

NCD Alliance Advocacy Briefing

69th WHO AFRO Regional Committee Meeting

19-23 August 2019, Brazzaville, Republic of Congo

This briefing note provides an overview of the NCD Alliance's main advocacy priorities and key messages for the 69th WHO AFRO Regional Committee Meeting. The 2019 RCMs take place in the months before and after the 2019 UN High-Level Meeting (HLM) on Universal Health Coverage (UHC), which will take place on 23 September 2019. While the text of the Political Declaration of the HLM is due to be finalised imminently, all RCMs present a key opportunity to encourage rapid implementation of the commitments set out in the Political Declaration, and also to encourage leaders to drive progress at a rate which goes above and beyond the language contained within the document, catalysing a wider international response. The areas outlined in this briefing are intended to support advocates in conversations with Member State representatives, and combine relevant agenda items and key messages used for the past World Health Assembly (WHA) 72 in May 2019, as well as those specific agenda items for the WHO AFRO RCM. Official documents for the meeting can be found [here](#).

Non-Communicable Diseases (NCDs)

Follow-up to HLMs of the UN General Assembly - Prevention and control of NCDs

The WHA noted the report by the Director-General and adopted the draft decision EB144(1) on actions by the WHO to follow up on the 2018 UN HLM on NCDs ([A72/19](#) & [Decision EB144\(1\)](#)). NCDA strongly encouraged WHA72 to **adopt Decision EB144(1)**, which extends the period of the WHO's global action plan for prevention and control of NCDs and mental health action plan to 2030, to align with the SDG timeframe. The Decision mandates WHO to update the appendices of the NCD action plan to achieve NCD reduction commitments and SDG3.4. In particular, WHO is tasked with updating the menu of policy options and cost-effective interventions to include measures to promote mental health and to tackle air pollution. The Decision also asks the WHO to report to WHA73 in 2020 on progress on the global strategy to reduce harmful use of alcohol, and to report in 2021 on ways forward and to share best practices on prevention of overweight and obesity. The Decision reiterates the demand from Member States for technical support and asks for more human and financial resources to be made available, including for technical support on NCD surveillance and integration of prevention and control NCDs and mental health into primary health care.

The **DG's report** outlined the process that led to the HLM on NCDs in 2018, the main outcomes of the NCD Political Declaration and proposed WHO follow-up actions. The DG's report to WHA shows (Table 3) that across almost all indicators there has been very little or zero progress or there is no data. Indicators for diet-related type 2 diabetes and obesity show an alarming increase.

WHO AFRO agenda item 14 on 'Accelerating the response to noncommunicable diseases in the African Region in line with the Political Declaration of the HLM of the General Assembly on the prevention and control of NCDs' ([AFR/RC69/10](#)), highlights that the 2017 NCD Progress Monitor revealed that progress in scaling up NCD services and programmes to prevent premature deaths in the African Region remains inadequate, and that investment in NCD prevention and control is insufficient. Some challenges to accelerating action include weak health systems, limited national capacities, weak NCD surveillance, limited domestic and external financing, as well as the negative impact of economic and commercial factors and influences. Hence, this document mentions a series of recommendations to accelerate Member States' response to NCDs, in line with the Political Declaration of the 2018 UN HLM on NCDs, including:

- Scale up action on NCDs and its linkage with the 2030 Agenda;
- Implementing national NCD multisectoral action plans;
- Implementing regulations & taxation to promote healthy diets and reduce use of tobacco and alcohol;
- Implementation of cost-effective evidence-based NCD & mental health interventions (WHO 'Best Buys');
- Strengthening health systems through integration of NCD responses with communicable diseases, such as HIV/AIDS and tuberculosis.

Key Messages:

- **Ensure progress, not procrastination by 2025:** We urge Member States to demonstrate renewed commitment to the prevention and control of NCDs to meet the 25x25 and 2030 targets. We support the mandate in the WHA Decision to update the evidence base and expand the toolbox of Best Buys and recommended interventions, which is strong and consistently growing with post-implementation evidence of the impact on public health and cost-effectiveness. We call on governments to support the WHO Secretariat to identify a comprehensive package of effective, evidence-based interventions, which should be implemented to achieve SDG 3.4 and make a significant contribution to the SDGs more broadly - including poverty reduction, equity, including for gender, and environmental goals. The toolbox should be updated *by 2020* to include measures to tackle mental health and air pollution. These should include fiscal measures on fossil fuels, including removal of health-harmful subsidies.
- **Support implementation of all cost-effective interventions for the prevention and control of NCDs:** We caution against identifying a specific subset of “NCD accelerators” from the existing list of WHO best buys and other recommended interventions as it could lead to pressure to remove cost-effective interventions due to the undue influence of unhealthy commodity industries on a few Member States. The WHO can provide tailored guidance on which measures should be prioritised according to burden of disease and resources in different national contexts. However, the full list serves an important toolbox for governments to select tried and tested measures and adapt to local contexts. The set of tools available should be regularly updated to reflect scientific progress and real-world experience.
- **WHO accountability - Ensure WHO top management responsibility for the NCD Delivery Plan:** The WHO, including WHO regional offices, should foresee top level management to ensure cross-department coordination and delivery, including sufficient resources to meet increasing demand from Member States for technical assistance and to support roll-out of the technical packages and recommended interventions. We call on WHO and WHO regional offices to integrate reports of progress on target 21 of the Global Programme of Work (aligned with SDG target 3.4) into all NCD reporting ahead of the next HLM, in order to hold governments to account.
- **Elevate the voices of people living with NCDs, young people, and marginalised populations:** The 2018 NCD HLM Political Declaration recognised the need to amplify voices of civil society and especially people living with NCDs (PLWNCDs), to ensure a people-centred approach to NCD prevention and control. We call on Member States to undertake well-publicised actions to include PLWNCDs, young people, and marginalised groups, such as women and indigenous peoples, throughout all stages of policy and programme development and implementation.
- **Secure sustainable financing for NCDs:** Despite the large economic and social burden of NCDs, the response remains chronically and disproportionately underfunded. Demand for technical assistance is very high and continues to increase. We ask Member States to call for more clarity from the WHO programme budget, to make transparent the resources available for NCDs, including human resources and technical expertise in-country to increase absorption capacity for funds from different sources; this clarity and transparency should also be encouraged at the WHO regional offices level.
- **Exercise caution when engaging the private sector in the NCD response:** The private sector is not a homogenous group and therefore due consideration must be given to any real or perceived conflicts of interest. The negotiations on the 2018 HLM on NCDs were illustrative of the significant negative influence of some private sector entities, weakening language to put narrow commercial interests above public health. And we note that once again that the DG’s report (Annex 2) has been amended to further weaken language on fiscal measures, in particular dropping a recommendation to governments to include all sugar-sweetened drinks in SSB taxes, *including fruit juices and sweetened milk drinks*.

We therefore consider WHO’s bilateral engagement with the alcohol and SSB sectors to be inappropriate and counterproductive, given their track record of lobbying against evidence-based interventions and the failure of self-regulation. We encourage Member States to call on WHO to drop dialogues with these sectors and to require all stakeholder dialogues and collaborations to be conducted in full transparency, including public record of meeting attendance. We recommend that the Secretariat

focuses instead dialogue with businesses with a vested interest in improving health, such as the insurance sector, active mobility, clean energies, and healthy homes.

- **Engage fully in consultations on the first decade of [Global Strategy on Harmful Use of Alcohol](#):** According to the 2018 Global status report on Alcohol and Health, progress toward reducing harmful use of alcohol has stalled over 10 years, and has been too slow and insufficient to meet NCD and SDG targets. In some countries/regions, harmful use of alcohol has been increasing in some populations particularly in Low- and Middle-Income Countries in Asia and some parts of Africa. The lack of progress is largely due to very slow and inadequate implementation of robust evidence-based policies, namely those in the GAS itself, Best Buys and SAFER technical package on marketing restrictions, fiscal policies, availability restrictions, brief interventions and enforcement of drink driving counter-measures. The alcohol industry's persistent interference in and undermining of policy making and science, and strategies such as intense marketing and development partnerships to expand new markets have contributed to continued increases in alcohol use in communities not equipped to bear the burden of alcohol harms (increased alcohol-related cancer risk, violence and road injuries). During 2019 the WHO will undertake consultations on progress in the 1st decade of the [Global Strategy on Harmful Use of Alcohol](#) and ways forward, reporting through EB146 to WHA73. We urge all African Member States to engage fully in this consultation, particularly reporting on enablers and barriers to progress in their countries. We urge African Member States to commit to increased implementation of WHO SAFER package comprising cost effective measures to reduce harmful use of alcohol and contribute to greater NCD prevention, and to request increased technical assistance from WHO secretariat for this. We recommend Member States to request development of stronger global mechanisms to protect policy making that protect health and safety from vested interests. We urge African Member States to prioritise focused attention to strategies to address harmful use of alcohol in forthcoming RCMs.

Nutrition and Malnutrition

WHA noted report ([A72/58](#)) by the Director-General and the implementation plan of the Report from the Commission on Ending Childhood Obesity. The report outlines positive policy developments and financial commitments made by governments, (e.g. Brazil and Ecuador) and UN agencies (e.g. WHO, FAO) to tackle malnutrition in all its forms, and the formation of global and regional Action Networks to accelerate and align policy. The report details insufficient and uneven progress, identifies areas requiring intensified action to tackle malnutrition in all its forms, and looks ahead to the 2020 Nutrition for Growth Summit in Tokyo.

WHO AFRO agenda item 11 on 'Strategic plan to reduce the double burden of malnutrition in the African Region (2019-2025)' ([AFR/RC69/7](#) & [AFR/RC69/WP1](#)), mentions that although the WHO adopted in 2012 a comprehensive plan on maternal, infant and young child nutrition, aiming to end all forms of malnutrition by 2030, the progress in the African Region has been hampered by an under-equipped policy environment to control the consumption of poor-quality diets, meaning the availability of inadequate resources and reduced capacity for the adoption of effective programmes. Hence, the AFRO RCM is invited to review and adopt this regional Strategic plan, which aims to ensure the reduction of all forms of malnutrition (overweight, obesity, diet-related NCDs and undernutrition) throughout the life-course, through policies and regulatory frameworks to promote, protect and support the consumption of safe and healthy foods.

Key messages:

- **Intensify implementation of ambitious, well-resourced SMART commitments to tackle all forms of malnutrition:** We commend leading Member States and UN Agencies and support the DG's recommended areas of intensified action. We welcome increased recognition of the need to act on diet related NCDs, and call on governments to make more ambitious SMART commitments with win-win benefits for all forms of malnutrition. The Nutrition for Growth Summit in 2020 is an additional opportunity to accelerate actions and delivery of existing nutrition commitments, and for all countries and sectors to invest more in policy and resources to fully optimise the Decade of Action on Nutrition. We urge Member States in the AFRO region to intensify their response to eliminate all forms of malnutrition, specially though a positive review and adoption of the suggested 'Strategic plan to reduce the double burden of malnutrition in the African Region (2019-2025)', and to adopt nutrition relevant

WHO Best Buys and recommended interventions, including taxation and fiscal measures, to reduce overweight, obesity, diet related NCDs and undernutrition.

- **Integrate nutrition - in prevention and health promotion - across the continuum of care at all stages of life:** optimal nutrition is important not only for prevention of all forms of malnutrition, but also for improving health among those with existing conditions. This is especially relevant to the potential for integrating nutrition through the health systems lens of UHC to help deliver Health for All.
- **Improve policy coherence and actions across the food system and all sectors to best protect people and planet:** Member States, exemplified by Norway's leadership, acknowledging the importance of strengthening food systems for the health and people and planet realise sustainability benefits across sectors. We call on Governments to promote policy coherence and multisectoral actions which bring double or triple duty (health, environmental, social, economic) benefits.
- **Food industry should implement; governments should beware industry resistance and lobbying:** The food industry is best placed to implement independently determined, evidence-based recommendations set out by WHO, such as eliminating trans-fats, comprehensive labelling, and adhering to the International Code of Marketing of Breast-milk Substitutes. Given the adverse impacts of lobbying by parts of the food and beverage and alcohol industries on the HLM Political Declaration, we call for stronger measures to protect food and nutrition related policy making from conflict of interest and industry interference.

Progress of the Regional Strategy for Cancer Prevention and Control

WHO AFRO RCM agenda item 15.3 is a report on progress made in implementing the Regional Strategy for cancer prevention and control (report reference [AFR/RC69/INF.DOC/3](#), strategy reference [AFR/RC58/4](#)). The document provides a high-level overview of steps Member States have taken to date, focusing on six priority areas: policies, legislation and regulation; national cancer control programmes; primary prevention; early detection, diagnosis, treatment and palliative care; strategic information, surveillance and research. Progress has been documented on policy and plan development (34 countries with operational cancer strategies/action plans by 2017), tobacco control (11 countries with legislation/regulations in line with the WHO FCTC), and some progress on surveillance (13 countries with population-based cancer registries, but only 5 are of adequate quality).

Coverage of vaccination and early detection programmes remains a challenge across the region. While 34 countries have population-level national screening programmes for cervical cancer, 54% of these are opportunistic and have low participation rates. Moreover, many countries are still working to develop treatment guideline and ensure access to core services for patients, including palliative care. Recognising the drive to UHC as an opportunity, this progress report suggests that Member States need to assess achievements so far and identify responses, and recommends the following priority areas:

- Invest in the implementation of national cancer control plans, including the allocation of sufficient domestic and external resources as part of UHC.
- Increase cancer awareness and accelerate screening, with particular emphasis on cervical cancer and integrate diagnosis, treatment and palliative care across NCD and health programmes.
- Strengthen health information systems, including scaling up cancer registries.
- Accelerate national responses in line with World Health Assembly resolution 70.12, with focused national action on cervical cancer elimination and childhood cancers.

Key messages:

- **Accelerate the reduction of cancer morbidity and mortality in the Region** by implementing the recommended next steps in the report, drawing on WHA resolution 70.12 (2017) and the Best Buys, and ensuring the adequate mobilisation of resources.
- **Integrate cancer and UHC services within national UHC plans** using national cancer control plans and NCD strategies to identify priority interventions.
- **Support the resolution on cervical cancer elimination at the upcoming WHO Executive Board and World Health Assembly** and bring this resolution together with the Regional Strategy above under one

umbrella for action, recognising that actions to eliminate cervical cancer can provide a foundation for progressive realisation of national cancer control plans and UHC through to 2030.

- We urge the WHO and its AFRO regional office to continue strengthening its efforts to support Member States in formulating, costing, implementing and monitoring national cancer control plans, particularly through increased technical support.

Universal Health Coverage (UHC)

UHC in the context of SDGs

WHO AFRO RCM agenda item 12 on 'Framework for provision of essential health services through strengthened district/local health systems to support UHC in the context of the SDGs' ([AFR/RC69/8](#)), mentions that WHO AFRO created the Framework with the objective of guiding Member States to strengthen and sustain district health systems in order to provide essential health services; and to articulate priority actions to enable the delivery of essential health services that respond to individual and community needs across the entire lifecycle. The AFRO RCM is requested to examine and adopt the priority interventions and actions proposed in this Framework, which are based on regional targets by 2030, and on milestones by 2023, 2026 and 2028. Some of these interventions include: enhancing the stewardship capacity of the health system; improve evidence-based decision making and monitoring and evaluation of district health services; definition of essential health service packages and of a resource mobilisation plan for district and national budgets; building capacity of health workers; enhancing access to essential medicines, health products and equipment; and ensuring person-centred health service delivery and empowering households and communities.

Key messages:

- **Enable community engagement and empowerment in UHC design, development, and accountability processes:** We urge Member States to examine and adopt the suggested Framework to enhance district and local level delivery of essential health services, which can accelerate the attainment of UHC and SDGs by 2030. UHC will only be successful if it takes into account the continuum of care (from prevention to rehabilitation and palliative care) and the needs of people most affected by determinants, risk factors and outcomes, hence the need of the suggested person-centred approach to enhance the meaningful involvement of people living with NCDs and other diseases. The lived experience of people who interact with the health system - especially of those people living with multiple conditions, together with their carers, young people, and marginalised groups - must shape UHC systems to meet the needs of people and populations. Communities must be meaningfully engaged from the design and development of national UHC packages, through to implementation, monitoring, and evaluation.
- **Strengthen health systems to respond to the increasing burden of NCDs and multi-morbidities:** Weak health systems remain an obstacle to progress, and resilient health systems are required to ensure people have access to basic services, including NCD prevention, treatment and care. Health systems must deliver integrated services that address multi-morbidities between NCDs and other diseases such as HIV/AIDs and TB, as well as maternal health conditions, to ensure a person-centred approach.
- **Accelerate action on the risk factors for NCDs:** Reducing exposure to the main risk factors for NCDs has stalled in some areas, such as alcohol use, obesogenic environments and air pollution. In order to meet the global targets for NCDs and health-related SDGs, governments should implement the WHO recommended interventions.
- **Facilitate multi-sectoral cooperation with non-health actors:** Achieving the health-related SDGs requires a Health in All Policies approach and cooperation and coordination with all sectors. In order to achieve the 2030 Agenda, it is essential that all relevant non-health actors whose outputs have a health impact are engaged to deliver a coordinated approach, and that parties no longer work in silos.

Community health workers delivering primary health care: opportunities and challenges

The report ([A72/13](#), [Resolution EB144.R4](#) & [EB144/2019/REC/1](#)) highlights the importance of a well-resourced and trained health workforce, largely comprising community health workers. The report also notes challenges

faced by community health workers and sets out several opportunities and policy options to help ensure this critical component of many health systems is well-supported at all levels. The WHA adopted the resolution (R4) recommended by EB144.

Preparation for the UN HLM on UHC

The report ([A72/14](#), [Resolution EB144.R10](#) & [EB144/2019/REC/1](#)) presents the need to focus on achieving UHC and health system strengthening, in addition to continuing the existing disease-oriented focus of the health and development sectors. The report outlines the main components of UHC: service coverage and preventing catastrophic spending on health, which includes out-of-pocket spending exceeding a household's ability to pay and impoverishing spending. The report outlines preparations for the first UN HLM on UHC as well as for a political declaration. The WHA adopted a resolution (R10).

Key Messages: Please see NCD Alliance's resources for the [HLM on UHC here](#) for more details.

- **We urge Member States in the African region to send top level representation at the UN High Level Meeting on UHC**, to take place on September 23rd, and to make the links between NCDs and UHC, especially in light of the need to ensure sustainable financing to address these topics. The Financing Development Summit will also take place during the UN General Assembly week, representing an opportunity to express greater commitments on such sustainable financing for health, UHC and NCDs.
- **Prioritise prevention as an essential component of UHC:** Investment in NCD prevention is a prerequisite for UHC. Without sustained focus on the upstream drivers (social, commercial, environmental) of diseases and modifiable risk factors, UHC will drift out of reach for many countries. UHC benefit packages must be designed to address the continuum of care (including primary, secondary and tertiary prevention), and action across all stages of life.
- **Provide primary health care (PHC) as the foundation for UHC:** PHC is the most common entry point for people to the health system and offers the greatest potential to detect high-risk individuals who may be interacting with the health system for other reasons. Integrated PHC can be a powerful tool in decreasing health inequalities, and improving health outcomes.
- **Save lives by increasing equitable, universal access to quality and affordable essential medicines and products:** Access to treatment and care is essential to the fundamental human right to achieve the highest possible standard of physical and mental health and well-being. National UHC packages must increase access to affordable, safe, effective, quality medicines, diagnostics and health technologies.
- **Increase sustainable financing for health and improve efficiency in investments:** Fiscal policies for unhealthy commodities such as taxation of sugar, tobacco, alcohol (STAX) and fossil fuels provide can governments with a double dividend. STAX should be designed to effectively and significantly reduce demand on health systems by reducing consumption and exposure to risk factors, whilst generating revenues which can be directed to health. For some 30 low-income countries, continued development assistance for health will be essential and should be aligned with the burden of disease.
- **Enable community engagement and empowerment in UHC design, development, and accountability processes:** UHC will only be successful if it takes into account needs of people most affected by determinants, risk factors and outcomes. The lived experience of people who interact with the health system - especially of those people living with multiple conditions, together with their carers, young people, and marginalised groups - must shape UHC systems to meet the needs of people and populations. Communities must be meaningfully engaged from the design and development of national UHC packages, through to implementation, monitoring, and evaluation.

Access to medicines and vaccines

Draft Roadmap for access to medicines, vaccines and other health products 2019-2023

The WHA was invited to note the draft road map ([A72/17](#)), provided in response to WHA71(8), requesting the DG to outline the WHO's work on access. The scope of the draft roadmap includes health products for prevention, treatment, diagnosis, palliative care and rehabilitation, recognised as essential to provide UHC. The

draft roadmap has been revised in light of EB comments: Appendix 2 has been added to show linkages between the GPW13 and roadmap activities, actions, deliverables and milestones, and to reflect the global goods planning process. Information has been added to illustrate WHO's mandate for proposed action and to outline the estimated budget. The report recognises the high percentage of health spending on medicines (up to 20-60% in some LMICs) as a barrier to UHC. *"With the rise of NCDs - many of which are chronic conditions that require long-term treatment - the financial burden on both governments and patients will become even greater."*

The roadmap has a dual focus: ensuring quality, safety and efficacy via regulatory system strengthening, assessment, market surveillance and improving equitable access by matching R&D to public health needs, IP, affordability and pricing and reducing waste, procurement and supply chain management, appropriate prescribing and rational use. The WHO is working to develop a list of agreed indicators to improve access to quality health products, which will contribute to the SDG indicator for access to medicines under development.

Draft Resolution on improving the transparency of markets for medicines, vaccines and health-related technologies proposed by Italy, Greece, Malaysia, Portugal, Serbia, Slovenia, S. Africa, Spain, Turkey, Uganda

A draft resolution was presented to WHA in response to the draft roadmap, the report on cancer medicines presented to the EB ([EB144/18](#)) and the Fair Pricing Forum hosted in Johannesburg in April 2019. The resolution notes that "the high prices of medicines impede progress for the many countries that have committed to the attainment of UHC." The resolution urges Member States to share information to increase transparency of prices of medicines, vaccines and health technologies. It calls on governments to require information on R&D costs and sources of funding and results of clinical trials to be made publicly available. It asks the WHO to support governments in collecting information on prices, reimbursement, clinical trials outcomes and a webtool to share information, including on public investments and subsidies for R&D.çç

Key Messages:

- **Support the WHO roadmap on access to medicines, vaccines and technologies**, and efforts to encourage more transparent and better policies to ensure fairer and affordable pricing and reduction of out-of-pocket payments. Access to essential medicines and technologies is a vital component of chronic disease management, but in many LMICs availability and access is significantly inadequate for people living with NCDs, with high out-of-pocket payments (OOP) resulting in patients foregoing life-saving care or resulting in devastating, long-term economic consequences. Improvements in pricing and procurement policies for cancer and other NCD medicines is therefore an essential part of the journey to achieve UHC and the SDGs.
- **Support member state-led initiatives to exchange information** regarding pricing of medicines, vaccines and technologies and reimbursement costs.
- **Call on WHO to facilitate secure, voluntary sharing of information between governments and to support Member States in developing regulatory requirements to publish clinical trial results.**
- **Ensure that rights to use TRIPS flexibilities in line with the Doha Declaration are not undermined by international trade agreements.**
- **Involve people living with NCDs to improve governance and accountability at national level** to ensure access to essential products and services. Ensure that lived experience of people living with and affected by NCDs is taken into account in efforts to reduce inefficiencies, distortion of competition, undue influence, corruption, waste and fraud and to improve access to vital information about products.
- **Tackle the multifaceted challenges to equitable access and particularly out-of-pocket expenses for people living with NCDs:** including health systems financing and policies, inadequate investment in R&D, weak procurement and supply chain management, inappropriate prescribing and irrational use of products. Recognise the need to support Member States' capacity to allocate resources more effectively through evidence-based decisions to ensure that cost-effective health products for NCDs are included in a country's EML, essential diagnostics list or reimbursement lists and through more efficient procurement and supply processes and rational use of medicines in all resource settings.

Health, environment and climate change

Health, environment and climate change

In the months since EB144, Member States have provided comments on a Draft Global Strategy on Health, Environment and Climate Change ([A72/15](#)) and a Draft Global Plan of Action on climate change and health in small island developing States (SIDS) ([A72/16](#)). Member States at WHA72 noted the Strategy and Action Plan and requested the Director-General to provide progress reports on both issues to WHA74 in 2021.

WHO AFRO RCM agenda item 15.6 on 'Progress report on the implementation of the Regional Framework for Public Health Adaptation to Climate Change' ([AFR/RC69/INFO.DOC/6](#)), presents a progress report of the Framework adopted during the 61st RCM, with the objective of guiding Member States in the formulation of the health component of national climate change adaptation plans to minimise the adverse public health effects of climate change. From 2017 to date, 19 Member States have conducted vulnerability and adaptation assessments; 12 Member States have developed Health National Adaptation Plans (HNAPs) to climate change; over \$10 million USD have been mobilised from international development partners; and at regional level, partnerships and intersectoral actions have been enhanced through the International Network for Climate and Health in Africa (Clim-HEALTH Africa) coordinated by WHO. In spite of the progress, the implementation of the adaptation framework continues to face a number of technical and institutional challenges, including weak technical and scientific capacity in the field of climate change and health, inadequate integrated approaches, insufficient funding, and inadequate advocacy of the impact of climate change on health. Hence, the AFRO RCM asks Member States to accelerate their efforts to adopt the recommendations of the Framework.

Key Messages:

- **We urge Member States in the African region to send top level representation at the UN Climate Summit** to take place on September 23rd, the same day as the UN High Level Meeting on UHC, and to make the links between climate change, NCDs and UHC, especially in light of the need to ensure sustainable financing to address these topics. The Financing Development Summit will also take place during the UN General Assembly week, representing an opportunity to express greater commitments on such sustainable financing for health, UHC, NCDs and climate change.
- **Climate change and environmental threats pose an unprecedented threat to human health and necessitate urgent and ambitious action to avert global crisis:** Business as usual will guarantee that we pass a point of no return with regard to global warming in less than 12 years and the recent [IBPES report](#) shows irrevocable mass species loss worldwide. Without drastic action to reduce man-made emissions, the melting permafrost will release millions of tonnes of methane and carbon dioxide into the atmosphere, setting off an irreversible chain reaction. We urge Member States and WHO to use terminology which reflects the reality of this crisis, such as climate breakdown and mass extinction. We also urge Member States in the AFRO Region to follow the policy recommendations included in the Regional Framework for Public Health Adaptation to Climate Change, in order to continue building capacity through training, awareness raising and resource mobilization and mainstreaming of climate change into health programming.
- **All Member States should provide health sector inputs into processes related to the UN Framework Convention on Climate Change (including national adaptation plans, national communications and nationally determined contributions):** This is currently only included as an action for SIDS (draft global plan of action on climate change and health) but is an essential priority for all countries and will require coordination within/between governments, including Ministries of Energy, Environment and Finance.
- **Recognise and address the tactics used by polluting industries to block effective measures:** Strategies deployed by fossil fuels, automotive and aviation lobbies to influence policy-making mirror those used by the tobacco, alcohol, junk food and drinks industries. The health sector has valuable experience to share in this regard. e.g. FCTC article 5.3 demands the protection of public health policies from the vested interests of the tobacco industry, but a comparable paragraph cannot be found, for example in the UNFCCC. We note with grave concern that that previous language in the Draft Global Strategy

(EB144/15) noting commitment to tackling “undue influence and vested interests going against public interests” has been removed in the text for WHA.

- **Emphasise opportunities to promote human and planetary health through sustainable food systems:** A growing body of evidence shows the importance of sustainable food systems (from agricultural practices to consumption) to protect planetary health. This is not adequately reflected in the report.
- **Reallocate funds from fossil fuel fiscal reform to investment in health:** As is the case with taxation of other unhealthy commodities, taxes and/or removal of subsidies on fossil fuels reduce consumption and burden on health systems whilst generating revenue which can be invested in health priorities.
- **Consider climate mitigation alongside adaptation:** Just as the health sector has a role in promoting both prevention and control of NCDs, health sector involvement in climate change mitigation is necessary in addition to reactive health sector adaptation. The urgency of adaptation and resilience in SIDS is indisputable, but mitigation must nonetheless not be overlooked. Many climate change mitigation measures offer co-benefits for NCDs, including transitioning to renewable energy to reduce air pollution, creating environments which are conducive to active transport, and ensuring access to locally sourced, minimally processed food as part of plant-rich diets.
- **Expand evidence for cost-effectiveness of co-benefit interventions:** Governments can be encouraged to invest in co-benefit solutions for health promotion and climate change mitigation if presented with evidence on the savings which will be made - both in terms of economics and human lives.
- **Establish guidance for Health Impact Assessments for all policies:** Assessment of the health impact of all policy proposals should be carried out and taken into account for decision making across key sectors. In particular, the health impact of proposals in areas including energy, transport, housing, labour, industry, food systems and agriculture, water and sanitation, and urban planning, should be assessed to ensure and maximise overall benefit to public health.
- **Provide and promote guidance on establishing cross-sectoral governance structures:** Improved coordination between health and non-health sectors at local, national, regional and global levels, is at the heart of the ‘massive prevention effort’ in the report. Key sectors are included in figure 1 of the strategy, to which trade, economic, foreign affairs, development and social sectors should be added.

Other technical matters

Human resources for health

The WHA report [A72/23](#) discussed international recruitment and migration of health personnel, while report [A72/24](#) summarised progress in the implementation of the WHO Global Strategy on Human Resources for Health: Workforce 2030. The Assembly noted both reports. The key messages below relate to [A72/24](#).

Key Messages:

- **Develop and promote postgraduate training curricula to enable health professionals across disciplines to provide NCDs services:** With the rapidly growing burden of NCDs worldwide, it is essential to continually reinforce and expand knowledge of existing health care professionals across disease areas, to ensure the integration of NCD prevention and care delivery into existing platforms and service providers.
- **Provide guidelines and share good practice in task shifting, task sharing, and coordination across health professionals:** NCD prevention (including through community education) and screening, as well as certain treatment services are often tasks which can be completed by nurses, community health workers and pharmacists. Provision must be made for appropriate remuneration.
- **Strengthen mechanisms for data collection:** While there are many challenges in data collection on health professional density, it would be advantageous where possible to also collect data on the specialisms of secondary and tertiary health professionals to monitor how these respond to patterns of disease burden at national level.