluded to the health co-benefits of a *climate-in-all-policies* approach including through more sustainable, healthier food systems and active transportation – and **Norway**, on behalf of the Nordic and Baltic countries, recognized people living with NCDs have increased risks of mortality due to heat and other climate change-related impacts. Funding for climate change and health was also a topic of concern, with **Namibia** flagging that only 0.5% of climate finance is dedicated to health projects.

The only decision adopted under Pillar 3 was the one led by **Qatar** on **strengthening health and well-being through sports events** [[EB154\(13\)](#)], which aims to leverage existing tools and best practices to improve health promotion around sports events, which is crucial in the context of a comprehensive approach to implementing other NCD “best buys”. One of the paragraphs (OP1.5) was amended from the floor in order to proceed with the adoption of the decision, touching on the importance of limiting the marketing of unhealthy products in sports events, which is imperative in order to protect children and youth as highlighted in NCD Alliance's **Selling a Sick Future policy report**.

Last but not least, under Pillar 3, there were discussions on progress towards the **maternal, infant and young child nutrition** targets, including for childhood obesity and breastfeeding promotion, with many references to WHO's recently published [Guidance on regulatory measures aimed at restricting digital marketing of breast-milk substitutes](#) (BMS), which also applies to foods for infants and young children that are not BMS. There was a division between Member States on whether there should be a resolution tabled at WHA77 on the digital marketing of BMS following this guidance, as suggested by **Brazil**, with other Member States opposing this on the grounds that there are too many resolutions already being negotiated for the next World Health Assembly session, and others suggesting having technical consultations on the guidance's implementation instead. During this debate, **France** also confirmed that the Paris' Nutrition for Growth Summit will be taking place in 202, with a programme also looking into maternal nutrition and breastfeeding.

## Conclusion

The EB154 has given us a glimpse of the road ahead to the Fourth UN High Level Meeting on NCDs in 2025. We are awaiting the UN Secretary-General Report at the end of 2024, which will be informed by the Global High-Level Technical Meeting on NCDs in Humanitarian Settings in February and the Global NCD Financing Dialogue in June. Stay tuned for NCDA's advocacy priorities for 2025.

*\* The draft GPW14 proposes six strategic objectives around 1) climate change and health; 2) determinants of health; 3) PHC and essential health system capacities; 4) health service coverage and financial protection; 5) health emergencies prevention, mitigation and preparedness; and 6) health emergencies early detection and response.*