NCD Alliance Advocacy Briefing
78th Session of the World Health Assembly (WHA78)
19 May – 27 May 2025

The human toll of noncommunicable diseases (NCDs) is unacceptable, inequitable, and increasing. NCDs lie at the heart of any discussion on health equity—equity cannot be achieved without addressing NCDs, and progress on preventing and mitigating their impact is inextricably linked to closing inequities and tackling the determinants of health. As we enter 2025, the world remains off track to meet the nine voluntary global NCD targets, six of which are set to expire this year.[1] This year is pivotal for NCDs, marked by the opportunity presented by the fourth UN High-Level Meeting of the General Assembly on the Prevention and Control of NCDs and the Promotion of Mental Health and Well-being (HLM4). For the 78th session of the World Health Assembly (WHA78), this moment calls for leadership in driving renewed political commitment at the highest levels and accelerating progress to meet both the Sustainable Development Goals (SDGs) by 2030 and the NCD related target to reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

This briefing note provides background and key advocacy messages on the NCD community's priorities for the WHA78, covering NCD-relevant items on the provisional agenda (WHA78). The brief is based on the information available at the time of preparation. Where access to specific resolutions or decisions was not possible, we have explicitly noted this.

Key message

The NCD community applaud WHO and Member State's efforts to advance at all levels policy for prevention and care for people living with NCDs through the 78th Session of the World Health Assembly.

[1] Global Monitoring Framework for Noncommunicable Diseases (NCDs) was adopted by Member States in May 2013 and included nine voluntary global targets to be achieved by 2025. Since adoption, three targets on premature mortality from NCDs, physical inactivity, and alcohol use were extended to 2030. The remaining targets such as a 30% reduction in tobacco use and salt intake, halting the rise of obesity and diabetes, and ensuring 80% availability of essential NCD medicines and technologies continue to have a 2025 deadline. Despite some progress, the world remains off track to meet the nine voluntary global NCD targets.

To support meaningful action on NCDs, during the WHA78 we call for Member States to:

- Prioritise critical issues for achieving the Universal Health Coverage (UHC) and NCD SDG targets. This includes investing in health promotion, integrating NCD prevention and care services with other health priorities, accelerating UHC implementation, and engaging people living with NCDs to advance the 2023 UHC Political Declaration and build momentum for the 2025 and 2027 UN High-Level Meetings on NCDs and UHC respectively.
- Actively engage in the preparatory process for the HLM4, with a focus on delivering strong commitments, sharing best practices, and implementing comprehensive, funded national NCD plans, including actions on mental health, neurological conditions, and air pollution. Efforts should include integrating NCDs in health systems and cross-sectoral action to support health, mobilising financial commitments, delivering accountability through an updated WHO NCD Global Monitoring Framework, and ensuring inclusive community engagement while safeguarding policymaking from harmful industry influence.
- Support the resolutions on strengthening health financing globally, the update of norms and standards, rare diseases, medical imaging, integrated lung health, kidney health, substandard and falsified medical products, dementia plans, and the digital marketing of breastmilk substitutes, and implement the recommendations from these resolutions.
- Prioritise health workforce issues by involving health workers and people living with NCDs in policy development, investing in health worker training and retention, strengthening rural health workforce programmes, and aligning workforce strategies with disease burden data to address gaps in NCD care.
- Integrate NCD care into national health strategies and emergency planning frameworks, particularly in fragile and conflict-affected situations, to ensure health system resilience and continuity of care during crises.
- Integrate air quality goals into national NCD plans, prioritise interventions to reduce air pollution and fossil fuel use, and ensure these efforts target vulnerable populations, safeguarding policies from the fossil fuel industry's influence.
- Prioritise costings for climate and health actions, strengthen risk forecasting and engage sectors and UN agencies in collaborative efforts. They should implement policies to reduce fossil fuel use, safeguard climate and health actions from vested interests, involve civil society in strategy development, and ensure funding for vulnerable countries, particularly Small Island Developing States.
- Integrate global maternal, infant, and young child nutrition targets and commitments into national health and nutrition policies, and implement evidence-based nutrition policies, including taxing sugar-sweetened beverages. These policies should include the promotion of breastfeeding, strengthening national legislation in line with the International Code of Marketing of Breast-Milk Substitutes, and seek policy coherence across sectors, safeguarding policymaking from conflicts of interest.
- Foster inclusive, transparent, and accountable engagement with non-State actors and request WHO to apply the Framework of Engagement with Non-State Actors (FENSA's) paragraph 44 to industries involved in alcohol, junk food, and fossil fuels, ceasing engagement with these industries in public health policymaking and ensuring greater transparency.

- Consider the NCD community's calls to action contained in this briefing when drafting WHA78 statements.

We also urge Member States to continue engaging with the NCD Alliance and other civil society organisations in the lead-up to HLM4, and to take forward action across the five priority areas of the WHO Global NCD Compact 2020–2030 (**Engage, Accelerate, Invest, Align, and Account)** at both global and national levels, to help achieve the SDGs by 2030.

In preparation for HLM4, the NCD Alliance civil society network has developed proposed language for inclusion in the Political Declaration, along with NCD Alliance five key advocacy priorities based on the WHO Global NCD Compact 2020–2030. These priorities are accompanied by detailed recommendations on the content that should be reflected in the final text.

Throughout this briefing, recommendation documents are classified as:

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

Logistics: WHA78 will take place in person in Geneva, Switzerland, from 19 May - 27 May 2025. A full list of documents, together with updated timetables for each day, can be found in the WHA78 Journal.

Summary of WHA78 NCD-related agenda items covered in this briefing document
Pillar 1: One billion more people benefiting from universal health coverage
13.1 Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases
13.2. Mental health and social connection
13.3 Universal health coverage
13.4 Communicable diseases
13.5. Substandard and falsified medical products
13.6 Standardization of medical devices nomenclature

13.7 Health and care workforce
13.9. Global Strategy for Women's, Children's and Adolescents' Health
14. Health in the 2030 Agenda for Sustainable Development
Pillar 2: One billion more people better protected from health emergencies
16.1 Strengthening the global architecture for health emergency prevention, preparedness, response and resilience
16.2 Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response
17.1. WHO's work in health emergencies
Pillar 3: One billion more people enjoying better health and well-being
18.2 Updated road map for an enhanced global response to the adverse health effects of air pollution
18.3 Climate change and health
Pillar 4: More effective and efficient WHO providing better support to countries
11.1 Governance Reform: Involvement of Non-State Actors in WHO's Governing Bodies
24.2. Global strategies or action plans that are scheduled to expire within one year: Global action plan on the public health response to dementia 2017–2025; Comprehensive implementation plan on maternal, infant and young child nutrition 2012–2025

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

NCD community calls to action [2]

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

13.1 Follow-up to the Political Declaration of the Third High-Level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases (EB156/7)

The report by the Director General provides an update on progress following the 2018 political declaration on NCDs, highlighting modest global advances in the prevention and control of NCDs and emphasising the need for accelerated efforts to meet SDG target 3.4. The update

[2] *Agenda items are listed in the order of the provisional agenda of WHA78*

continues to warn that countries are off track to achieve NCD targets by 2025 and 2030. While global premature mortality from four NCDs—cardiovascular diseases, cancer, chronic respiratory diseases, and diabetes—declined from 2000 to 2019, progress has slowed significantly since 2015, with only 19 countries on track to meet SDG target 3.4. Key findings include the disproportionate burden of NCDs on women, a growing prevalence of hypertension, obesity, and air pollution exposure, along with insufficient progress in reducing tobacco use, alcohol consumption, and physical inactivity. Mental health and neurological conditions are also significant concerns, with nearly 1 billion people affected by mental health conditions and over 3 billion living with neurological disorders.

The document (EB156/7) also reports on air pollution, which remains a critical risk factor, with 2.1 billion people relying on polluting cooking and heating fuels and 99% of the global population living in areas exceeding safe levels of particulate matter in 2022. Progress on oral health within the broader NCD targets remains limited, with only 23% of the global population benefiting from essential oral health interventions under major government health financing schemes.

The WHO Secretariat has launched several initiatives to support Member States in addressing the growing burden of NCDs and improving health outcomes globally. These include the Global Diabetes Compact, aimed at scaling up efforts to prevent and manage diabetes, the Acceleration Plan to Combat Obesity, and the adoption of the Bangkok Declaration on Oral Health. As of July 2024, WHO's global strategy to eliminate cervical cancer has seen notable progress, with 155 countries implementing screening policies, and increased collaboration and resource mobilisation efforts through virtual partner meetings and a global cervical cancer elimination forum. Finally, to further support the achievement of global targets under the intersectoral global action plan on epilepsy and other neurological disorders (2022-2031), WHO published an implementation toolkit for policymakers, as well as a report focused on improving access to medicines for neurological disorders.

The report (EB156/7) presents HLM4 as an opportunity to address evolving focus areas of the NCD agenda and to create a transformative political declaration that will accelerate action towards achieving NCD-related goals and targets. It emphasises the need for sustained and targeted investment in health services to ensure that gaps in care for people living with NCDs and mental health conditions are filled and that stronger political action is needed to drive this agenda forward towards effective implementation. It mentions the importance of addressing the underlying determinants of health, including economic, social, commercial and environmental drivers, and the need for multi-stakeholder collaboration.

 **We welcome the update,** which shows ongoing efforts towards accelerating the NCD response with WHO support. We applaud the comprehensive preparatory process established for HLM4, including the preparatory meetings held in 2024. In this context, we commend WHO’s work on oral health, diabetes, mental health, and cervical cancer, along with the adoption of resolutions on integrated lung health, cervical cancer elimination day, integrated care for sensory impairments, and kidney health. We applaud the inclusion of civil society in these processes and reiterate their key role in informing these efforts, as they are instrumental in amplifying the perspectives of those most impacted by NCDs, providing technical insights, and strengthening connections between communities, governments, and decision-makers to promote equitable, people-centred health systems.

We commend the sustained integration of mental health and neurological conditions into the NCD response, exemplified by the WHO report on improving access to medicines for neurological disorders. Additionally, we applaud the publication of WHO's technical brief as part of its work to improve access to essential diabetes medicines and health technologies.

⚠ **We express concern** that, with 5 years left, countries are off track to meet the SDG target 3.4 of reducing NCD premature mortality by one-third by 2030. More political commitment, policy coherence and adequate financing need to focus on urgently addressing the NCD epidemic and its determinants. We are concerned by the number of individuals living with undiagnosed and untreated diseases due to lack of access to essential NCD diagnostics, medicines and medical devices, such as the 450 million people living with diabetes, who are not receiving treatment. Many NCDs are not reflecting in the current framework (neurological conditions, kidney health, or oral health), undermining effort to an inclusive approach. We are concerned by the lack of reporting on progress to advance the availability of essential oral healthcare in public health facilities, and the fact that 99% of the world's population lives in areas exceeding safe levels of fine particulate matter, increasing the risk of NCD mortality.

💡 **We urge Member States to engage in preparatory processes for the 4th UN High-Level Meeting on NCDs in 2025** to deliver strong, concise, and political commitments in the outcome document, from the meeting and to use it as an opportunity to share examples of best practices and leadership at the highest political level, free from interference from health-harming industries. At the last HLM on NCDs, industry interference was recognised as one of the major barriers in the NCD response. [3]

Specifically, we urge Member States to: [4]

Accelerate implementation: Develop (or update) and implement comprehensive, funded national NCD plans that incorporate actions on mental health, neurological conditions, and air pollution, along with cost estimates to improve financial planning. Draw on the guidance from Appendix 3 of the WHO Global NCD Action Plan 2013–2030 (also known as the NCD 'best buys' and other recommended interventions), as well as the WHO menu of cost-effective interventions for mental health, to identify priority actions for NCD prevention and control and ensure collaboration with relevant government sectors for implementing population-wide interventions. Additionally, we call on WHO to establish a clear, inclusive, and regular update mechanism for Appendix 3 that is protected from conflicts of interest, and to develop a set of cost-effective policy options on air pollution to help Member States identify priority actions for improving air quality.

Break down siloes: ensure an inclusive approach in reporting and monitoring NCDs, as well as the scope of the political declaration. This should include consideration for mortality, age-span and morbidity of NCDs and mental health, as well as neurological conditions, air pollution

[3] *See* NCD Alliance's proposed text for the political declaration for the Fourth UN High-Level Meeting of the General Assembly on the prevention and control of NCDs and the promotion of mental health and wellbeing for further details.
[4] *See* NCDA's advocacy priorities for HLM4 here for more detail: https://ncdalliance.org/resources/ncd-alliance-advocacy-priorities-4th-high-level-meeting-of-the-un-general-assembly-on-the-prevention-and-control-of-ncds-in-2025.

(aligned with the 5x5 approach), other disease areas such as oral health and cross-cutting topics such as humanitarian settings.

Mobilise investment: encourage stronger political and financial commitment towards national NCD responses, and commit to a set of global financing targets for NCD investment, informed by recommendations from the WHO and World Bank International Dialogue on the Sustainable Financing of NCDs and Mental Health that took place in June 2024, and supported by increased data collection, transparency, and accountability for NCD financing within integrated health systems and cross-government multi-sectoral action on NCDs, and development assistance.

Deliver accountability: Support the mandate for WHO to update the Global NCD Monitoring Framework in collaboration with Member States, to ensure that the extended global NCD targets are strengthened with a comprehensive set of indicators and support the development of improved accountability processes and the involvement of civil society in these processes. Ensure that recommendations from WHO's preparatory meetings, e.g. SIDS Ministerial Conference on NCDs and Mental Health, the Second WHO Global High-Level Technical Meeting on Noncommunicable Diseases in Humanitarian Settings, the WHO Global Oral Health Meeting and the International Dialogue on the Sustainable Financing of NCDs and Mental Health are incorporated into the political declaration.

Engage communities: Engage and support communities, civil society organisations, and people living with NCDs to lead and scale up the implementation of the NCD response, ensuring sufficient structural, technical and financial support. Ensure multistakeholder engagement in NCD policymaking processes and forums is safeguarded from the undue influence of health-harming industries, such as those involved in fossil fuels, unhealthy foods, breastmilk substitutes, alcohol, and tobacco products.

Resolution: Integrated Lung Health Care Approach (R)

The proposed resolution recognises the growing global burden of respiratory diseases, which cause over 18 million deaths per year, and the lack of coordinated action to address these and alleviate the burden on individuals and health systems. The resolution highlights the importance of a horizontal preventive approach that encompasses tobacco control, clean air measures, and public information, to reduce the burden of both communicable and noncommunicable diseases. The resolution also identifies the need to integrate lung health services (spanning prevention, early detection diagnosis, treatment and care) into primary healthcare systems to help achieve UHC.

Some of the key proposed deliverables from this resolution include a request to Member States to develop an integrated national policy for an integrated approach to lung health (including communicable and NCD lung conditions), accelerate action on lung disease prevention, and strengthen the delivery of evidence-based lung health treatment. It also calls on WHO to map existing strategies, and roadmaps, and to develop a report detailing these and making recommendations for the next steps.

 **We welcome the development of the resolution**, noting the comparative lack of progress on chronic respiratory conditions and challenges faced by patients navigating between different disease-specific programmes. These navigation challenges are causing

delays in receiving an accurate diagnosis and referral through to appropriate treatment and often increase costs and complexity of treatment. We also welcome the recognition that lung diseases often affect some of the poorest and most vulnerable members of society, that many of these conditions are associated with significant stigma and that they can be addressed through robust, cost-effective and evidence-based prevention interventions and that an integrated approach to diagnosis, treatment and care can help to make the most effective use of health system resources.

We welcome the proposal for WHO to undertake a mapping of existing strategies, roadmaps and other resources and recommendations on how to accelerate their use and implementation, including the development of key indicators that could be integrated into the broader NCD response. We also welcome the proposal for Member States to develop integrated lung health strategies in consultation with national stakeholders.

 **We urge Member States to**

- **Support the resolution and constructively participate** in the last round of negotiations to develop a robust and action-oriented resolution that includes the strengths outlined above.
- **Retain references to strong primary health care, supported by referral** to secondary, tertiary and specialist care. It is important to note that essential imaging and treatment interventions (particularly surgery) are not feasible at primary health care facilities and slow referrals are increasing the costs and complexity of care with significant impacts on patient survival and catastrophic health spending.
- **Support the development of a global framework** to take forward WHO's recommendation**s** and key components for an integrated lung health approach, with an appropriate period for implementation.
- **Ensure inclusion of palliative and supportive care services** into national strategies to ensure access to essential care for people with lung disease.
- **Commit to integrate WHO's recommendations on lung health** into future work on NCDs to accelerate action to reduce the global burden and mortality, including support for regular updates to the WHO list of cost-effective interventions for NCDs (the 'best buys')
- **Support public information campaigns** to improve health literacy, reduce exposure to modifiable risk factors and help address the stigma surrounding lung diseases.

Resolution: Reducing the Burden of Noncommunicable Disease through Promotion of Kidney Health and Strengthening Prevention and Control of Kidney Disease (R)

The resolution aims to tackle the rising global burden of kidney disease by integrating it into broader NCD strategies. The resolution requests the Director-General to "to advance kidney disease as a noncommunicable disease of increasing global priority". The current 5x5 approach provides focus, but should not exclude other NCDs, many of which are prevalent, treatable or both. It is estimated that 55% of NCD morbidity globally is due to NCDs that are outside the original '4x4' NCD paradigm. This leads to concerns that many people living with NCDs are falling between the cracks.

The reality is that many people live with multiple chronic conditions. NCDs are often experienced in clusters (e.g. heart disease, high blood pressure, diabetes, oral diseases,

depression, anxiety and chronic kidney disease), and there are bidirectional relationships between many NCDs and infectious diseases e.g. diabetes and tuberculosis (TB); cervical cancer and Human Immunodeficiency Virus (HIV); NCDs and COVID-19. Strategies which take an inclusive approach to NCDs are essential to deliver on the SDGs, and in particular the recognition of an NCD agenda to achieve UHC, leaving no one behind.

We welcome the update and note the recognition of kidney disease as an important NCD with high burden. It highlights the growing understanding of the complexity of NCDs and the urgent need for integrated, inclusive strategies for diverse conditions and their interactions to advance progress toward SDG 3.4 and SDG 3.8.

We are however concerned that the mention of early screening has been removed from the final text.

We urge Member States to support the resolution, and to implement the recommendations in the resolution, including ensuring equitable and affordable kidney care within UHC by integrating prevention, early detection, and management into public health policies; addressing risk factors through education and community-based interventions; strengthening health systems and primary health services for all, especially vulnerable populations; enhancing monitoring, research, and cross-sector collaboration; and promoting inclusive approaches to address NCDs while mitigating social and environmental determinants of kidney disease.

Resolution: Primary Prevention and Integrated Care for Sensory Impairments Across the Life Course Proposed (R)[5]

We welcome the recognition given to sensory (vision and hearing) impairments which affect approximately 3.7 billion people globally, of which NCDs are the main cause. The final version of the resolution has considered many concerns and included recommendations which were raised in advance. We welcome the reference to the resolution WHA74.8 (2021) on the highest attainable standard of health for persons with disabilities, the United Nations Convention on the Rights of Persons with Disabilities and it implications, as well as the mention of resolution WHA70.13 on prevention of hearing loss and deafness, resolution WHA73.4 on integrated people-centred eye care, including preventable vision impairment and blindness, and resolution WHA 76.6 on strengthening rehabilitation in health systems, and WHA71.8 on improving access to assistive technology.

We express concern that the resolution does not place sufficient emphasis on acknowledging and addressing societal barriers, social determinants of health and the greater susceptibility to risk factors for NCDs experienced by people with disabilities, including people with sensory impairments/disabilities. While we welcome the reference to the UN Decade of Healthy Ageing (2021–2030), we would have welcomed even stronger recommendation on countering ageism and ensuring older people's equitable access to sensory services and assistive devices. We also regret the missing reference to the WHO Global Report on Health Equity which is an important guidance for member states to fulfil their commitments.

[5] *These recommendations were developed in consultation with Sightsavers.*

We urge Member States to address social determinants of health, as well as ageism to ensure equitable access to sensory services and assistive devices.

Resolution: Establish World Cervical Cancer Elimination Day (R)

Global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020–2030

We welcome the final text on Establish World Cervical Cancer Elimination Day. Cervical cancer ranks fourth of all cancers for women globally and currently, it is the highest cause of cancer deaths in women in 38 countries. The majority (more than 90%) of cervical cancer deaths occur in low and middle-income countries and there are large inequities in access to cervical cancer interventions. Women living with HIV/AIDS are more than six times more likely to develop cervical cancer compared to the general population. The resolution highlights that cervical cancer is preventable and curable if detected early and managed efficiently, and all countries can implement the Global strategy to accelerate the Elimination of Cervical Cancer as a public health problem and its 90-70-90 targets. A day dedicated to cervical cancer elimination commemorated each year on November 17th will serve as rallying point for advocacy in countries and globally to achieve progress against these targets and save lives.

Report: Oral Health

We welcome the update on oral health and note the recognition of the first-ever global oral health meeting which took place in November 2024, as part of the preparatory steps for HLM4. We commend Member States for reaffirming their commitment to UHC for oral health for all by 2030 by adopting the Bangkok Declaration which stresses that oral diseases affect 3.5 billion people and includes important recommendations on addressing oral diseases at the HLM4. We welcome the Baseline report 'Tracking progress on the implementation of the Global oral health action plan 2023–2030, which describes the status on the oral health targets as of 2024, particularly:

- The target on integration of oral health into primary care has, in principle, been met.
- Many countries have made progress in oral health governance, with ongoing efforts to improve policies and plans.

We express concern that despite being one of the most common NCDs worldwide, only 23% of the global population access essential oral healthcare from a national health insurance scheme or the equivalent largest government health financing program. We also note with concern that:

- Only 66% of Member States reported access to essential oral healthcare in public health facilities.
- While the 80% target for integration of oral health into primary care is reported as achieved (80.9%), the percentage of countries fully achieving this target drops to 66.0% (n = 129) when for-profit (private), and nongovernmental not-for profit providers are excluded. Furthermore, availability does not imply affordability and accessibility – which are major challenges for managing oral diseases. This is highlighted by the fact

that only 23% of the global population had access to essential oral health care through government health financing schemes in 2021.

- In 2021, only 23.3% of the global population had access to essential oral health care through government health financing schemes while low-income countries had significantly lower coverage at just 10.3%.
- There are significant disparities in the implementation of policies to reduce free sugars intake, with no low-income country implementing mandatory measure to achieve this target.
- More than half of Member States do not have national guidelines on optimal fluoride delivery, which are essential for balancing its benefits with its potential risks based on local context (eg the level of fluoride in drinking water), rather than promoting a single universal approach.
- There is no data available for target 3: Innovative workforce model for oral health
- Most Member States have not integrated essential dental medicines on their national Essential Medicines Lists (NEMLs), which are crucial for prevention and treatment of oral diseases.

An inclusive approach is essential to addressing these disparities and ensuring that oral health is integrated into the broader NCD response. Oral diseases must not be siloed but recognised as integral to achieving the SDGs and advancing UHC. Many people experience oral diseases alongside other chronic conditions, such as diabetes, cardiovascular diseases, and mental health challenges, and these conditions often share common risk factors and social determinants.

We urge Member States to prioritise oral health by fulfilling their commitments in the Bangkok Declaration:

- Recognize oral diseases, along with public health measures for their prevention and management, to be reflected in the Political Declaration of HLM4 due to their high and unequal burden.
- Include three reference targets related to oral health in the development of the renewed Global Monitoring Framework for NCDs:
  - By 2030, 80% of the global population is entitled to essential oral healthcare services as part of UHC (Overarching Global Target A)
  - By 2030, the combined global prevalence of the main oral diseases and conditions over the life course shows a relative reduction of 10% (Overarching Global Target B)
  - By 2030, 50% of countries will implement measures aiming to reduce free sugars intake (Global Target 2.1).
- Develop national oral health policies or strategies or plans aligned with the Global Oral Health Action Plan (2023 - 2030), and ensure adequate oral health surveillance and reporting capacity.
- Plan for and uphold the necessary WHO modalities for the agreed reporting on oral health annually through the DG`s report on NCDs and support a comprehensive report on oral health every three years until 2030.
- Work closely with the WHO department on Health Workforce to identify appropriate data collection methods and indicators for the health workforce target.

Report: Reducing the Burden of Noncommunicable Diseases through Strengthening Prevention and Control of Diabetes

We welcome the adoption by WHO regions of the Global Diabetes Compact and the diabetes coverage targets for achievement by 2030. We also welcome the adoption by the WHO AFRO region of a framework for its implementation, including two additional regional coverage targets (6 and 7):

1. 80% of people with diabetes are diagnosed;
2. 80% of people with diagnosed diabetes have good control of glycaemia;
3. 80% of people with diagnosed diabetes have good control of blood pressure;
4. 60% of people with diabetes aged 40 years or older receive statins;
5. 100% of people with type 1 diabetes have access to affordable insulin and blood glucose self-monitoring;
6. All Member States have adapted and are using WHO PEN and PEN-Plus;
7. 80% of diagnosed TB cases in all 47 Member States undergo diabetes screening.

We express concern that the number of diabetes cases continues to grow (despite the efforts to achieve a 0% increase in prevalence by 2025[6]) and that over 450 million people with diabetes receive no treatment.

We urge Member States to dedicate the necessary resources towards the implementation of the Global Diabetes Compact and the achievement of the diabetes coverage targets by 2030. We also urge the WHO regional offices to continue their work towards the adoption of implementation frameworks for the Global Diabetes Compact, including additional regional coverage targets where needed.

Note on agenda item 12: The role of the global coordination mechanism on the prevention and control of noncommunicable diseases in WHO's work on multistakeholder engagement for the prevention and control of noncommunicable diseases: report on independent evaluation (A78/INF./2)

The WHO Global Coordination Mechanism on the Prevention and Control of NCDs (GCM/NCD) is a Member State-led platform established in 2014 to facilitate multisectoral and multistakeholder collaboration in addressing NCDs and mental health conditions. Its mandate was extended until 2030 to align with the WHO Global NCD Action Plan 2013–2030. The GCM/NCD aims to enhance coordination across sectors at local, national, regional, and global levels, contributing to the achievement of NCD-related targets of the SDGs.

This agenda item will focus on discussing the independent mid-term evaluation of the GCM/NCD (A78/INF./2), which assesses the mechanism's effectiveness, added value, and continued relevance providing recommendations to strengthen its work and results. Member States are invited to provide feedback and guidance on next steps, especially on how WHO can best support Member States in implementing multisectoral actions for NCD prevention amid fiscal constraints, and on the challenges Member States face in strengthening governance and ensuring meaningful engagement of affected communities.

[6] Target 7 of the NCD Global Monitoring Framework, adopted by Member States at WHA in 2013.

We welcome this evaluation and its recommendations. The GCM/NCD plays a vital role in advancing multisectoral and multi-stakeholder initiatives for NCD prevention and care, and the NCD Alliance appreciates the close partnership it has with the GCM/NCD, resulting in joint outputs including, for instance, the upcoming publication of an issue brief on building narratives that foster multisectoral NCD action, and close collaboration in the WHO Symposia on Meaningful Engagement of People Living with NCDs, Mental Health, and Neurological Conditions.

We urge Member States to:

- Continue supporting the work by the GCM/NCD in these times of financial constraints, given the multisectoral and multi-stakeholder nature of NCD action and the importance of its guidance and tools.
- Encouraging the uptake of the GCM/NCD tools and resources by officials involved in NCD policies and programmes across sectors, especially to increase the meaningful engagement of people living with NCDs and to support decision-making on private sector partnerships, including management of conflicts of interests.

13.2 Mental health and social connection (EB156/8)

The report (EB156/8) provides an overview of WHO's activities related to social connection including the **WHO Commission on Social Connection**, launched in 2023 with a three-year mandate (2024-2026), which aims to provide evidence and promote global efforts to combat loneliness and isolation.

We welcome the DG's report (EB156/8) which emphasises the intertwined nature of mental health and social connection and proposes a strategic approach to address social isolation and loneliness globally. The report also underscores the public health implications of social disconnection and its adverse effects on physical, mental, and social health. [7]

Decision: A dedicated report on mental health for WHO's governing bodies

In implementing this decision, we encourage Member States to view this as an opportunity to strengthen integration and collaboration across WHO's NCD and mental health workstreams. This is an excellent moment to highlight the importance of mental health and neurological conditions within the broader NCD agenda, ensuring that these areas remain central to policy discussions, including for alcohol policy. We also see this as a chance to enhance reporting mechanisms on mental health policy progress, encouraging greater alignment and coherence between the NCD and mental health workstreams to ensure an integrated NCD agenda.

Resolution: Fostering social connection for global health: The essential role of social connection in combating loneliness, social isolation and inequities in health

Social connection, the third dimension of WHO's definition of health, is essential for well-being and linked to increased risks of mortality, cardiovascular disease, mental health conditions, and dementia which are all relevant to the NCD agenda. Social connection and alcohol use –

[7] *These recommendations were developed in consultation with United for Global Mental Health.*

a major NCD risk factor – are also intricately linked, with each influencing the other in various ways. The economic and social costs of social disconnection are significant, affecting education, employment, and overall quality of life. We urge Member States to make these connections within the resolution.

13.3. Universal Health Coverage

This report by the Director-General (EB156/6) comes in response to the WHA72 Resolutions on Primary Health Care (WHA72.2) in 2019 and to the WHA72 Resolutions in 2023 on Preparation for the high-level meeting of the United Nations General Assembly on UHC (WHA76.4), and to the WHA77 decisions on strengthening integrated, people-centred health services in future reporting (WHA77(16)) in 2024. It comes in the follow-up to the United Nations General Assembly's High-level Meeting on UHC in 2023, and the subsequent adoption by the General Assembly at its seventy-eighth session of a new political declaration on UHC. The current report aims to inform Member States on the progress towards UHC for 2023-2024 and summarises the commitments adopted to accelerate progress to achieve the UHC targets set for 2030.

In the 2019 Political Declaration of the United Nations High-Level Meeting on UHC, governments had committed to progressively cover 1 billion additional people by 2030 with quality essential health services and affordable essential medicines, and to stop the rise and reverse the trend of catastrophic out-of-pocket health expenditure and eliminate impoverishment due to health-related expenses by 2030.

In 2023, global efforts expanded UHC to an additional 429 million people, with projections indicating that by 2025, this number will grow to 585 million. While this progress reflects meaningful strides towards political commitments, the world remains far from achieving its UHC-related goals. More than half of the UHC billion target remains unmet, leaving 415 million people still requiring access to essential health services by 2030. Urgent and accelerated action is necessary to bridge this gap and prevent out-of-pocket healthcare costs from driving more individuals into extreme poverty.

The 2023 State of UHC Commitment Review highlights steady progress, with 70% of countries incorporating UHC as a central goal in their national health policies and plans. This momentum provides a foundation to further advance UHC and ensure its benefits extend to people living with NCDs worldwide.

 **We welcome the update** and note the recognition that global progress is not on track to achieve UHC by 2030, impacting the associated SDG3 targets, including that on NCDs and its risk factors. NCD prevalence and mortality is rising, with 17 million people dying each year from NCDs before reaching the age of 70. We also note the acknowledgement that service coverage is not improving at an adequate pace nor equally for everyone, and that out-of-pocket spending on health has been increasing, further accentuating health inequities. We further welcome the focus on primary healthcare.

In this context we applaud the recommitment by Member States in the 2023 Political Declaration to the principles and actions set forth at the first High-Level Meeting in 2018. **We welcome the call to initiate a road map to the 2027 high-level meeting on UHC to track**

progress on commitments made in the 2023 political declaration and the commitment to strengthen data collection and monitoring, including by launching a global survey to assess health systems for UHC in 2025. We also welcome:

- The recognition of increasing out-of-pocket (OOP) costs and financial burdens, and that the pace of improvement of service coverage remains insufficient to meet global needs.
- The reference to the Lusaka Agenda and the need for financing reforms and external funding to align with nationally led health and development strategies.
- The recommitment to primary health care (PHC) as the cornerstone for UHC.
- The recognition of the need to address health workforce shortages to deliver on UHC commitments.
- The recommitment by Member States to UHC for oral health by 2030 through the Bangkok Declaration.

⚠ **We, however, express concern** that the 2023 Political Declaration was an opportunity missed to further develop policy that addresses the needs of people living with NCDs, specifically:

- Not including people living with NCDs as a vulnerable population, which would also have served to better link the high-level process on UHC with Pandemic Prevention, Preparedness and Response (PPPR).
- No specific targets for investment in health being set, beyond increasing PHC spending, despite calls for targets of 5% of GDP or 15% of general government expenditure on health spending. Nor is there language that aligns health spending within the context of UHC health benefits packages to national disease burdens.
- No further development or strengthening of commitments to governance and accountability, particularly by omitting the important role of people living with health conditions, including NCDs, in the development of national policies and monitoring implementation as part of a participatory approach to health governance for UHC.

A 2024 report from WHO on the inclusion of cancer in UHC benefit packages (HBPs) found that only 39% of the surveyed countries included a minimum package for effective cancer management in their HBPs, which dropped to 28% when palliative care services were also considered. Moreover, the inclusion of cancer services was positively correlated with income levels, with higher-income countries more likely to include comprehensive cancer care services despite low- and middle-income countries (LMICs) bearing the disproportionate burden of cancer cases and catastrophic health spending. Using cancer as a tracer for other NCDs, the need for urgent action is clear.

 **We urge Member States to prioritise** issues critical to achieving both the UHC and NCD SDG targets in order to advance not only the implementation of the 2023 UHC Political Declaration, but also to build momentum for greater progress at the 2027 UN High-level Meeting on UHC and at the 2025 UN High-level Meeting on NCDs, particularly:

- Invest in the prevention and control of NCDs through adequate, predictable, and sustained resources for UHC, utilising guidance on cost-effective interventions provided by WHO.
- Accelerate UHC implementation by including quality NCD prevention and care services in country UHC health benefit packages.
- Align and integrate NCD services with other global health priorities to achieve UHC.
- Account for the implementation of NCD prevention and control to achieve agreed targets.
- Engage people living with NCDs to keep UHC people-centred.

Resolution: Rare Diseases: A Priority for Global Health Equity and Inclusion

 **We welcome the update** and the recognition that rare diseases, many of which are NCDs, are complex, chronic and progressive, leading to disability, premature death, and multiple comorbidities. We also commend the recognition that people living with rare diseases often face stigmatisation and isolation due to a lack of public awareness and recognition of these conditions and lack of social support and that this is a critical and often overlooked area of global health. Rare diseases affect millions of people worldwide, many of whom face significant barriers to timely diagnosis, effective treatment, and equitable care. The resolution's emphasis on integrated and inclusive approaches is a vital step toward reducing disparities and improving the quality of life for people living with rare diseases. We welcome the chair's proposal to ensure that UHC includes access to essential healthcare services for rare diseases, including access to affordable, effective and quality medicines, vaccines, diagnostics, and health technologies, including assistive technologies, that does not lead to financial hardship for people living with rare diseases. Further, we applaud the acknowledgement of the unequal distribution of resources between rural and urban areas and between countries and the recognition of how these disparities, coupled with the limited availability and geographical dispersion of rare disease specialists, the absence of structured patient pathways, referral systems, and effective knowledge-sharing platforms, contribute to suboptimal clinical management and delayed or missed diagnoses for people living with rare diseases. We also welcome the call to develop a 10-year Global Action Plan for Rare Diseases, which will provide Member States with a strategic framework to address critical gaps in rare disease recognition, care, treatment, and research.[8]

 **We, however, express concern that** there is an urgent need for investments in health systems strengthening to ensure equitable access to high-quality care, effective referral networks, and knowledge-sharing mechanisms that empower both specialists and non-specialists to deliver optimal care, for both people living with rare diseases, and more broadly.

 **We urge Member States** to support the resolution and to implement the recommendations outlined in the resolution, which call for greater public awareness, removal of barriers to essential services, utilisation of digital technologies like telemedicine, and active involvement of patient organisations in policymaking. It calls for the establishment of national task forces, Centres of Excellence, and registries for rare diseases to enhance accountability,

[8] This commentary was developed in collaboration with Rare Diseases International. For more information, please see https://www.rarediseasesinternational.org/.

data collection, and evidence-based decision-making. Collaboration across stakeholders—governments, academia, clinicians, civil society, and the private sector—is encouraged for innovation in research and treatments. The resolution also urges resource mobilisation, particularly for developing countries, and stresses the need for international cooperation to ensure equitable access to medicines and sustained political attention to rare diseases globally.

Resolution: Strengthening Medical Imaging Capacity

We welcome the proposed resolution on Strengthening Medical Imaging Capacity and the previous call for the establishment of national diagnostics strategies, as part of Member States national health plans expressed in the WHA76 Resolution on Strengthening Diagnostics Capacity (WHA76.5).

Access to medical imaging remains highly inequitable, with significant barriers preventing communities, particularly those bearing the highest burden of NCDs, from accessing essential diagnostic services. This disparity contributes to a growing care gap between high-income and low- and middle-income countries. Medical imaging is fundamental for diagnosing and effectively treating a wide range of NCDs, including stroke, which is a leading cause of NCD-related death and disability. For example, stroke is responsible for the second-highest number of NCD-related deaths and the third-largest share of global disability-adjusted life years (DALYs), with the most recent analysis of the Global Burden of Disease showing that 87% of stroke-related deaths and 89% of DALYs occur in low- and middle-income countries (LMICs).

Delayed or inadequate imaging for conditions such as cancer, cardiovascular diseases, and other chronic conditions significantly worsens health outcomes, particularly in resource-constrained settings. These disparities in access to diagnostic imaging are also escalating the economic burden of NCDs, with the global costs of stroke alone projected to reach US$1.60 trillion by 2050. Investment in medical imaging infrastructure, maintenance, and workforce development is crucial to addressing these challenges and ensuring equitable access to diagnostics for all.

We urge Member States to support the resolution, and to implement the recommendations, committing to the global effort needed to enhance detection and treatment of a wide array of NCDs. This should be supported by sustained investments in medical imaging infrastructure, quality management, and workforce development, integrated into national NCD strategies and Stroke Action Plans.

Resolution: Strengthening Global Health Financing

We welcome the resolution, which addresses the critical role of health financing for ensuring achieving SDG target 3.8 of UHC and other SDG 2030 targets including 3.4 to reduce preventable NCD deaths by one-third. Following the expiry of the 2011 WHA 64.9 resolution, which provided a mandate for Member States and the WHO to establish sustainable financing mechanisms for UHC, there is a renewed need for coordinated action among WHO, Member States, non-State actors, and global financial institutions to establish innovative and equitable financing mechanisms for UHC. This is consistent with the WHO 14th General Programme of Work (GPW14) goals of enhancing health coverage and ensuring financial protection while tackling inequalities and gender disparities.

The resolution reminds us that low- and middle-income countries face significant challenges, due to economic strain, reduced donor aid post-COVID, and competing global crises. These public financing challenges have an adverse impact on households, who encounter out-of-pocket health expenses - over 100 million people are driven into extreme poverty each year. We therefore welcome the renewed focus on health financing and the collective efforts to identify innovative and sustainable solutions, specifically:

- Prioritizing social and financial protection for healthcare services, particularly for vulnerable groups, in policy and budget alignment and reform.
- The call to establish and strengthen capacities for monitoring and reporting of domestic and external financial flows for health, which will increase data-driven decision-making on public health spending and appropriate and efficient allocations of financial resources.
- The recognition of the role of fiscal measures as a triple win with increased revenue, reduced health costs, lives saved; and the inclusion taxes on tobacco, sugar and alcohol, as a way to reduce risk factors for noncommunicable diseases in operative paragraph 3.
- The inclusion of the principles of the Lusaka Agenda, which is based on a “one plan, one budget” approach to health systems, serving as an opportunity for development assistance for health to align with the health and development plans of governments and with public health needs to support the realisation of universal health coverage.
- The call to focus on an evidence-based essential package of health benefits, supported by health technology assessments, and to focus financing reforms on strategic purchasing and pooling resources; which are cost-effective ways to improve drug access to those most in need.
- For WHO to develop guidance, tools and policies on health financing, economics, and procurement of cost-effective medicines and diagnostics

⚠ **We express concern:**

- That the recognition of the increasing burden of NCDs and commitments made to address NCD as part of UHC, including through the Global Action Plan for the Prevention and Control of NCDs (WHA66.10, 2013), including the 2023 update of Appendix 3 to the Global Action Plan on the Prevention and Control of NCDs (decision WHA76.9, 2023), and the adoption of the related implementation roadmap 2023-2030 (WHA75.11, 2022), as well as the WHO Global Strategy on Health, Environment and Climate Change (decision WHA70.12, 2017), has been removed from the finalized text.
- That the references to the burden of debt specially for already vulnerable countries, especially for the poorest countries in Africa, has been removed. This is unfortunate since, as stated in the previous text, the poorest countries will have to spend more to service their debts than what they spend annually on health, education, and infrastructure combined.

 **We urge Member States to support the resolution and :**

- Expand the commitments to set global health financing targets with specific targets for increasing spending on NCDs, including mental health and neurological conditions, which remains the most underfunded area of public health, with respect to disease burden.
- Clarify that monitoring for financial flows on health spending is regularised with transparent reporting that is available and accessible to all.
- Align UHC health benefits packages to national disease burdens in order to optimise budgetary allocations, to maximize the effectiveness of possible interventions, and the return of investment on these interventions to address public health needs and realise UHC.
- Ensure that any call to use health technology assessment for evaluating budgetary needs is accompanied by WHO guidance and the necessary financial support and training so as not to increase inequalities between countries.

Resolution: Strengthening national capacities in evidence-based decision making for the uptake and impact of norms and standards

Strengthening national capacities for evidence-based decision-making and the uptake of norms and standards can significantly enhance health systems' ability to address the growing burden of NCDs, particularly in low- and middle-income settings.

 We welcome the resolution, which emphasizes the importance of strengthening national capacities to use evidence-based decision-making in the development and implementation of health guidelines. It highlights the critical need for increased investment in research and innovation to address gaps in healthcare access. The resolution further urges the WHO to support Member States with technical assistance, facilitate regional collaborations, and ensure the timely, context-relevant delivery of normative products.

- We applaud the global commitment to Universal Health Coverage (UHC) and the recognition of the need for high-quality evidence and innovation to enhance healthcare delivery, financial protection, and health outcomes.
- We also appreciate the recognition of the need to adapt global health recommendations to local contexts, and the mention of developing countries and small island developing states (SIDS)
- We welcome the emphasis on WHO's critical role in the establishment of evidence-based standards and urge WHO to move beyond issuing guidance and focus on accelerating their implementation in health systems, by working closely with governments and other relevant stakeholders, and to scale up their uptake through the WHO Academy and other technical training centres.

13.4. Communicable Diseases (EB156/9)

Resolution: Prioritising Skin Diseases in Public Health

 **We welcome the resolution and** note the recognition of a wide range of skin diseases, including skin-related neglected tropical diseases (NTDs), common skin conditions and skin NCDs. We commend the acknowledgement of the mental health consequences of skin diseases, and emphasis on including underserved populations, addressing geographical

barriers and promoting affordable treatments. We welcome the call for better access to care both by promoting better knowledge around dermatology in primary healthcare and also by increasing access to specialised care for skin diseases. We welcome the call for collaboration with diverse stakeholders, including governments, NGOs, and research institutions, as essential for addressing stigma, discrimination, and treatment access, and the request to the WHO DG to develop a Global Plan of Action on public health response to skin diseases for consideration by the 80th session of the World Health Assembly.

⚠ **We express concern that** the resolution on skin diseases is now embedded under the item on communicable diseases, while these conditions are also linked to other NCDs, such as diabetes and cardiovascular disease, through shared risk factors and comorbidities. A more comprehensive approach is needed to fully integrate skin diseases into the broader NCD agenda and ensure adequate attention and resources across health systems.

We urge Member States to support the resolution and its implementation, ensuring the upcoming Global Plan of Action on public health response to skin diseases includes considerations for skin NCDs and NCD commodities**.**

13.5 Substandard and Falsified Medical Products (EB156/11)

Substandard and falsified medical products constitute a global public health challenge, responsible for over 1 million deaths every year. Alarmingly, it is estimated that one in ten medicines in low- and middle-income countries is substandard or falsified.
Access to safe, high-quality, medical products is essential to achieving UHC. Nonetheless, substandard and falsified medical products — including medicines, vaccines, and other medical supplies — persist in the global supply chain. In particular, such products contribute to growing disease prevalence, cause adverse health outcomes, exacerbate antimicrobial resistance, and lead to significant economic losses.
The WHO Member State Mechanism on Substandard and Falsified Medical Products was established through the WHA65 Resolutions (WHA65.19) in 2012 to improve coordination between Member States and WHO in addressing that global concern. It operates as an intergovernmental forum that: convenes Member States; facilitates knowledge exchange; issues policy recommendations; supports collaborative efforts; and coordinates actions against substandard and falsified medical products.
An independent evaluation of the Member State Mechanism was conducted from December 2023 to September 2024 to assess progress, achievements, challenges, and gaps since its previous review in 2017. It also provided key recommendations to inform the Mechanism's future strategic direction.

We welcome the Report (EB156/11) on the Independent Evaluation of the Member State Mechanism on Substandard and Falsified Medical Products and note the recognition of its role in addressing substandard and falsified medical products (e.g., through contributions to consensus-building, relevant objectives, reach beyond the health sector, coherent and coordinated response, etc.).

⚠ **We express concern** that the Mechanism has been constrained by limited Member State participation, fragmented funding sources, and an absence of robust monitoring

and accountability systems. The shortfall of a results framework, clear indicators, and systematic reporting considerably complicates efforts to assess progress comprehensively. Also, reliance on a narrow donor base impairs long-term sustainability.
The evaluation highlights limited engagement with external stakeholders, including non-State actors. Such engagement is essential for improving coordination and preventing fragmented actions. In addition, low participation from lower-income Member States raises equity concerns.

We urge Member States to implement the five key recommendations outlined in the report:

- Member States should consider revising the format of the Member State Mechanism to benefit from more relevant technical expertise, better collaboration with external stakeholders, increased accountability and potentially increased funding, as well as broader Member State participation;
- Develop an integrated planning and review approach to further develop the Member State Mechanism's work planning, costing/budgeting, prioritisation, and reporting process;
- Clarify and communicate roles and responsibilities with a strong focus on strengthening Member State engagement and accountability;
- Strengthen the Member State Mechanism's visibility via stronger external communication to Member States, potential donors, and other stakeholders; and especially,
- Improve external engagement by developing differentiated engagement strategies in line with the WHO Framework of Engagement with Non-State Actors.

In addition, we urge Member States to:

- Expand education and awareness of substandard and falsified medical products among all stakeholders, including policymakers, healthcare providers, and patients;
- Facilitate collaboration and coordination at all levels, leveraging existing platforms and legal instruments; and
- Implement and accelerate national as well as regional initiatives, including strengthening infrastructure, capabilities, and regulatory frameworks.

13.7 Health and care workforce (EB156/15)

The world is facing a crisis-level workforce shortage, with estimates projected a shortage of 1.1 million by 2030. With particularly high shortages anticipated in areas with high prevalences of NCDs, this will only increase disparities in NCD care access, deepen heath inequities, resulting in adequate and delayed diagnosis, management and treatment. NCD Alliance's report Staffed, Skilled, Supported, and Sustainability Financed provides an overview of the opportunities and challenges to optimise the workforce and support addressing NCDs.

Report on the Global Strategy on Human Resources for Health: Workforce 2030

This report by the Director-General (EB156/15) comes in response to resolutions (WHA 70.6) in 2017, (WHA72.3) in 2019, (WHA74.14) in 2021, (WHA74.15) in 2021, (WHA75.17) in 2022 and decision (WHA73(30) in 2020. It provides an update on progress towards the four objectives of the WHO Global Strategy on Human Resources for Health: Workforce 2030 (WHA69.19) in 2016. The four objectives aim to optimise health workforce performance, align investments with population and health system needs, build institutional capacity for effective governance, and strengthen data for monitoring and accountability in human resources for health.

The DG's report (EB156/15) highlights progress, including key achievements such as the publication of the global competency and outcomes framework for essential public health functions in 2024 and WHO–ILO analysis of the gender pay gap in the health and care sector, which has informed global policy dialogues. WHO's guidance continues to support a growing number of countries in integrating community health workers into health system planning through salaried roles. However, despite these gains, major challenges remain.

A projected global shortage of 11.1 million health workers by 2030 is particularly concerning, with the African and Eastern Mediterranean regions most affected. The current output of 2.2 million new medical and nursing graduates per year—equivalent to one new graduate for every 19 practising doctors and nurses—is insufficient to meet global demand. The ratio must increase to approximately one graduate for every 10 health workers to address this shortfall effectively. Moreover, the rate of global progress towards addressing these shortages is slowing, proving the need for accelerated action to address health workforce shortages.

Despite an overall increase in health worker density—now exceeding 70 million globally, with a 26% rise since 2013—significant regional and income-based disparities persist. Health workers remain disproportionately concentrated in urban centres, leaving rural and underserved areas without adequate access to both primary and skilled care. Such inequities exacerbate the challenges of achieving UHC and the SDGs.

 **We welcome the update provided** in the report and commend ongoing efforts to address the four objectives of the global strategy on human resources for health. We commend the emphasis on a well-distributed, adequately trained, and properly supported health workforce as critical to achieving UHC and the SDGs. We also welcome the inclusion of the WHO Global Code of Practice on the International Recruitment of Health Personnel as a framework to address inequities in health worker distribution.

We note the acknowledgement that most international investments in human resources for health are spent on short-term training, and that long-term sustainable investments in the health workforce are needed, particularly for recruiting, training and sustaining a workforce that is equipped for the management of NCDs, which often require long-term, specialised care. Health workforce shortages limit access to essential services, causing delays in diagnosis and treatment of NCDs, compromising care quality, and reducing preventive service capacity. This leads to a vicious cycle where poorly managed NCDs strain health systems and economies, increasing mortality and morbidity rates and impacting workforce productivity and economic development.

⚠ **We express concern** that progress is not on track to reduce the global shortfall of health workers equitably by 2030, impacting SDG3 targets. The WHO Roadmap to Strengthen Health Workforce Capacity for Essential Public Health Functions missed opportunities to develop policies addressing the growing burden of NCDs, including mental health and neurological conditions. We are concerned that the current pace of workforce expansion and training is insufficient to meet the demands of growing and ageing populations, particularly for NCD-related services.

Moreover, continuous recruitment of health and care workers from low- and middle-income countries to meet domestic shortages in high-income countries exacerbates health inequities and workforce shortages in LMICs, threatening access to essential health services in under-resourced regions. Small Island Developing States (SIDS) face acute challenges, with limited capacity to produce, recruit, and retain health workers. As highlighted in the Bridgetown Declaration, recruitment by high-income countries—often referred to as "reverse foreign aid"—benefits wealthier nations at the expense of SIDS, which lose specialised workers, such as nurses and midwifery personnel, that they cannot afford to replace. Finally, there is an urgent need to scale NCD competency among primary healthcare workers, including nurses, pharmacists, and community health workers.

 **We urge Member States to prioritise health and care workforce** issues critical to achieving both the UHC and NCD SDG targets in order to advance not only the implementation of the 2023 UHC Political Declaration but also to build momentum for greater progress at the 2027 UN High-level Meeting on UHC and HLM4, particularly:

- Include the voices of key primary healthcare workers such as family doctors, nurses, pharmacists, and community health workers in policy development, alongside meaningful involvement of people living with NCDs. Develop recommendations for integration of meaningful engagement of health workers and involvement of people with lived experience of NCDs in primary healthcare policies and programmes.
- Invest in health worker training and retention, with a focus on NCD prevention and control, and integrate NCD competency into LMIC health worker programmes. Leverage the WHO Academy for global training initiatives.
- Strengthen rural health workforce programs to ensure equitable access to skilled health workers in underserved areas.
- Align workforce strategies with disease burden data to address gaps in NCD care provision.

Resolution: Accelerating Action on the Global Health and Care Workforce by 2030 (R)

 **We welcome:**

- The recognition of progress in global health workforce development while acknowledging persistent challenges, including national shortages, uneven distribution, high turnover rates, and migration issues.
- The commitment to addressing the challenges of migration, particularly in less-resourced countries.

- The importance of strengthening workforce strategies to enhance health system resilience during natural disasters, pandemics, and crises.
- The recognition of women's critical role in healthcare and the call for equity-focused approaches to address disparities, including the gender pay gap and barriers for marginalized groups.
- The emphasis on strengthening primary healthcare workforces in remote and vulnerable settings.
- The call to strengthen regional training centres, and acknowledgement of the potential of the recently opened WHO Academy.
- The opportunities offered by digital health and artificial intelligence, with a focus on improving access and affordability of these technologies in underserved or rural areas.
- The need for increased support from development partners, global health initiatives, international financial institutions, and UN agencies to advance health workforce development, regulation, and management, and acknowledgement of the Lusaka agenda.

⚠ **We express concern:**

- Despite international commitments, efforts to address workforce shortages, inequities, and migration challenges remain fragmented, with limited accountability mechanisms in place to track progress.
- The growing burden of NCDs continues to strain health systems, yet investments in health worker training and resources for NCD prevention, treatment, and management remain inadequate, particularly in primary healthcare settings.
- The mental health and well-being of health workers remain undervalued and underfunded, with burnout, stress, and inadequate support systems further exacerbating workforce challenges, especially in crisis-affected regions.
- Community health workers are often overlooked in workforce strategies, resulting in missed opportunities to address local healthcare needs and support NCD prevention and care.

 **We urge Member States to:**

- Implement accountability frameworks to ensure global and national commitments on workforce equity and capacity-building are met, with clear deadlines.
- Align workforce policies with disease burden data to address gaps in the prevention and management of NCDs within primary healthcare settings.
- Leverage the WHO Academy and regional training centres to build capacity, especially in LMICs and underserved areas. Increase investment in health worker education, training, and retention, with a focus on equipping workers to address NCDs, mental health, and neurological conditions.
- Integrate community health workers into national health strategies, recognizing their key role in NCD prevention, care, and outreach in vulnerable communities, ensuring to supply them with adequate training, resources, and fair compensation.
- Incorporate well-being metrics into workforce development plans to monitor and address burnout and stress.

13.9 Global Strategy for Women's, Children's and Adolescents' Health (EB156/17)

As reported by the DG's report (EB156/17), many countries are off track to reach the SDG targets related to maternal, newborn and child mortality. In 2022, 4.9 million children died before reaching the age of five, with 57% of these deaths occurring in sub-Saharan Africa. Despite some progress, 46 countries are projected to exceed the target maternal mortality ratio (MMR) of 140 deaths per 100,000 live births by 2030, with sub-Saharan Africa contributing 70% of global maternal deaths. The situation is exacerbated by the gap in health service coverage, healthcare worker availability, and out-of-pocket expenses which disproportionately affect low-income countries and vulnerable populations.

Women often face limited access to quality health services, and at the same time are often more exposed to NCDs and their risk factors due to gender norms, resulting inequality, and a range of related socioeconomic factors. Moreover some health harming industries are increasingly targeting women through aggressive marketing tactics, putting them at additional risk of NCDs.

We welcome the DG's Report on the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) (EB156/17) as it provides an overview of recent trends and an update on efforts to accelerate progress towards women's, children's and adolescents' health. The report emphasises the urgency of accelerating efforts to address inequalities and improve outcomes in women, children and adolescents.
We specifically applaud:

- The report's presentation of data and global trends provides an overview of progress and gaps to improve the health of women, children and adolescents. In addition to mortality data, the inclusion of morbidity trends, mental health data for adolescents, and specific causes of mortality is also insightful.
- The overview of relevant WHO tools and guidance to accelerate progress including a manual for policymakers and programme managers on supporting the integration of social accountability processes in family planning and contraceptive service provision.
- The itemised monitoring initiatives including the published list of indicators by the Global Action for Measurement of Adolescent Health Advisory Group and the use of the child-health and wellbeing and EWENE dashboards to track and visualise national progress on key maternal, newborn, child and adolescent health outcomes.

We urge Member States to:

- Collaborate across government sectors as progress will be influenced by non-health factors, including poverty, education, sanitation, and gender inequality. Therefore, we urge Member States to address the wider determinants and work across various sectors, such as health, education, nutrition, social protection, and infrastructure.
- Ensure the meaningful involvement of mothers, children and communities to contextualise programmes in different geographies.

- Accelerate progress in high-burden areas and scale up efforts to improve progress among underserved populations, including low-income groups, rural areas, and marginalised communities, to achieve the SDG targets.

Resolution: Regulating the Digital Marketing of Breast-Milk Substitutes (BMS)

 **We welcome the resolution,** noting the recognition of the growing role of social media, influencer culture, and personalised advertisements exacerbates the digital marketing of BMS. The resolution's emphasis on regulating digital marketing, including the inappropriate promotion of foods for infants and young children in digital environments, is timely and necessary noting previous requests from Member States for more work in this area.

⚠ **We express concern** that only 32 countries have legislation strongly aligned with the International Code of Marketing of BMS, while industry increasingly markets these products in digital environments despite existing guidance.

 **We urge Member States** to adopt the resolution, and:

- To implement mandatory regulatory measures that fully align with the International Code of Marketing of BMS, as well as the Guidance on ending the inappropriate promotion of foods for infants and young children and the Guidance on regulatory measures aimed at restricting digital marketing of breast-milk substitutes.
- To establish strong safeguards to protect parents and caregivers, particularly mothers, from the marketing of BMS (direct and indirect promotion) and the inappropriate promotion of foods for infants and young children (including complementary foods), and to prevent and manage conflicts of interest in policymaking processes.
- To develop monitoring and enforcement systems that are free from commercial influence to ensure compliance.

14. Health in the 2030 Agenda for Sustainable Development (A78/7)

 **We welcome the report** Health in the 2030 Agenda for Sustainable Development **(A78/7)** as it provides a timely overview of the insufficient progress on the triple billion targets and health-related Sustainable Development Goals. We particularly note the report's acknowledgment of the lack of progress in NCD mortality since 2015, and we support its emphasis on strengthening data and health information systems as a foundation for accelerating progress.

We also commend the report's emphasis on advancing UHC and the persistent barriers to affordable healthcare. As highlighted in the report, the world missed the target of 1 billion more people benefiting from universal health coverage by 2025,

⚠ **We express concern** that the report fails to clearly identify alcohol as a major risk factor in addressing the global burden of NCDs, despite its well-documented links to cancer, liver disease, cardiovascular conditions, and other health harms. Furthermore, the report lacks a

focused discussion on commercial determinants of health, which are essential to understanding and addressing the structural drivers of NCDs.

 **We urge Member States to:**

- **Accelerate action on NCD risk factors:** To achieve SDG target 3.4, Member States must address the major risk factors for NCDs, including unhealthy diets, tobacco and alcohol use, physical inactivity and fossil fuels. A comprehensive, multisectoral approach is also needed to address the commercial and social determinants that drive exposure to these risk factors.
- **Advancing on strong, accessible and resilient health systems:** Strategic investments are urgently needed to strengthen system capacity for prevention, early diagnosis, treatment, rehabilitation and palliative care for NCDs. These investments must be integrated and inclusive, contributing to broader system strengthening that benefits all health conditions and supports universal health coverage (UHC).
- **Strengthen health information systems and accountability:** Improved health information systems are vital for evidence-based policy making, prioritization within UHC frameworks, and greater transparency and accountability. Countries must invest in systems that enable real-time data use, disaggregated monitoring, and effective stakeholder engagement to accelerate SDG implementation.

Pillar 2: One billion more people better protected from health emergencies

16.1 Strengthening the global architecture for health emergency prevention, preparedness, response and resilience

 **We welcome the timely report** on Strengthening the global architecture for health emergency prevention, preparedness, response and resilience as it provides a review of the implementation, progress and challenges of the WHO the health emergency prevention, preparedness, response and resilience (HEPR), launched in 2023 in the aftermath of the COVID pandemic. The report emphasizes the importance of collaborative surveillance, community protection, safe and scalable clinical care, and access to emergency coordination. We applaud:

- We welcome work to strengthen the global architecture for HEPR through the discussions of the intergovernmental negotiating body, which reached consensus on the draft text.
- The advancement of country-led initiatives such as the Universal Health and Preparedness Review (UHPR), including the first global peer review with participation from the Central African Republic, Portugal, and Thailand.
- The report highlights of the significant shortfall in sustainable financing for HEPR activities. The Global Preparedness Monitoring Board (GPMB) recommends an annual increase of US$10 billion to bolster HEPR financing.

⚠ **We express concern that the report does not mention NCDs.** The COVID-19 pandemic has shown how the prevalence of underlying conditions like NCDs increases the

vulnerability of populations to health emergencies, while at the same time emerging data suggests that people living with NCDs are also experiencing worse health outcomes because of service disruptions, delays, and cancellations.

 **We urge Member States to**:

- **Ensure that NCD prevention and care are fully integrated** into emergency preparedness and response plans, recognising people living with NCDs as a vulnerable population in crisis and conflict settings.
- **Address the financing gap** by mobilising funding for HEPR efforts, and by ensuring alignment with national UHC and primary healthcare investments - not creating new siloes and hurdles to systematic health system strengthening
- **Promote coherence across health and emergency frameworks**, ensuring that HEPR implementation is synergistic with commitments under the 2023 UHC Political Declaration, the 2025 HLM on NCDs, and other SDG-related targets.

16.2 Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response

 **We welcome the draft Pandemic agreement and applaud the intergovernmental negotiating body for having reached consensus on the draft text.** After over three years of negotiations, we commend Co-Chairs Ms Precious Matsoso (South Africa) and Ambassador Anne-Claire Amprou (France), the WHO Secretariat and Member States for finding common ground on our global response to shared health threats despite the challenging time and resource constraints. We particularly welcome the recognition of the need to protect persons in vulnerable situations, and their explicit definition as individuals with a disproportionate risk of infection, morbidity, or mortality, those likely to bear a larger burden due to social determinants of health, and people in humanitarian settings. We also welcome language on universal health coverage, including the mention of the need to maintain the full continuum of essential health services, and human rights principles and standards. Finally, we welcome article 7 on the health and care workforce, particularly the reference to decent work, mental health, and eliminating all forms of inequalities and discrimination and other disparities in the workplace.

 **We urge Member States** to adopt the instrument at the World Health Assembly under Article 19 of the WHO Constitution and to continue engaging with the implementation process, including by defining a system for Pathogen Access and Benefit Sharing (PABS) during pandemic emergencies.

17.1 WHO's Work in Health Emergencies (A78/13)[9]

[9] *These recommendations were developed in consultation with the International Alliance for Diabetes Action (IADA).*

We welcome the report (A78/13) 'WHO's work in health emergencies' which provides an overview of global trends and challenges relating to health emergencies. The COVID-19 pandemic has shown that the prevalence of underlying conditions such as noncommunicable diseases (NCDs) can increase the vulnerability of populations to pandemics in both high-income and low-income countries. Some studies estimate that 60 to 90 % of COVID-19 deaths involved pre-existing NCDs conditions. This has already been explicitly recognised by the world's leaders in the United General Assembly resolution 73/130. Evidence from conflicts, such as Ukraine, Turkey, the Middle East and Sudan, show that emergencies particularly impact people living with cancer and diabetes and people on dialysis.

People living with NCDs face greater challenges when living in a humanitarian setting. Health systems and services that were previously provided within a country may be completely destroyed or seriously undermined, including due to the disruption in the delivery of healthcare and supplies of medicines and products. Wider systems also come under stress, with people more exposed to NCD risk factors, such as tobacco or alcohol use, physical inactivity and lack of good nutrition.

We welcome the report's (EB156/18) overview of the challenges populations in emergency settings face when accessing essential healthcare services. We note the importance of the Second WHO Global High-Level Technical Meeting (HLTM) on NCDs in Humanitarian Settings in 2024. The outputs of this meeting will contribute to the 2024 progress report to the UN Secretary-General and inform preparations for the HLM4. We request the recommendations of the report from the HLTM to be incorporated into the political declaration process for the HLM4. Specifically, we applaud:

- The overview of global trends in health emergencies, and recognition of the escalating impact of various world crises on global health, including the climate crisis, forced displacement, food insecurity, and lack of access to reproductive healthcare.
- The development and deployment of the NCD kits, which support the management of NCDs in emergency and humanitarian settings.
- The establishment of an access and allocation mechanism for mpox medical countermeasures – including vaccines, treatments and diagnostic tests – to increase access to countermeasures for high-risk groups in emergency settings.
- The recognition of a steep increase in humanitarian health needs on a global scale, driven by overlapping and interacting aggravating factors - including the accelerating climate crisis, increased conflict and insecurity, increasing food insecurity, weakened health systems in the wake of the Covid-19 pandemic, and new infectious disease outbreaks.

We urge Member States to prioritise the integration of NCD care into national health strategies and emergency planning frameworks, especially in fragile and conflict-affected situations (FCVs) and countries experiencing protracted crises. Strengthening health systems to effectively address the growing burden of NCDs is essential for building resilience and ensuring continuity of care during crises. Specifically, we recommend:

- Strengthen primary care models that are people-centred, affordable, and provide a continuum of care from diagnosis to rehabilitation and palliative care, including life-saving interventions for those with diabetes, cancer, dialysis needs, and palliative care.

Ensure a continuous supply of essential medications and establish a priority list for medicines and equipment to prevent service disruptions during crises.

- Recognise people living with NCDs as a vulnerable group in national and emergency health planning, ensuring their needs are addressed in the design and implementation of health services.
- Expanding workforce capacity by training health workers to prevent, diagnose, and treat NCDs in humanitarian settings, with an emphasis on task-shifting and task-sharing with nurses and community health workers to improve care delivery.
- Reduce NCD risk factors in humanitarian settings by promoting access to healthy diets, clean fuels, physical activity, and protections from health-harming industries, while safeguarding from inappropriate emergency donations.
- Implement the commitments made in the resolution on Strengthening Mental Health and Psychosocial Support Before, During and After Armed Conflicts, Natural and Human-Caused Disasters and Health and Other Emergencies.
- Establish sustainable financing mechanisms to integrate NCD prevention and treatment into development assistance and humanitarian health programs.
- Improve data systems to collect and integrate disaggregated data on NCD prevalence, risk factors, and treatment into health information systems to guide care provision, inform policies, and enhance accountability.
- Enhance research and innovation by funding efforts to build a high-quality evidence base for addressing NCDs in acute and protracted crises.
- Request clarity from WHO on plans to integrate NCDs into emergency planning, including developing tools for prioritisation and a timeline for reviewing and updating NCD kits.
- Adopt and implement the WHO resolution on Strengthening the Evidence-Base for Public Health and Social Measure to 1) ensure PHSM are evidence-based; 2) strengthen national and global PHSM research capacity; 3) strengthen legal and ethical frameworks; 4) promote equity and inclusion; 5) enable agile, ethical, and transparent research; and 6) support better pandemic preparedness and response.

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

18.2 Updated Road Map for an Enhanced Global Response to the Adverse Health Effects of Air Pollution (EB156/24)

Air pollution causes more than 8 million avoidable premature deaths every year. As the DG's report highlights: *As much as 85% of air pollution-related deaths can be attributed to NCD outcomes.* Despite world leaders' recognition of the toll of air pollution on health at the third UN High-Level Meeting on NCDs (2018), more policies and investments for clean air are urgently needed – they will improve the lives of billions of people living with NCDs and help countries achieve SDG 3.4 on NCD premature mortality.

The DG's report (EB156/24) presents an updated road map for an enhanced global response to the adverse health effects of air pollution from 2025-2030 building on the version from 2016-2019, and proposes an overall target of a 50% reduction in the population-attributable fraction of mortality from anthropogenic sources of air pollution by 2040 (compared to 2015 baseline values). There is a draft decision for its adoption at WHA78, also requesting to report progress in 2030 (EB156(33)).The updated road map will be an opportunity to regenerate momentum

for action on air pollution ahead of the HLM4 on 25 September. In this context, NCD Alliance developed Key Asks for Integrating Action on Air Pollution.

We welcome the updated road map and its overall target, to build further momentum for clean air action, as air pollution remains the world's largest single environmental health risk.

We express concern that urgent effective action to tackle air pollution is still needed — 99% of the world's population continues to breathe unsafe air according to WHO air quality guidelines.

We urge Member States to adopt the updated road map, and when implementing it, to:

- Acknowledge air pollution as the biggest environmental risk factor for health and the need to protect the right to a clean, healthy, and sustainable environment as essential to enjoy the right to health.
- Integrate the road map's goals and target within national NCD plans and seek synergies with other health promotion and disease prevention objectives when prioritising interventions for air quality, targeting health co-benefits, including around active transportation and more sustainable food systems.
- Coordinate implementation with efforts on climate change and health (including around the upcoming Global Action Plan on Climate Change and Health) given shared drivers.
- Identify priority interventions, including subsidy reforms, that aim to reduce the use of fossil fuels as the major driver of both air pollution and climate change, supporting just and equitable transitions from all fossil fuels to renewable energy.
- Mobilise investment for air quality including through subsidy reforms and by proactively increasing development funding allocated to air pollution.
- Reiterate WHO's mandate to develop 'best buys' on air pollution, building on the the Compendium of WHO and other UN guidance in health and environment.
- Recognise people with NCDs as a vulnerable group in air quality strategies, nationally determined contributions (NDCs) and other relevant environmental policies and programmes.
- Monitor the impact of air pollution and air quality interventions on subpopulations (e.g. gender, age, income, urban/rural), enhancing data disaggregation, to inform and strengthen the design of interventions to target vulnerable populations.
- Engage communities who cannot avoid breathing polluted air, including people affected by or living with NCDs, in social participation mechanisms for the co-development and implementation of air pollution interventions.
- Safeguard air pollution interventions and policy from the undue influence of the fossil fuels industry, including through conflicts of interest policies.

18.3 Climate Change and Health (A78/4)

The DG's report (EB158/25) presented the draft Global Action Plan on Climate Change and Health 2025–2028, which is still pending further review following regional consultations until

WHA78, together with a draft decision for its adoption at WHA78, also requesting progress reports in 2027 and 2029 (EB156(40)).

The action plan organised into three main action areas: 1) leadership, coordination, and advocacy; 2) evidence and monitoring; and 3) country-level action and capacity-building. It aims to integrate health into the global and national climate agendas, with WHO guiding its implementation. Under the first action area, key objectives include fostering global cooperation on climate health issues, reducing emissions through sustainable practices, and empowering the health community to engage in climate action. On evidence and monitoring, key objectives include strengthening scientific and traditional knowledge through research, shaping the global research agenda, and monitoring progress on climate-health targets. On country-level action and capacity-building, key objectives include integrating health into national climate policies, supporting climate-resilient healthcare systems, and increasing access to climate-health finance.

 **We welcome the updated action plan,** and applaud the:

- Strong focus on the integration of health into climate processes (and vice versa) including the call for Member States to promote inter- and multisectoral cooperation between national health ministries and relevant national authorities on climate change including nationally determined contributions (NDCs), health national adaptation plans (HNAPs).
- Calls to highlight the health benefits of climate action (co-benefits of this action) including cost-effectiveness analyses using guidance and tools from WHO.
- Recommendations to strengthen the data and evidence underpinning health and climate policy making (linking to health information system strengthening).
- Establishment of a mechanism to mainstream climate and health action across the work of the WHO at all three levels of the organisation.
- Commitment to work more closely with the UN and other international partners to foster the integration of health policies into climate change processes, data collection and financing mechanisms.
- Recognition of the need for Ministries of Health to develop and implement climate mitigation and adaptation policies and programmes.

 **We urge Member States to:**

- Place greater emphasis on developing the costings of climate and health action, making the case for investment, and communicating return on investment.
- Strengthen the integration of health into climate processes and vice versa, ensuring this includes sufficient financial allocation and the identification of co-benefits.
- Share good practices and develop guidance and tools for Ministries of Health to engage Ministries of Climate, Energy, Agriculture, Transport, Sanitation, Trade etc. as well as UN agencies.
- Recommend the implementation of policy interventions that aim to reduce the use of fossil fuels — including subsidy reforms as actions for Member States.
- Safeguard climate and health action from commercial and other vested interests, drawing from examples of the WHO FCTC.

- Engage people with lived experience and civil society organisations in the development, implementation and evaluation of national climate and health strategies to capitalise on the experience and reach as representatives of communities, professionals, researchers, advocates, and health service providers.
- Recognise the need for funding for countries that are particularly vulnerable to the adverse effects of climate change that are not necessarily categorised as "developing countries" such as many Small Island Developing States (SIDS), whose small economies of scale cannot face the disproportionate impact of climate change in these countries, as recognised in the Bridgetown Declaration.
- Request WHO for guidance on risk forecasting and building resilient healthcare systems, particularly in low- and middle-income countries.
- Encourage WHO to promptly develop indicators and a monitoring mechanism to track progress in implementing the action plan.

24.2 Global strategies or action plans that are scheduled to expire within one year

Global Action Plan on the Public Health Response to Dementia 2017–2025 EB156(36)

The WHO's global action plan on the public health response to dementia 2017–2025, endorsed by WHA in 2017, has provided a framework for countries to address dementia, a major neurological condition which affects over 57 million people globally, with a significant burden on LMICs. The plan emphasises national policies, awareness campaigns, and risk reduction efforts that can also advance broader NCD prevention, and the provision of care and support for those with dementia and their families. However, despite notable progress, such as the establishment of the Global Dementia Observatory and capacity-building workshops, the achievement of many of the global targets for 2025 is not on track.

In response to these challenges, the WHA will consider decision EB156(36) to extend this global action plan to 2031 in alignment with WHO's intersectoral global action plan on neurological disorders. This extension aims to maintain momentum in tackling dementia, with a focus on scientific advancements, equitable access to care, and continued collaboration across sectors. The decision also includes periodic progress reports (2027, 2029) as part of the reporting on WHO's Global Comprehensive Mental Health Action Plan 2013–2030.

 **We welcome the decision** and note the importance of extending this global action plan to address current gaps in implementation and respond to the growing global dementia crisis, particularly as populations age and the prevalence of dementia rises.

 **We urge Member States** to adopt the decision, and to:

- Develop national dementia plans and integrate them into national NCD strategies. As of 2024, only 26% of countries have developed national dementia plans.
- Increase capacity for dementia diagnosis as part of efforts to achieve UHC, and establish caregiver support services.

Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition (EB156/37)

Most 2025 targets for maternal, infant, and young child nutrition are off track. For childhood overweight (outcome target: no increase in childhood overweight), the projected global rate for 2025 is 5.6%, reflecting only a slight rise from the 2012 baseline (5.5%). However, considerable regional variations exist, with the Americas and the Western Pacific Region facing a significant increase in childhood overweight rates between 2012-2022, as reported in EB154/22. Regarding exclusive breastfeeding (outcome target: increase the exclusive breastfeeding rate in the first 6 months to at least 50%), it is projected that 53.4% of infants under 6 months will be exclusively breastfed, meeting the target (2012 baseline: 37%).

The DG's report and decision EB156(37) suggest extending the comprehensive implementation plan and the 2025 targets for maternal, infant, and young child nutrition to 2030, which also now aligns with the extension of UN Decade of Action on Nutrition to 2030. However, the Executive Board requested that the suggested operational targets (not the outcome targets) are further developed in consultation with Member States for WHA78. It is expected that EB156/37 with updated operational targets will be considered as a resolution at WHA78.

We welcome the DG's report and resolution, noting the progress in achieving nutrition targets for childhood overweight and exclusive breastfeeding, protecting children's and mothers' health, and the recommendation to aim for more ambitious targets by 2030 with:

- A reduction (and not just halting the rise) of child overweight, which is important given childhood overweight, and obesity increases the likelihood of worsening adult overweight and obesity, poor oral health and the development of other NCDs later in life.
- A more ambitious target for exclusive breastfeeding as rates can be further improved, given that only 32 countries have legislation strongly aligned with the International Code of Marketing of Breastmilk Substitutes.

We express concern over the regional disparities in the efforts to halt childhood overweight, particularly in the Americas and the Western Pacific Region. As highlighted in the Bridgetown Declaration, childhood obesity in SIDS is rising rapidly due to a range of factors, including the significant impact of commercial determinants of health in these countries, requiring targeted policy interventions and support.[10]

We urge Member States to adopt the resolution, and to:

- Support operational targets measuring sugar-sweetened beverages (SSBs) consumption, early initiation of breastfeeding, and infant nutrition counselling.
- Integrate the global maternal, infant and young child nutrition targets agenda into existing national health and nutrition policies and plans so there is cross-sectoral alignment; and implement national monitoring frameworks to track national progress.

[10] *Noncommunicable Diseases and Mental Health in Small Island Developing States – A Discussion Paper by Civil Society. Available from: https://ncdalliance.org/resources/noncommunicable-diseases-and-mental-health-in- small-island-developing-states-%E2%80%93-a-discussion-paper-by-civil-society*

- Accelerate implementation of evidence-based nutrition policies at the national level in order to meet the global outcome and operational targets, including the taxation of SSBs and other healthy diets NCD ‘best buys’ and recommended interventions.
- Promote breastfeeding as a powerful and cost-effective double-duty policy action: it protects women against breast cancer and children against overweight and obesity, and therefore against developing other NCDs like cancer in the future.
- Strengthen or develop national legislation to protect, promote and support breastfeeding in line with the International Code of Marketing Breast-milk Substitutes and WHO's Guidance on regulatory measures aimed at restricting digital marketing of breast-milk substitutes to safeguard communities, mothers and babies from dangerous and innovative promotion strategies; and establish monitoring mechanisms to ensure the implementation of the Code.
- Ensure sufficient alignment and coherence among government sectors involved in these policies in terms of priorities and strategies.
- Safeguard nutrition policymaking and public procurement and partnerships against conflicts of interest.