

Sowing Solidarity: PAHO States Call for United Action on NCDs

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Toward the close of his [address at the High-Level Welcome](#) [1] at the 75th World Health Assembly, Director-General Tedros quoted John Lennon, “You may say I’m a dreamer, but I’m not the only one.” His concluding remarks then served as a solemn call to action: “Because unless we dream of a better world, we will keep waking up in this one; unless we aim higher, we will land lower; unless we sow solidarity, we will reap division; unless we seek peace, we will find war. Today, and every day, we must choose health for peace and peace for health.”

Throughout the week’s discussions, the objective was clear: solidarity amongst Member States and WHO, strengthened collaboration, and accountability across all sectors must mark the path forward. Given the overlapping and interrelated risk factors that characterize noncommunicable diseases (NCDs), united responses and investments in cross-cutting interventions are critical to improving the lives of people living with NCDs and protecting those at risk. On behalf of the 240 million people living with NCDs in the Americas, PAHO States petitioned for a unified and hastened response.

Vice President Alfredo Borrero of Ecuador and President Luis Abinader of the Dominican Republic represented the PAHO region in the opening plenary. Both leaders called for solidarity, strengthening the architecture of global health governance, and resolved commitment to achieve Universal Health Coverage to fulfill the right to health. The Dominican Republic’s notable achievement of 98% basic health insurance coverage is exemplary. The impact that Heads of State can make by following through on their commitments with action demonstrates the power of engagement across government sectors to invest in health: where there is political will, there is a way.

Key asks from around the region

While it was encouraging that mental health was given its due space, many states underscored the work still to be done. Argentina and Belize advocated for the integration of mental health services into comprehensive primary care. Colombia stressed the importance of considering the effects of psychoactive substances on mental health in planning such integrated services. The United States, Suriname, and Dominican Republic conveyed the need for policies to

combat the stigmatization of mental health and neurological disorders, and Peru emphasized the importance of increased visibility of mental health to address insufficient public investment in this area. Concern was also raised for [the mental health of healthcare workers](#) [2], given the burnout witnessed due to the COVID-19 pandemic. In response to this, Jamaica called for mental health services to be embedded in WHO emergency healthcare provisions and Paraguay is working to ensure mental health is part of its national emergency response plan.

The Bahamas cited an insufficient budget and the impact of both COVID-19 and hurricanes in disrupting progress on NCDs. As such, they expressed reservations in committing to some of the 2030 targets, stating that the cervical cancer target of 4/100,000 remained outside their grasp and that the country was losing the battle against obesity. However, they resolved to leverage the power of numbers in the fight against NCDs with enhanced community empowerment and health literacy, requesting stronger WHO support in nutrition content labeling to help achieve this. In recognition of regional solidarity, the Bahamas acknowledged the work and leadership of the [Healthy Caribbean Coalition](#) [3], in developing a [New Transformative Agenda for NCD prevention and control](#) during COVID-19, which was developed through consultations with people living with NCDs, government and civil society actors, and called for country-level funding to support these efforts on NCD prevention and care in the Caribbean.

A united call for prevention

In another showcase of impactful partnerships, Mexico referenced a “spirit of cooperation” in collaborating with Chile and Peru to develop and implement measures to empower their communities, promote healthy eating with clear labeling of unhealthy food, and prevent unhealthy food from being sold in schools. They are dismayed, however, by the efforts of the unhealthy commodity industries to hamper these initiatives through transnational corporations. Unfortunately, this is not new. Hundreds of tactics adopted by the unhealthy commodity industries during the COVID-19 pandemic to date are documented in [“Signalling Virtue, Promoting Harm - Unhealthy commodity industries and COVID-19](#) [4]”.

Several other Member States also highlighted the concern for the marketing of consumer items such as alcohol, tobacco, breastmilk substitutes, sugar-sweetened beverages, and highly processed food. Peru, Uruguay, and Mexico brought attention to the problem created by digital marketing that targets vulnerable groups, reinforcing the need for global cooperation in standard-setting and guidance from WHO to mitigate harmful industry influence. Uruguay supported a cross-border instrument to regulate alcohol marketing on platforms such as social media. Ecuador stated that the alcohol industry should be treated the same as the tobacco industry, and explicitly called for the Framework Convention on Alcohol similar to that for [Tobacco Control](#) [5] to inform alcohol policy, and encouraged cooperation with civil society in this endeavor.

At the other end of the spectrum, regarding the [draft WHO Global Alcohol Action Plan \(2022-2030\)](#) [6] to implement the Global Strategy to reduce the harmful use of alcohol, it was disconcerting to hear the United States’ position that some aspects of the Action Plan, such as those regarding trade agreements, fall outside the mandate of WHO. The United States’ position misaligns with the public health imperative to address commercial determinants of health and to prevent undue influence from harmful industries in global health policy.

It was refreshing to hear one of the statements on NCDs delivered by [Canada’s youth delegate](#) [7]. The young delegate offered Canada’s appreciation for the inclusion of air pollution as an important risk factor for NCDs. More important, however, was their appeal for more work to be done in understanding other environmental impacts on NCDs. The emphasis here is important: we must invest in understanding and mitigating environmental health impacts, and we must include youth in these conversations, as they are the future generations who stand to be the most affected by environmental changes. Youth voices and participation in international fora are essential to identifying and implementing sustainable solutions for NCDs that consider and address environmental risk factors.

For individuals at the heart of it, NCD progress cannot wait

In all of these discussions, solidarity echoed as a requisite for responding to NCDs across the floor. Ecuador implored states to work together and with WHO to accelerate progress on NCDs and reach the SDG targets. Panama noted how COVID-19 magnified long-existing inequalities, candidly demonstrating that the world cannot waste time in siloed and fragmented responses to global health crises. To abate the NCD crisis, we need timely and cooperative efforts at each stage of target-setting, policy and strategy development, implementation, and evaluation. Global solidarity cannot be an objective only for cooperation among governments and with multilateral agencies, it must facilitate [the](#)

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[meaningful inclusion of the people behind the statistics](#) [8]. Solidarity must be more than a sound bite: it must be an actionable commitment to creating, and not just dreaming of, a world with health and peace for all.

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[1] <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-address-at-the-75th-world-health-assembly---22-may-2022>

[2] <https://iris.paho.org/handle/10665.2/55972>

[3] <https://www.healthycaribbean.org/about-the-healthy-caribbean-coalition/>

[4] <https://ncdalliance.org/resources/signalling-virtue-promoting-harm>

[5] <https://fctc.who.int/>

[6] https://apps.who.int/gb/ebwha/pdf_files/EB150/B150_7Add1-en.pdf

[7] <https://www.canadianyouthdelegate.org/>

[8] <https://ncdalliance.org/what-we-do/capacity-development/our-views-our-voices/global-charter-on-meaningful-involvement-of-people-living-with-ncds>

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