

8 key moments from 74th World Health Assembly

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Ministers of Health from around the world gathered for the 74th session of the World Health Assembly at the end of May 2021, at a moment when health has never been higher up the agenda of world leaders. More than a year into the COVID-19 pandemic, the failure to adequately prepare for a predictable threat and the arguably even greater failure to build equity into the response provided the political context for a tense and hotly anticipated Assembly.

What was perhaps most notable about WHA74 is that the pandemic did not dominate the entire agenda. Ministers and WHO understood that action is needed across all pillars of WHO's mission, entailing action for Healthier Populations and Universal Health Coverage, as well as Health Emergencies. National governments as well as the independent high-level panels brought in to advise WHO conveyed strong messages about lessons learned for investment in resilient health systems, strengthening the health workforce worldwide, and ensuring that people living with other health conditions receive essential care.

WHA74 also delivered many watershed moments for NCD policy. Here are our top 8:

1. Political recognition that NCDs remain the biggest threat to global health and development, with calls for increased investment

Government representatives from Ethiopia, Fiji, Indonesia and Norway reminded colleagues that NCDs remain the greatest challenge to health worldwide, and are a significant barrier to development, and yet have been neglected compared to other global health priorities. The pandemic puts the cost of NCD inaction into sharp relief for leaders, with an overdue realisation that high prevalence of preventable NCDs puts their populations – and economies – at higher risk of an infectious outbreak.

Several countries, including Denmark, Fiji, Jamaica and Lebanon, called for action to close the investment gap

for NCDs. The delegate from Ghana called for support to mobilise both domestic and external resources for NCD prevention, control and improved data management, akin to the support available for HIV, TB and malaria.

2. A future pandemic treaty should recognise that people living with NCDs are in the crosshairs of the syndemic of COVID-19 and inequality

The calls to increase NCD action rang loud from representatives from all continents. US delegate Loyce Pace told the Assembly that “COVID 19 has demonstrated the importance of measures to address NCDs as living with NCDs greatly exacerbates risks of extreme disease and the need to address health disparities.” The Honorable Lyonpo DASHO Dechen Wangmo, Minister of Health of Bhutan summarised that “during the pandemic and global health emergencies, it is often the most vulnerable in our societies that are most affected including people living with NCDs. In designing our response and health systems, we must consider their urgent needs.”

The Assembly agreed to convene a Special Session from 29 November – 1 December 2021 to discuss potential benefits of developing an international instrument to coordinate global pandemic preparedness and response, being inevitably referred to as a ‘pandemic treaty.’ Representatives in Geneva will start discussions in a Working Group shortly.

3. A groundbreaking resolution to accelerate action on diabetes and obesity

After lengthy negotiations between national representatives, the resolution [Reducing the burden of noncommunicable diseases through strengthening prevention and control of diabetes](#) [1], was adopted with unanimous support and co-sponsored by Russia, Belarus, Botswana, China, Ecuador, Eswatini, Ethiopia, France, Indonesia, Jamaica, Kenya, Mozambique, Norway, Russian Federation, South Africa, Sudan, United Arab Emirates, Uruguay, and Vanuatu with Bahrain, Bolivia, Brazil, Canada, Chile and Lebanon adding their support during the Assembly.

The resolution calls for urgent coordinated global action on diabetes, which is now among the top 10 causes of global deaths and a leading cause of stroke, cardiovascular and kidney diseases, blindness, oral diseases and lower-limb amputation. It addresses both type 1 and type 2 diabetes and recognises the urgency of ensuring access to insulin as a life-saving medication, whilst also pledging to step up action to prevent type 2 diabetes, overweight and obesity.

With its adoption, governments welcome WHO’s Global Diabetes Compact and invite WHO to propose targets on both obesity and diabetes to WHA in 2022. These targets must address gaps in diagnosis, access to lifesaving treatment specifically including insulin and associated supplies and technologies, and for prevention of type 2 diabetes and obesity via action on ultra-processed food and drink as major risk factors.

Read our [joint statement](#) [2] and [joint report](#) [3] with International Diabetes Federation!

4. Many more ‘gavel moments’ for NCDs, oral health and eye care

Several key NCD policy decisions were formally given the greenlight. These included a decision to approve [global targets for eye care](#), [4] to prevent vision impairment and blindness as well as a landmark resolution on oral health. Both recommendations gathered unanimous support.

The [oral health resolution](#) [5] led by Sri Lanka and supported by 40 countries as co-sponsors, calls on WHO to develop a global strategy, action plan, 2030 targets and best buys for oral health. Many delegates, including the European Union and Israel, noted the links between oral health conditions and other NCDs, and the urgency of

ensuring that dental care is integrated within primary health care and universal health coverage. The resolution calls for a focus on prevention by tackling common NCD risk factors including sugar, tobacco and alcohol consumption, as well as inequalities which exacerbate health disparities.

In light of the many NCD-related decisions at WHA74 and at WHA73 in 2020, WHO has been asked by member states to ensure newly approved targets and indicators are included in their overall approach to universal health coverage. WHO has also been tasked, by formal decision at WHA74, to propose an [NCD implementation roadmap](#) [6] to accelerate action deliver on the global NCD action plan by 2030. The continuation of the [mandate of the Global NCD Coordination Mechanism \(GCM\)](#) [7]v has also been approved to 2030.

5. Strong support for mental health

Many governments spoke powerfully about the impact of the pandemic on public mental health, and supported a decision to adopt the updated [Mental Health Action Plan to 2030](#) [8]. Mexico recognised that COVID-19 has impacted both on how mental health services could be delivered, but also that there is growing demand for mental health care, linked to hardships and losses suffered during the pandemic. Norway noted that “Mental health is one of the most neglected areas. We must ensure that mental is health delivered as part of PHC. We need to rethink measures to deliver services for most vulnerable groups.” The Dominican Republic described mental health as “a silent pandemic.”

6. Calls to increase local production and access for essential medicines

Galvanised by ongoing negotiations at the World Trade Organisation about a waiver of intellectual property rights (TRIPS) to allow scaled up production of COVID-19 vaccines, many delegates highlighted price transparency of medicines and health products in their interventions. Argentina spoke up as the host of the most recent global Fair Pricing Forum. Norway noted the launch of the Oslo Medicines Initiative, together with WHO European region, which seeks to increase transparency and enhance public trust in health systems.

Ethiopia led a resolution, which garnered support from over 100 countries, on [Strengthening local production of medicines and other health technologies to improve access](#) [9], which seeks to support building of capacity for production in low- and middle-income countries. This would expand an approach already used by organisations fighting HIV, TB and malaria and build on the successful work of Medicines Patent Pool to promote voluntary licencing for essential medicines.

7. Appetite to tackle health inequality

COVID-19 has put equity in the spotlight, with disparities apparent from data gathered all over the world. The impacts have not been equal across populations, with poorer and marginalised groups, as ever, bearing the brunt – and linked to higher prevalence of NCDs. The adoption of a [resolution on social determinants of health](#) [10] calls for increased national monitoring and data gathering on social determinants, supported by WHO, as the basis for improved decision-making.

Commercial determinants of health were also highlighted, as regards impact and undue influence of health-harming industries. Slovenia gave an impassioned intervention on the links between equity and NCD risk factors, putting alcohol in the spotlight; and Norway intervened to call on WHO to maintain its impartiality when accepting donations from the private sector via the WHO Foundation – a reference to attempted interference by the alcohol industry and producers of ultraprocessed foods, including breastmilk substitutes.

8. Commitments to involve people living with NCDs in policy making

Both the diabetes resolution and a newly adopted resolution on achieving the highest standard of health for people living with disability commit to engaging people living with NCDs in decision-making processes. The [disability resolution](#) [11] states: ***Recognizing also the need to include the experiences and perspectives of persons with disabilities and their representative organizations in all issues, including by taking steps to ensure and actively facilitate their meaningful participation in programmes, policy and decision-making processes.***

These commitments are very welcome, with the recent WHO consultations on diabetes setting a new best practice in terms of engaging views of people with lived experience. We look forward to this being mainstreamed across WHO and UN decision-making.

About the author

Nina Renshaw ([@ninawren](#) [12]) is Director of Policy and Advocacy at NCD Alliance, leading, developing, implementing and managing NCDA's global policy and advocacy work. Prior to joining the NCD Alliance, Nina was Secretary-General of the European Public Health Alliance (EPHA) and previously Deputy Director of the campaign group Transport & Environment. Nina has served as a board member of several NGOs, including the Health and Environment Alliance (HEAL), the European Citizens' Organisation for Standardisation (ECOS), and Green Budget Europe, and has represented civil society on advisory groups to the UNECE, WHO, OECD and to the European Commission. Nina studied International Business with Modern Languages (German and French) and has a Master's degree in Contemporary European Politics and Policy. [Learn more about Nina](#) [13]

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[1] https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R4-en.pdf

[2] <https://ncdalliance.org/news-events/news/wha74-adopts-landmark-resolution-on-diabetes>

[3] <https://ncdalliance.org/resources/pressure-points-call-for-simultaneous-action-on-diabetes-and-hypertension-for-more-resilient-health-systems>

[4] [https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74\(12\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74(12)-en.pdf)

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