NCD Alliance Comments

WHO’s 14th General Programme of Work (GPW14), 2025–2028

March 2024

We welcome the revised draft of GPW14, which has undergone positive changes since the last version. Key changes include the introduction of additional outcome indicators that address strengthening health systems for Universal Health Coverage (UHC), promoting equitable access to quality non-communicable diseases (NCD) services, and improving health financing while reducing out-of-pocket (OOP) payments.

**However, we express concern** that more comprehensive outcome indicators for NCDs have not been included to address the burden of NCDs (e.g., mortality, QALY, and prevalence). Additionally, no indicator considers policies and plans aligned with national disease burdens, and there is no indicator to assess service coverage for people with NCDs.

**We welcome the following changes and offer recommendations for further edits to strengthen the GPW14:**

* We welcome the addition of **aligning public health financing with national disease burdens** complemented by the strengthening of national capacities to negotiate and manage the alignment of nongovernmental financing streams with national priorities and plans (e.g. the Lusaka Agenda).
* We welcome the addition of **outcome indicators focusing on priority risk factors associated with NCDs**, including unhealthy diets,[[1]](#footnote-2) physical inactivity,[[2]](#footnote-3) outdoor air pollution,[[3]](#footnote-4) and climate-sensitive diseases.[[4]](#footnote-5)
* We welcome the inclusion of the **WHO Best Buys within Determinants of Health and Root Causes of Ill Health**, which should remain a reference for Member States on NCD prevention and control, promoting cost-effective interventions recommended for both populations and individuals.
* We welcome the addition of **outcome indicators related to NCDs in the delivery of UHC.** Specifically, we welcome indicators addressing:
* Strategies, policies and plans,[[5]](#footnote-6) multistakeholder participation, including communities and civil society,[[6]](#footnote-7) essential public health capacity,[[7]](#footnote-8) facility density,[[8]](#footnote-9) access to care,[[9]](#footnote-10) and people-centredness[[10]](#footnote-11);
* Government domestic spending on health (as share of government expenditure[[11]](#footnote-12) and per capita[[12]](#footnote-13)) and on primary health care (PHC)[[13]](#footnote-14);
* Access to health products[[14]](#footnote-15) and improved regulatory systems[[15]](#footnote-16);
* Diabetes,[[16]](#footnote-17) mental health and neurological conditions,[[17]](#footnote-18) hypertension,[[18]](#footnote-19) cervical cancer,[[19]](#footnote-20) and oral health[[20]](#footnote-21);
* Out-of-pocket (OOP) payments.[[21]](#footnote-22)
* **To further strengthen GPW14, we recommend**:
* Re-instating SDG 3, Indicator 3.b.3: **Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis**. Continuous access to affordable and quality essential medicines and health products is crucial for people living with NCDs, and the other added indicators do not directly address this issue;
* Broadening Outcome 4.1 by adding:
	+ An indicator to assessthe **alignment of** **policies and plans with national diseases burdens**;
	+ An indicator toassess **service coverage for people with NCDs**, in line with WHA72/2019/REC/1 Service coverage for people with mental health and neurological conditions;
	+ Indicators to assess morecomprehensively the **burden of NCDs**, e.g., Quality-Adjusted Life Years (QALY), prevalence, and mortality;
	+ An indicator to assess **NCD and mental health spending in PHC**.
* **Disaggregating health expenditure data, including both by disease type for populations with impoverishing OOP expenses and separately from total health expenditure data**, to facilitate the development of adequate financial protection mechanisms and enable governments to design more tailored national health services and UHC benefits packages.
* We welcome the **acknowledgement of people living with NCDs as vulnerable populations during emergencies**. This is consistent with previous recommendations and principles in WHO’s work on NCDs in emergencies and humanitarian settings. However, we recommend that in the upcoming WHO convention, agreement, or international instrument on **Pandemic Prevention, Preparedness, and Response (PPPR)**, specific emphasis should be placed on vulnerable populations, including those with chronic health conditions such as NCDs, who are among those most likely to be severely affected by future pandemics.
* We recommend prioritizing the **meaningful involvement of people living with specific health conditions, such as NCDs, including mental health and neurological diseases**,[[22]](#footnote-23) in the development, implementation, and evaluation of GPW14. This ensures that health policies and services are responsive to community needs and inclusive of all individuals, leaving no one behind.
* We recommend Member States to pledge **full, sustainable, and predictable financing** for the WHO’s budget for 2025-28, along with **flexibility** to ensure sufficient funding for the delivery of NCD programs.
1. WHA75(11) Proportion of population aged 15+ with healthy dietary pattern; Proportion of countries that implement policy measures aimed at reducing free sugars intake, page 47 [↑](#footnote-ref-2)
2. WHA 71(6) Prevalence of insufficiently physically active adults, page 50 [↑](#footnote-ref-3)
3. Attributable mortality from outdoor air pollution caused by fossil fuel combustion, page 47 [↑](#footnote-ref-4)
4. Per-capita mortality from climate-sensitive diseases, page 47 [↑](#footnote-ref-5)
5. WHA72.2 Existence of national strategy, policies and plans oriented to PHC and UHC meeting criteria, page 51 [↑](#footnote-ref-6)
6. WHA72.2 Existence of health sector coordination mechanisms for multistakeholder participation, including communities and civil society, page 51 [↑](#footnote-ref-7)
7. WHA72.2 Institutional capacity for essential public health functions, page 51 [↑](#footnote-ref-8)
8. WHA72.2 Health facility density and distribution (by type and level of care), page 51 [↑](#footnote-ref-9)
9. WHA72.2 Percentage of population reporting perceived barriers to care (geographic, socio-cultural, financial); WHA72.2 Prevalence of forgone care (not seeking medical care when needed); WHA72.2 Service utilization rate (primary care visits, emergency care visits, hospital admissions); WHA72.2 Service availability (% of facilities with availability of services as per UHC package) [↑](#footnote-ref-10)
10. WHA72.2 People centeredness of primary care (patient experiences, perceptions, trust), page 51; WHA 72.2 Regular surveys of patient-reported experiences, page 52 [↑](#footnote-ref-11)
11. WHA64.9 Government domestic spending on health as a share of general government expenditure, page 52 [↑](#footnote-ref-12)
12. WHA64.9 Government domestic spending on health per capita, page 52 [↑](#footnote-ref-13)
13. A/RES/74/2 Government domestic spending on PHC as a share of total PHC expenditure [↑](#footnote-ref-14)
14. SDG 3, 3.8: Access to health products access index, page 52 [↑](#footnote-ref-15)
15. WHA67.20 Improved regulatory systems for targeted health products (medicines, vaccines, medical devices, including diagnostics), page 52 [↑](#footnote-ref-16)
16. WHA75(11) Prevalence of controlled diabetes in adults aged 30-79 years, page 53 [↑](#footnote-ref-17)
17. WHA72/2019/REC/1 Service coverage for people with mental health and neurological conditions, page 53 [↑](#footnote-ref-18)
18. WHA66(10) Prevalence of controlled hypertension among adults aged 30-79 years, page 53 [↑](#footnote-ref-19)
19. WHA73(2) Cervical cancer screening coverage in women aged 30-49 years, at least once in lifetime, page 53 [↑](#footnote-ref-20)
20. WHA74.5 Proportion of population entitled to essential oral health interventions as part of the UHC health benefit packages, page 53 [↑](#footnote-ref-21)
21. EUR/RC65/13 Share of households with out-of-pocket payments greater than 40% of capacity to pay for health care

(food, housing and utilities approach developed by WHO/Europe); SDG 1.1.1 Population with impoverishing out-of-pocket health spending (pushed and further pushed below an international poverty line); EUR/RC65/13 Shared of households with impoverishing out-of-pocket payments (relative poverty line reflecting basic needs: food, housing, utilities, approach developed by WHO/Europe); WHA 64.9 Out-of-pocket payments as a share of current health expenditure, page 55 [↑](#footnote-ref-22)
22. [WHO framework for meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions](https://www.who.int/publications/i/item/9789240073074) [↑](#footnote-ref-23)