

NCD Alliance Advocacy Briefing 76th Session of the World Health Assembly (WHA76)

This briefing note provides background and key advocacy messages on the noncommunicable disease (NCD) relevant items on the WHA76 provisional agenda (WHA76/1 Rev. 1) from the NCD community.

Key Message



APPLAUSE FOR APPENDIX 3

The NCD community **applaud the draft update to Appendix 3, a menu of policy options and cost-effective interventions for the prevention and control of NCDs**. This work is vital as global progress is not on track to achieve global targets on NCDs and their risk factors by 2030, impacting the associated Sustainable Development Goal (SDG) 3 targets, including the attainment of UHC. We also appreciate WHO and Member State's efforts to advance global and country policy development and implementation across the continuum of care, with a focus on Primary Health Care (PHC), for people living with NCDs through WHA76.



URGENT NEED TO INTEGRATE NCDS/APPENDIX 3 INTO UHC RESOLUTION

The NCD community are surprised and disappointed that no NCD specific language was included within the EB152 decision "Preparations for the high-level meeting of the United Nations General Assembly on universal health coverage" (EB152(5)). **We encourage Member States to ensure the corresponding WHA76 resolution on UHC is strengthened by including language on the need to invest in, and accelerate implementation of, essential NCD prevention and care across the continuum of care in national UHC health benefits packages, as laid out in Appendix 3** - in times of peace and in the face of health emergencies and humanitarian crises.

UHC has three dimensions:

- **Service coverage:** Yet, despite NCDs being the biggest global killer, current coverage and access to NCD services is inadequate in most countries. For example, UHC will not be achieved so long as half of adults living with diabetes are undiagnosed and are unable to access the insulin they need.
- **Population coverage:** Yet, people in marginalised communities have a higher risk of dying from NCDs than the general population. UHC will not be achieved so long as we accept that 85% of premature deaths from NCDs occur in low- and middle-income countries (LMICs).
- **Financial coverage:** Yet, globally financing for NCDs has been stagnant over the last thirty years, all too often leaving people living with NCDs bearing the financial burden. UHC will not be achieved unless we break the cycle of generational poverty caused by NCDs.

NCDs are a global issue, a health security issue, a development issue. NCDs are an equity issue. Accelerating UHC implementation by including quality NCD prevention and care in country UHC health benefit packages is vital to ensuring healthy populations and resilience in the face of future pandemic threat.



NOTHING ABOUT US WITHOUT US

Throughout WHA76 discussions, recognise the importance of involving people living with NCDs in the development and planning of policies for well-being and across the continuum of care, in line with the WHO Framework for Meaningful Engagement of People Living with NCDs and Mental Health and Neurological Conditions and the Global Charter on Meaningful Involvement of People Living with NCDs. People living with NCDs have the right to the highest attainable level of health, and can bring the lived-experience expertise that no one else can.

To support meaningful action on NCDs during the WHA76 we call for Member States to consider the NCD community's calls to action detailed in this briefing when engaging in negotiations and when drafting statements. Throughout this briefing, recommendation are classified as:

 We applaud	The NCD community welcomes and aligns with current text and associated action.
 We recommend	The NCD community sees opportunity for the current text and associated action to be strengthened (including alterations and additions).
 We express caution	The NCD community is concerned with the current text and would recommend caution and alternation of the text and associated action.

Logistics: WHA76 will take place in person in Geneva, Switzerland from 21st - 30th May 2023. Proceedings will also be livestreamed on WHO's website. A full list of documents, together with updated timetables for each day, can be found within the WHA76 Journal.

This document was developed in consultation with Geneva NCD Advocates group, which included representation from FDI World Dental Federation, International Diabetes Federation (IDF), Movendi International, The Lancet Commission on Diagnostics, Union for International Cancer Control (UICC), World Cancer Research Fund International (WCRFI), World Heart Federation (WHF), World Obesity Federation (WOF), World Stroke Organization (WSO).



NCD community's calls to action during WHA76

Pillar 1: One billion more people benefiting from universal health coverage

12. Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)

[Document A76/5](#)

We note with concern that:

- Less than half (about 44%) of infants between 0 and 6 months of age are exclusively breastfed and only 32 countries have legislation in place that is broadly aligned with the International Code of Marketing of Breast-milk Substitutes.
- Mental health issues amongst this population. With estimates for the year 2020 showing a global increase in major depressive disorders among the general population of 27.6% and an increase in anxiety disorders of 25.6% since the onset of the COVID-19 pandemic compared with rates prior to its start.



We applaud the life course approach adopted by the strategy to optimise health trajectories and the 2022 WHO recommendations on early initiation of exclusive breastfeeding as well as reports published to highlight the continuing problem of the promotion of commercial breast-milk substitutes. Optimal breastfeeding of children between 0 and 23 months of age could save over 820,000 lives.



To further optimise the health trajectory of women, children and adolescents to ensure progress towards the SDGs, we recommend that Member States invest in, and accelerate implementation of, essential NCD prevention and care services across the continuum of care and across the life course in national UHC health benefits packages. Further, Member States should align development and global health priorities to achieve UHC, breaking down siloed approaches to funding and implementation of health services, including within women's, children's and adolescents' health.

13.1 Universal health coverage

Documents A76/6*, Consolidated report by the DG (A76/7 Rev.1) and EB152/2023/REC/1, EB152 decisions [EB152\(3\)](#), [\(EB152/5\)](#), [EB152\(4\)](#) and [EB152\(6\)](#)



We call for Member States to strengthen language in proposed resolution “Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage” ([EB152\(5\)](#)), to accelerate UHC implementation by including reference of the need to:

- Invest in, and accelerate implementation of, essential NCD prevention and care across the continuum of care in national UHC health benefits packages, as laid out in Appendix 3 - in times of peace and in the face of health emergencies and humanitarian crises.

For further information on NCD Alliance’s Advocacy Priorities For the 2023 UN High-Level Meeting on Universal Health Coverage please refer to the [policy brief linked here](#) or contact Dr Grace Dubois, Senior Policy and Advocacy Manager (gdubois@ncdalliance.org).



Support the draft resolutions associated with EB152 decisions on:

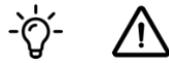
- “Integrated emergency, critical and operative care for universal health coverage and protection from health emergencies” [EB152\(3\)](#),
- “Increasing access to medical oxygen” [EB152\(4\)](#) and
- “Strengthening diagnostics capacity” [EB152\(6\)](#) (see further [detail below](#)).



<p>13.2. Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health</p> <ul style="list-style-type: none"> ● Draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases (EB152/6, Annex) <p>Other documents: A76/7 Rev.1; A76/7 Add.1 Rev.1</p>	<ul style="list-style-type: none"> ●  Support the adoption at WHA76 of the draft decision EB152(11), which endorses the updated Appendix 3 of the Global NCD Action Plan, asking WHO's Director-General to perform another update by WHA80 (2027) and to keep Appendix 3 open for updates (only revising interventions) on a continuous basis when data becomes available. <ul style="list-style-type: none"> ● Support the implementation of the WHO's acceleration plan to STOP obesity to accelerate national action, and welcome the progress report under A76/7 Add.1 Rev.1. ● Support the development of the draft Global Oral Health Action Plan (2023 - 2030) and its monitoring framework to track progress (see further detail below). ●  We call for Member States to resource and integrate NCD prevention and care interventions contained within Appendix 3 into UHC benefit packages; health promotion and disease prevention are core elements of the continuum of care and, as such, the progressive realization of UHC requires accelerated national implementation of Appendix 3 interventions. ●  We urge WHO to establish a clear and inclusive regular update mechanism for Appendix 3 that is protected against undue influence from health-harming industries, also shedding light on the Appendix 3 methodology, including on how reference studies used for the cost-effectiveness analyses are selected over others. Before publication of this update, we also ask WHO to retain the term (and not only concept) of 'best buys' as a well-recognised and easily understood signal to policymakers. <p><i>For further information about the review process of Appendix 3, please refer to WHO's webpage dedicated to this, further comments below and NCDA's last submission during the consultation process; you can also contact Ms. Liz Arnanz, Policy and Advocacy Manager (larnanz@ncdalliance.org).</i></p>
<p>13.4. Strengthening rehabilitation in health systems</p> <p>Documents A76/7 Rev.1 and EB152/2023/REC/1 EB152 Decision EB152(10)</p>	<ul style="list-style-type: none"> ●  Support the draft resolution “Strengthening rehabilitation in health systems” EB152(10) (see further details below)

Pillar 2: One billion more people better protected from health emergencies
15.1 Strengthening WHO preparedness for and response to health emergencies

Document A76/10*



Given the indisputable link between NCDs and health emergencies we call for Member States to strengthen language in the zero draft of WHO convention, agreement or international instrument on pandemic prevention, preparedness and response (WHO CA+) and in amendments to the IHR as laid out below. NCDs must remain a priority in all related accords at the national, regional, and global levels.

The prevalence of noncommunicable diseases (NCDs) increases the vulnerability of populations to pandemics. An estimated 60-90% of mortality in COVID-19 cases is attributable to one or more comorbidities. Data shows a substantial rise in the risk of CVD, heart attack, and stroke, after SARS-CoV-2 infection. Interruptions in access to screening, diagnostics and care have also proven a huge burden across the NCD spectrum that will add to the excess deaths from the pandemic for years to come. The harm caused by NCD risk factors, such as alcohol and tobacco, burdens health systems and undermines health emergency preparedness and response.



Because of this, throughout discussions linked to Pillar 2: *One billion more people better protected from health emergencies* and within new/updated text of the WHO PPPR CA+ and International Health Regulations (IHR), it is imperative Member States:

- Recognise people living with NCDs as vulnerable and at risk populations.
- Invest in, and ensure continuity of essential services, across the continuum of care, for people living with NCDs in health emergencies. Appendix 3 of the WHO Global NCD Action Plan, also known as the “best buys” outlines a menu of cost-effective policies to prevent and manage NCDs for example cervical cancer screening, provision of cardiovascular disease and diabetes drug therapies and taxation of unhealthy commodities.
- Strengthen accountability by collecting and monitoring data on NCD prevalence, comorbidities and risk factors as key performance indicators and seek support for management of conflict of interest.
- Finally, progressive realisation of UHC, including investment in NCD prevention and care in country UHC health benefit packages is vital to ensuring healthy populations and resilience in the face of future pandemic threat.



COMMENTS ON THE ZERO DRAFT OF THE WHO CA+ FOR THE CONSIDERATION OF THE INTERGOVERNMENTAL NEGOTIATING BODY AT ITS FIFTH MEETING

Overarching comments

The COVID-19 pandemic has shown that the prevalence of underlying conditions such as noncommunicable diseases (NCDs) increases the vulnerability of populations to pandemics. Some studies estimate that mortality in 60 to 90 % of COVID-19 cases is attributable to either one or more of these comorbidities.¹ At the same time emerging data suggests that people living with NCDs also experience worse health outcomes from these existing conditions during pandemics as a result of service disruptions, delays, and cancellations of essential health services.²

- We welcome the zero draft and active consultation with organisations around the world and different segments of society.
- The COVID-19 pandemic has, and continues to, demonstrate the need for greater political commitment and allocation of resources for health as it underpins the social and economic wellbeing of all communities and countries.
- We urge Member States to include specific language on the continuation of essential health services across the continuum of care, particularly for NCDs, during pandemic preparedness, response and recovery within the WHA CA+.

	<p>For further information please refer to NCDA, UICC and FDI’s full comments on the zero draft of WHO CA+ linked here or contact Dr Grace Dubois, Senior Policy and Advocacy Manager (gdubois@ncdalliance.org).</p>
<p>Pillar 3: One billion more people enjoying better health and well-being</p>	
<p>16.1 <u>Well-being and health promotion</u> (EB152/20)</p> <p>16.3 <u>Social determinants of health</u> (EB152/22)</p> <p>16.5 <u>United Nations Decade of Action on Nutrition (2016-2025)</u> (EB152/24)</p> <p>Other documents: A76/7 Rev.1; A76/7 Add.2</p>	<p> Support the adoption the draft decision A76/7 Add.2, which adopts the global framework for integrating well-being into public health utilizing a health promotion approach (revised version as of 6 April available here), and requests for reporting on progress at WHA77 (2024), WHA79 (2026), WHA84 (2031), but urge Member States to request that the language on engaging private sector is accompanied with mention of mechanisms to safeguard well-being and health policies and programmes from conflicts of interest.</p> <p> On item 16.1, we urge Member State to recognize the importance of involving people living with NCDs (including with eye and oral diseases) and all health professionals in the planning and development of well-being policies, as health promotion is relevant throughout the continuum of care of people living with NCDs and other health conditions.</p> <p> On item 16.3, we recommend that the draft WHO operational framework is also consulted with civil society actors, given their expertise and experience in contributing to efforts to achieve health equity. <i>N.B.: A draft version of the operational framework is now publicly available here.</i></p> <p> On item 16.5, we express concern on the limited level of implementation of regulatory approaches (at population level) to promote healthy diets,; and that there is only a road map for the implementation of WHO’s draft approach to preventing and managing conflicts of interest in country-level nutrition programmes in the region of the Americas.</p>

* Official documents not publicly available at the time of publication.

To engage further with NCD Alliance or for more information on our advocacy asks please contact info@ncdalliance.org.

Further Detail of NCD community calls to action¹

Pillar 1: One billion more people benefiting from universal health coverage

13.1 Universal health coverage

Draft resolution “Strengthening diagnostics capacity” [EB152\(6\)](#)

Diagnostics, along with vaccines and medicines, are cornerstones of health care and a key component of the continuum of care for people living with NCDs. However, the SDG 3 on Health mentions medicines 4 times, vaccines 3 times, diagnostics 0 times. Diagnostics are critical for promoting health for conditions including (but not limited to) NCDs as well as communicable diseases, rare diseases, and injuries. COVID-19 has underscored the importance of diagnostics in pandemic response. The *Lancet* Commission on Diagnostics Report² provides baseline data on gaps in access, and the health and economic consequences of these gaps. A key finding is that 47% of the global population (3.8 billion), and 81% in low and lower-middle income countries, have little to no access to core diagnostic tools, including both laboratory diagnostics and diagnostic imaging.

To overcome key barriers to increase access to diagnostics, through the draft resolution, Member States are asked to establish a strategy to increase diagnostics capacity and ensure access to diagnostics as part of their National Health Plans. These include:

- To develop a national list of priority diagnostics, including both laboratory and imaging diagnostics, drawing on WHO and other evidence-based guideline documents;
- To make key priority diagnostics available at primary care level, and to include priority diagnostics in UHC and other community insurance benefits packages;
- To invest in developing an appropriate workforce at all levels of the health system, with the skills and upgrading needed to support advances in diagnostics;
- To commit to regulatory frameworks to ensure validation and quality of diagnostic tools appropriate for the national context;
- To commit resources to invest in research and expanding manufacturing capacity for diagnostics;
- To nurture under WHO coordination an ecosystem of manufacturing research and development which encourages strong collaboration between government, research institutions, civil society, philanthropic foundations, international organizations and private entities, acknowledging the importance of public-private partnership, technology transfer, and knowledge sharing

The resolution also requests the WHO Director-General to support MS in implementing the resolution notably:

- by developing key tools and collecting data on affordability and availability of priority diagnostics;

¹ Agenda items are listed in the order of the provisional agenda of WHA76 ([A76/1 Rev. 1](#))

² Fleming KA, Horton S, Wilson ML, et al. “The *Lancet* Commission on diagnostics: transforming access to diagnostics.” *Lancet* 2021; 398: 1997–2050

- by generating data (through a comprehensive health technology assessment of medical devices) to support decision making by MS in developing and implementing a National Diagnostics List
- by introducing a WHO focal point responsible for diagnostics.



We applaud and warmly welcome the initiative of the Kingdom of Eswatini to table a resolution to strengthen diagnostics capacity for consideration at WHA76 and support of the EB152 for this initiative.³

A WHA resolution on this topic would provide for the first time a unique framework for WHO and Member States to address and overcome access and capacity of diagnostics challenges for a broad range of disease conditions. It will ultimately improve lives of millions of individuals.

13.2 Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health

- Draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases ([EB152/6, Annex](#); [A76/7 Rev.1](#); [A76/7 Add.1 Rev.1](#) ; [EB152\(11\)](#))

At WHA76, the report by the Director-General which includes the annual update on progress achieved in the prevention and control of NCDs ([EB152/6](#)) will be discussed, and the draft updated menu of policy options and cost-effective interventions for the prevention and control of NCDs ([EB152/6, Annex](#)) (that is, the Appendix 3 of the Global NCD Action Plan or, as also known before, the NCD ‘best buys’ and other recommended interventions) will be considered for endorsement.

The progress overview continues to warn that countries are off track to achieve NCD targets by 2030, despite these being achievable given the existence of tried-and-tested policy, legislative and regulatory measures to strengthen health systems and multisectoral action to reduce the exposure to NCD risk factors and their determinants. The annual progress report highlights concerning trends, such as that the proportion of NCD mortality in relation to all deaths continues to grow, that diabetes mortality increased between 2000 and 2019, that rates of childhood and adult obesity do not cease to increase, and that most of the world’s population is exposed to unhealthy levels of air pollution.

The updated Appendix 3 submitted for WHA76 consideration presents some substantial changes. The main changes between the 2022 discussion papers and the version submitted for EB152 and WHA76 consideration have been summarized by WHO within “[2022 Updated appendix 3 of the WHO Global NCD Action Plan 2013-2030: Version control](#)”. These include substantial changes which are in line with [NCD Alliance’s joint submission in response to the second consultation on the Appendix 3 update](#) which took place in August 2022. It is important to highlight that the revised draft reiterates that interventions without a generalized cost-effectiveness analysis (GCEA) do not mean that they are not cost-effective, but that it was not possible to perform the GCEA.

³ For further information please contact the Lancet Commission on diagnostics: dxcommission@icloud.com

At WHA76, Member States will consider endorsing the updated Appendix 3 via draft decision [EB152\(11\)](#), which also asks WHO's Director-General to perform another full update by WHA80 (2027) and to keep Appendix 3 open for regular updates (only in terms of revising interventions) on a continuous basis when data becomes available.

Under this agenda item, Member States are also requested to note the report [A76/7 Add.1 Rev.1](#), which provides an update on WHO's *Acceleration plan to support Member States in implementing the recommendations for the prevention and management of obesity over the life course*. The report confirms that the following countries will be part of this acceleration plan: **Argentina, Bahrain, Barbados, Botswana, Brazil, Chile, Egypt, Eswatini, Islamic Republic of Iran, Jordan, Kuwait, Mauritius, Mexico, Panama, Peru, Philippines, Portugal, Qatar, Seychelles, Slovenia, South Africa, Thailand, Tonga, Trinidad and Tobago, Tunisia, Türkiye, United Kingdom of Great Britain and Northern Ireland, and Uruguay**. These countries will develop with the support of WHO tailored country road maps with clearly identified priority interventions tracked across mid-term (2025) and long-term (2030) targets and a clear pathway towards implementation.

N.B.: Under this agenda item, the NCD Alliance is coordinating a constituency statement reflecting on the below key messages and with a focus on NCD prevention; and the Union for International Cancer Control is coordinating another constituency statement more focused on NCD diagnosis, treatment and care. These two statements will complement each other, mutually reinforcing our key asks.

 **We applaud and warmly welcome the updated Appendix 3 of the Global NCD Action Plan, which has many strengths, including the expansion of the GCEA to additional interventions, parameters, and data, reinforcing the investment case of WHO policy recommendation on both NCD prevention and care.** In particular, we commend:

- Many of the most cost-effective interventions to promote healthy diets have been formulated to address other unhealthy nutrients beyond salt (sugars, trans-fats, saturated fats); and targeted nutrients have been specified within the interventions and there is now also a call for countries to develop and implement national nutrient-and food-based dietary guidelines, as well as nutrient profile models.
- The updates on tobacco interventions, mainly 1) intervention on labelling, now specifies health warnings should be accompanied by plain/standardised packaging in line with the FCTC Art. 11; 2) mass media campaigns should encourage behavioral change in addition to raising awareness about harms; and 3) pharmacological interventions for tobacco cessation that have been analysed for Appendix 3 and that are recommended are now specified (nicotine replacement therapy, bupropion, varenicline) – which helps mitigate against tobacco industry efforts to blur lines on the continuum of novel products.
- The recommended intervention on alcohol labelling now specifies the need for labels to disclose product content and include health warnings.
- The inclusion of recommended interventions to vaccinate against seasonal influenza and COVID-19 across people living with the four major NCDs covered by Appendix 3.



We recommend Member States to:

- Resource and integrate NCD prevention and care interventions contained within Appendix 3 into UHC benefit packages; health promotion and disease prevention are core elements of the continuum of care and, as such, the progressive realization of UHC requires accelerated national implementation of Appendix 3 interventions.
- Sensitize all government sectors about the health, social and economic return on investment of these interventions, in line with seeking a well-being economy.
- Support WHA draft decision to allow WHO to regularly update Appendix 3 based on the latest data and evidence.
- ***While we welcome the progress achieved in shaping WHO's acceleration plan to stop obesity, we urge front-runner countries to engage national and regional civil society actors as part of their country road maps to ensure a whole-of-society approach, and that the expertise of civil society actors, including people with lived experience, informs the development and implementation of these policies and programmes, ensuring their responsiveness and effectiveness.***

We recommend WHO to:

- Integrate population-wide interventions within Appendix 3 into WHO's UHC compendium, currently focused on clinical interventions.
- Shed light on Appendix 3 methodology, including on how cost-effectiveness was measured for interventions that include several components, how reference studies used for the GCEA are selected over others, and clarification on the methodological limitations.
- Employ scientific language and avoid using the flawed concept of “harmful use of alcohol” for the alcohol policy section in Appendix 3, which needs to use more accurate terms. There is strong evidence about the associations between alcohol consumption and cancer that shows there is no healthy or safe level of alcohol use.
- Develop guidance on prioritization and the benefits of combining Appendix 3 interventions, and assess further interventions that can help manage the development of common NCD co-morbidities. In addition, some interventions may have synergies in terms of costs and outcomes could be combined, e.g., interventions that involve taxation on tobacco, alcohol, and sugar-sweetened beverages (SSBs).
- Add more consistent wording and presence of non-financial considerations across risk factor sections. For instance, the same considerations for taxation of different unhealthy commodities could be applied across sections, and regularly adjusting taxation of these to inflation rates should be seen as a consideration to be noted across relevant risk factor sections.
- Recognise that the real impact of Appendix 3 interventions is higher than currently outlined, reinforcing their investment case. For instance, the health impact of many interventions is calculated based on the relative risk they have for a series of specific NCDs, but the impact of these interventions is not limited to the NCDs analyzed.

- Clarify how the policy options on mental health, oral health and air pollution will be integrated in the Global NCD Action Plan and/or its Appendix 3.

 **We express concern that:**

- **There isn't a clear and inclusive regular update mechanism for Appendix 3 defined yet, and that this needs to be developed**, ensuring the regular update process will be protected against undue influence from health-harming industries of health-harming industries, including organisations and entities involved in tobacco, alcohol, ultra-processed foods and beverages, breastmilk substitutes, and fossil fuels. This includes ensuring that the studies used for the GCEA do not have any conflicts of interest and that health-harming industries are not part of the consultation process.
- **The updated Appendix 3 does not use the term of NCD 'best buys' despite referring to its concept.** In the version submitted for EB152 and WHA76 consideration, interventions that have a cost-effectiveness ratio of \leq I\$ 100 per healthy-life year (HLY) gained in LMICs have now been highlighted in bold font. While appreciating that the definition of a good value-for-money intervention may differ from country to country depending on their national circumstances and budget threshold, we recommend WHO retaining the term (and not only concept) of 'best buys' as a well-recognised and easily understood signal to policy makers when publishing this update.
- **The updated Appendix 3 could have improved the alcohol policy section by applying a cost-effectiveness analysis to additional interventions**, such as age limit increases and reduced density of alcohol retails, based on the evidence available.
- **Within the annual update on NCD progress**, despite the addition of mental health and neurological disorders as the fifth NCD in the 2018 NCD Political Declaration where a call was made for "integrating them into national responses for non-communicable diseases", neurological conditions continue to be systematically excluded from the WHO policies addressing NCDs, including the Draft updated menu of policy options and cost-effective interventions. We urge WHO to apply a phased approach in order to gradually integrate neurological conditions in its NCD-related policies. This should include incorporation of recommendations on those conditions in the 2024 progress report of the UN SG to the UNGA on the prevention and control of NCDs as per the WHA75 annex 11 recommendations.

Spotlighting the draft Global Oral Health Action Plan (2023–2030)

Oral diseases are gaining recognition as a significant public health challenge, and WHO has outlined six strategic objectives to ensure an effective response. The six strategic objectives proposed in WHO's Global Strategy on Oral Health have now been translated into the draft Global Oral Health Action Plan (2023-2030) consisting of 100 specific actions assigned to a wide range of stakeholders, including Member States, the WHO Secretariat, international partners, civil society organizations and the private sector. The draft action plan, the first of its kind, demonstrates a growing international political commitment to oral health, yet, there is more to come. WHO will develop "best buy" interventions on oral health by 2024 as part of the updated Appendix 3 of the Global Action Plan of NCDs 2013-2030.

 **We applaud the call for national leadership for oral health and commend WHO and Member States for the scope and ambitious targets to be achieved by 2030.** This is a crucial step towards ensuring dedicated oral health budgets and actions to ensure safe and uninterrupted essential oral health services during health emergencies.

In addition, we support and welcome:

- The 6 strategic objectives identified in WHO’s Global Strategy on Oral Health and translated into the draft Global Oral Health Action Plan which align with FDI’s Vision 2030: Delivering Optimal Oral Health for All (Vision 2030).
- The implementation and monitoring framework to ensure the effective implementation of the action plan.
- The proposal to track and report the progress and results of the Global Oral Health Action Plan as part of the consolidated report on NCDs starting in 2024.



We recommend:

- Governments ensure an efficient reporting and monitoring mechanism for oral health ahead of the proposed reporting due in 2024.
- Member States engage with National and Regional Dental Associations and leverage their expertise to develop or adapt their national oral health policy and implementation. The FDI is mobilising its national and regional organisations to ensure they can give maximum support to their national governments.
- The anticipated process to develop “best buy” interventions on oral health by 2024 involve all relevant stakeholders, including FDI, IADR and their membership. However, it must be protected from the harmful influence of unhealthy commodity industries.

15.1 Strengthening rehabilitation in health systems

Documents A76/7 Rev.1 and EB152/2023/REC/1

EB152 decision on “Strengthening rehabilitation in health systems” EB152(10)

The associated EB report by the Director-General outlines WHO’s current work on rehabilitation, an integral part of UHC, as laid out in the WHO global disability action plan 2014-2021 at global and national levels and including the Rehabilitation 2030 initiative and the World Rehabilitation Alliance. It lays out the global need for rehabilitation services, with 2.4 billion individuals in 2019 living with conditions that would have benefited from rehabilitation, representing a 63% increase between 1990 and 2019.

Rising prevalence of NCDs in countries across income-categories is a driver for increasing need of rehabilitation services. For example, on average one person living with diabetes loses a lower limb to amputation every 30 seconds⁴ and 1 in 4 people will have a stroke in their lifetime; a leading cause of disability worldwide. In low resource settings barriers to effective rehabilitation that need to be addressed include; poor understanding about the role of rehabilitation, lack of guidelines and standards and gaps in

⁴ NCD Alliance, International Diabetes Federation, World Heart Federation. “Pressure Points. Calls for simultaneous action on diabetes and hypertension for more resilient health systems.” Policy Brief, 2021. Online access: https://ncdalliance.org/sites/default/files/resource_files/Pressure%20Points_Diabetes%20Brief_FINAL.pdf

the workforce (6 Bernard J et al. 2020 . Stroke rehabilitation in low-income and middle-income countries: a call to action).

People living with NCDs need access to the full continuum of care – health promotion, prevention, diagnosis, treatment, care, rehabilitation, and palliative care. The need for rehabilitation however is often downplayed. Over 60% of essential rehabilitation services for people living with NCDs were completely or partially disrupted during the early stages of COVID-19 pandemic – more so than any other service.⁵



We applaud and warmly welcome Member State initiatives to ensure availability of rehabilitation services as part of health services through the draft resolution. In particular we commend:

- The focus on promoting access to rehabilitation services for all segments of the population as part of a continuum of care, supported by strong referral systems, and firmly embedded within PHC.
- Inviting nongovernmental organisations and organisations of persons with disabilities to support Member States in their national efforts to implement actions outlined.



We recommend action undertaken by WHO and Member States on rehabilitation includes consideration of the following points to strengthen its role within UHC:

- Firmly embed rehabilitation services within national UHC health benefit packages.
- Ensure the WHO baseline report requested includes consideration of integration of rehabilitation in country UHC packages.
- Explore link between WHO’s work on rehabilitation and the WHO framework on well-being and health promotion ([Resolution WHA75.19](#))
- Alignment of the requested targets and knowledge products (currently scheduled for 2026) with other relevant global health opportunities coming up in 2025 e.g. upcoming UN High Level Meeting on NCDs and the 3rd Global Disabilities Summit.

Pillar 3: One billion more people enjoying better health and well-being

16.1 Well-being and health promotion ([EB152/20](#), [A76/7 Rev.1](#), [A76/7 Add.2](#))

At WHA76, the report by the Director-General on the draft WHO well-being framework ([EB152/20](#)) (as requested by resolution WHA75.19), will be discussed. At the EB152, Member States highlighted a need for greater emphasis on mental health and on environmental determinants, and the draft WHO well-being framework has been further reviewed in consultation with Member States, and [the current version available is from 6 April](#). At WHA76, Member States will consider adopting the draft WHO well-being framework via [A76/7 Add.2](#).

Compared to the version from December 2022, the updated version of the draft well-being framework has minor editorial changes, specifies which authorities within governments or actors should deliver on

⁵ WHO. “COVID-19 and NCDs: Disruption of services for the prevention and treatment of NCDs” Rapid Assessment Survey Results, 2020. Online access: [https://cdn.who.int/media/docs/default-source/ncds/ncd-covid-19/for-web---rapid-assessment---29-may-2020-\(cleared\)_125bf384-9333-40c9-aab2-c0ecafb76ab2.pdf?sfvrsn=6296324c_20&download=true](https://cdn.who.int/media/docs/default-source/ncds/ncd-covid-19/for-web---rapid-assessment---29-may-2020-(cleared)_125bf384-9333-40c9-aab2-c0ecafb76ab2.pdf?sfvrsn=6296324c_20&download=true)

what, and includes some welcomed additions: references to the need for good governance in the context of health promotion efforts (including via social participation and accountability mechanisms); reference to the role of fiscal policies to achieve a well-being economy and societies (including tax, investments and subsidies policies); more guidance on the economic shifts and social protection needs to move towards a well-being economy; and reference to the "polluters pays principle". Of great concern, there are additional references to the need to engage with the private sector (including in the context of nutrition and breastfeeding promotion strategies), without mentioning the need to safeguard well-being policies and programmes from conflicts of interest.

N.B.: Under this agenda item, the NCD Alliance is coordinating a constituency statement reflecting on the below key messages. Moreover, there are currently discussions on a draft resolution on the impacts of chemicals, waste and pollution [including air pollution] on human health, led by Peru, which could be discussed under this agenda item or other relevant item.



We support the adoption the draft decision [A76/7 Add.2](#), which adopts the global framework for integrating well-being into public health utilizing a health promotion approach, and requests for reporting on progress at WHA77 (2024), WHA79 (2026), WHA84 (2031), but urge Member States to request that the language on engaging private sector in accompanied with mention of mechanisms to safeguard well-being and health policies and programmes from conflicts of interest. We also commend:

- The recognition that addressing the main NCD risk factors (including tobacco, alcohol, unhealthy diets, physical inactivity and air pollution) is a foundation of well-being, and that health promotion is an essential public health function, that should be part of PHC and UHC, calling for UHC health benefit packages to integrating NCD services.
- The call for a well-being economy, where the economic value of planetary health, equity and health is recognised, disincentivizing the production and consumption of harmful products, including fossil fuels.
- The need for a just energy transition, and the need for climate change action, protecting and supporting communities and groups that are most at risk (such as Small Island Developing States).
- The focus on monitoring well-being and the call for finding measures beyond GDP. While SDG3 is also about health and well-being, there are currently no targets nor indicators directly measuring well-being.
- The recognition that we need to measure and leverage the co-benefits of health promotion efforts for other sectors, to promote multisectoral actions required to achieve well-being.



We recommend:

- To include in the policy orientations of a well-being economy that investments should be made in sectors and industries aligned with public health goals to ensure policy coherence, safeguarding public procurement and partnerships against conflict of interest. This requires specific reference within the framework.
- To specify in the recommended interventions the need to address and reduce exposure to the main NCD risk factors (including tobacco, alcohol, unhealthy diets, physical inactivity and air pollution), especially among young populations. More specific reference to the available technical packages could be done under the intervention examples (MPOWER, SAFER, SHAKE, REPLACE, ACTIVE).

- To provide guidance on how to measure the impact of NCD and other health programmes on social and individual well-being as part of this framework.
- To provide further guidance on well-being policies, not only by giving examples of interventions, but also provide real-world case studies.
- To clarify how the well-being framework and operational framework on social determinants will complement each other to avoid the duplication of efforts.

 **We express concern** that, although the role of meaningful social participation is recognised by the framework, it does not provide specific examples. The framework should recognise the importance of involving people living with NCDs in the planning and development of well-being policies, in line with the Global Charter on Meaningful Involvement of People Living with NCDs, as health promotion is relevant throughout the continuum of care of a person living with NCDs, as they have the right to highest attainable level of health, and they can bring the lived experience expertise that no one else can.

16.3 Social determinants of health (EB152/22, A76/7 Rev.1)

At WHA76, the report by the Director-General which provides an update and overview of the draft WHO World Report on the Social Determinants of Health Equity (SDoHE) and the draft WHO operational framework for measuring, assessing, and addressing the social determinants of health and health inequities (EB152/22), will be discussed. An update since EB152 is that both documents are now expected for publication later in the year.

The SDoHE World Report is suggested to include 3 chapters. The first chapter will cover the progress recorded in health inequities since the report of the Commission on Social Determinants of Health (2008) and the current status of social determinants. The second chapter will highlight key policies and interventions on the social determinants of health that can reverse the tide on health inequalities. It notes that three types of actions are required: actions to address key obstacles, actions that direct transitions, and actions by the health sector to improve health equity. The third chapter will present an action agenda, and accountability tools for different stakeholders.

The draft operational framework for monitoring highlights key indicators and data sets to monitor social determinants; the key challenges with monitoring such data and using them for action; and ways to overcome these challenges. WHO Secretariat invites all Member States to submit all comments on the draft framework by 28 February 2023.

N.B.: Under this agenda item, **World Obesity Federation is coordinating a constituency statement** with a focus on the need to define the right to health beyond access (including quality and health-enabling environments); that stigma, false narratives and preconceptions also be addressed as part of the wider determinants to access quality health services; that UHC guarantees quality prevention, care, and treatment services that are equitable and don't perpetuate stigma; and the need to protect the development process of the World Report and framework from undue influence. In addition, for your reference, please note that under this agenda item, Member States will consider adopting the draft decision on global drowning prevention (EB152(12)).



We applaud and warmly welcome the update on the WHO World Report on SDoHE, the implementation-oriented operational framework for monitoring progress and other WHO-led initiatives on SDoHE. In particular, we commend:

- The call for a more systematic approach to all health-harming industries (beyond the tobacco industry), and to ensure that engagement with the private sector is safeguarded against conflicts of interest.
- The recognition of the need to adopt a systems-based approach to address NCDs, obesity and risk factors, across sectors, and to address the wider determinants of health, including environmental (such as air quality and climate change) and commercial (action of health-harming industries) determinants.
- WHO's efforts to include input from civil society including people with lived experience, as in NCD Alliance's consultation of the WHO World Report on SDoHE.



We recommend to:

- Accelerate UHC implementation by including quality prevention services, alongside care services in country UHC health benefit packages.
- To provide specific guidance on the role that the health community can have in addressing wider determinants and informing social or other programmes / services. This includes understanding how to measure the impact on equity of NCD and other health programmes as part of the operational framework.
- To protect the development process of the World Report and operational framework from undue influence.
- That the proposed new global network to support action on SDoHE should leverage the expertise and experience of those most affected by the social determinants of health, such as people living with NCDs, and engage the health workforce, including physicians, oral health professionals, nurses, and other health workers.



We express concern that:

- The world has not acted sufficiently to address the key social determinants of health, especially the actions of the unhealthy commodity industries. This inaction is driving the global burden of NCD mortality (particularly from cancers, diabetes, heart disease and stroke, chronic respiratory disease, and mental health and neurological conditions) and NCD morbidity (e.g., almost half of the world lives with oral health conditions). The billions of people affected by these diseases are forced to live with pain, impairment, poverty, or an increased risk of death.
- The draft WHO operational framework is under consultation with Member States only, and that civil society has not been included in these consultations, despite the expertise and experience in contributing to efforts to achieve health equity.

16.5 United Nations Decade of Action on Nutrition (2016-2025) (EB152/24, A76/7 Rev.1)

At WHA76, the report by the Director-General which shares concerning trends about obesity prevalence (EB152/24), will be discussed. The obesity rates continue to rise, while the double burden of

undernutrition and diet related NCDs often co-exist. WHO has been advocating for a “food system for health” approach, advocating for this in different platforms, including the 2021 UN Food Systems Summit (UNFSS). The report recognises that climate change adaptation and mitigation can have a positive impact for food systems and healthy diets in nationally determined contributions (NDCs), and this should be better leveraged. It also refers to WHO’s work on obesity in 2022 (recommendation and acceleration plan adopted by WHA75) and acknowledges the need to seek coherence between nutrition and trade policies, referring to the WTO Trade Dialogues on Food, which aimed to explore the nutrition and international trade nexus.

N.B.: For your reference, under this agenda item, Member States will consider adopting the draft decision on preventing micronutrient deficiencies through safe and effective food fortification ([EB152\(13\)](#)), led by Colombia.

 **We applaud and warmly welcome** the call for Member States to incorporate nutrition actions for climate change adaptation and mitigation into NDCs, and the need to leverage this around UNFCCC COP28; and the commitment from WHO to support Member States in conducting analysis of the impacts of trade on national nutrition situations.

 **We recommend:**

- To ensure the proposed dialogues towards the end of the UN Decade together with FAO are safeguarded against conflicts of interest and undue influence of the food and beverage industry.
- To ensure that the networks that emerged from the UNFSS, such as the Coalition of Action on Healthy Diets from Sustainable Food Systems for Children and All and the School Meals Coalitions, are safeguarded against conflict of interest and undue influence of the food and beverage industry.
- To promote the implementation of a set of fiscal policies to promote healthy diets, including the taxation of SSBs, but also other unhealthy foods and beverages, and subsidies that promote the purchase and consumption of healthy foods. As noted by the Director-General’s report, 3.1 billion people cannot afford a healthy diet.
- To further promote breastfeeding in line with the International Code of Marketing of Breast-milk Substitutes, as a powerful and cost-effective double-duty policy action: it protects women against breast cancer and children against undernutrition, overweight and obesity, and therefore against developing other NCDs like cancer in the future. Moreover, breastfeeding is cost-effective (as recently assessed in the update of Appendix 3) and a sustainable aliment, superior in terms of health standards to any breastmilk substitute.

 **We express concern** on the limited level of implementation of regulatory approaches (at population level) to promote healthy diets, compared to interventions such as counselling and mass media campaigns; and that there is only a road map for the implementation of WHO’s draft approach to preventing and managing conflicts of interest in country-level nutrition programmes in the region of the Americas, and we encourage all WHO regions to consider the implementation in other regions, and would appreciate more information on its implementation in countries.

To engage further with NCD Alliance or for more information on our advocacy asks please contact info@ncdalliance.org⁶

⁶ Icons in this document sourced from <https://www.flaticon.com>