

NCD Alliance Advocacy Briefing

74th World Health Assembly, 24 May - 1 June 2021

This briefing note provides background and key advocacy messages on the NCD Alliance's priorities for the 74th World Health Assembly (WHA74) in 2021. WHA74 will take place in a virtual format due to the COVID-19 pandemic. A full list of documents, together with updated timetables for each day, can be found [here](#). This note deals with key NCD-relevant items in the order of the provisional agenda of WHA74.

Key NCD-relevant agenda items at WHA74

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Key NCD messages:

- **People living with NCDs have been among those most at risk during the COVID-19 pandemic**, from the virus itself and even more so due to disruptions to essential NCD screening, diagnosis and care including rehabilitation and palliative care, in almost all countries.
- **No resilience without NCD action: Implementation of recommended NCD policies and investment in NCD prevention and care are essential to COVID-19 response and recovery.** NCD action should

henceforth be a component of preparedness and included in health security indicators and national preparedness and response plans.

- **Call for WHO to develop diabetes targets, in follow up to the Global Diabetes Compact:** Recent trends in diabetes prevalence and deaths, in all regions of the world, demand a better coordinated and adequately resourced policy response, including development of clearer targets to diagnose and treat diabetes, and prevent complications and onset (type 2).
- **Work with WHO to guard against unhealthy industry interference in policy-making:** During the pandemic, the tobacco, alcohol, ultra-processed food, breastmilk substitute and fossil fuel industries have sought to influence governments to delay, weaken or overturn policies which are proven to protect public health, reduce inequalities and are needed to improve resilience to future health threats. Governments and WHO should work together to identify, avoid and mitigate conflicts of interest in health decision-making processes, in line with FENSA.
- **Ensure meaningful inclusion of civil society and people living with NCDs,** in decision-making processes at all levels, to ensure policies are more effective at delivering desired outcomes for the people most affected. Civil society plays a vital role in the NCD response, and has stepped up during the pandemic, supporting governments through advocacy, awareness raising, improving access to services, monitoring and accountability. We call on governments to actively promote a strong NCD civil society voice at global, regional, and national levels, including during the World Health Assembly.

Committee A

Pillar 1: One billion more people benefiting from Universal Health Coverage (UHC)

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

Documents [A74/10 Rev.1](#), [A74/10 Add.1](#), [A74/10 Add.2](#), [A74/10 Add.3](#) and EB148/2021/REC/1, decisions [EB148\(6\)](#) and [EB148\(7\)](#)

- **Proposed Resolution on Diabetes prevention and management, including access to insulin**

Decision [EB148\(6\)](#) on addressing diabetes as a public health problem requested the Director-General (DG) to submit an annex on major obstacles to achieving the diabetes-related targets which is found in [Annex 11](#).

A Resolution on diabetes has been proposed for consideration at WHA74, co-sponsored by Russia, Eswatini, Ethiopia, Indonesia, Kenya, Norway, Uruguay and Vanuatu.

Key Messages:

- **Request Member States support the proposed Resolution on diabetes, including screening, diagnosis, care, including access to insulin and commodities, and type 2 diabetes prevention.**
- 2021 marks the centenary of the discovery of insulin. People living with type 1 diabetes cannot survive without regular access to insulin. In addition, millions of people with type 2 diabetes need insulin to better manage their condition. However, WHO estimates that over 30 million people do not have access

to the insulin they need¹. Therefore, the Resolution must have a strong focus on access, availability and affordability of insulin.

- It is critical that the Resolution includes a clear mandate to WHO to develop diabetes-related targets, which should include early detection, diagnosis and treatment of diabetes, including access to insulin and prevention of type 2 diabetes.
- The current 2025 diabetes-related targets have tragically proved insufficient – and currently say nothing about the gap in diagnosis or access to lifesaving treatment, including insulin. Clearer targets would be urgently needed to reverse these trends in preventable diabetes deaths and avoidable, debilitating, and costly complications due to lack of diagnosis and access to treatment, including preventable blindness, kidney disease and amputations.
- We ask member states to note that diabetes is a key risk factor for severe outcomes of COVID-19. Action on diabetes should therefore be considered as a part of pandemic response and an investment in future epidemic preparedness. Recognise multimorbidity and co-morbidity with communicable diseases and between NCDs, including mental health conditions, as an opportunity in addressing common risk factors and investing in affordable diagnostics, screening and early diagnosis of NCDs, including diabetes. There is a [bi-directional relationship between diabetes and tuberculosis](#), so it is particularly important to ensure diabetes screening and coordinated care for people living with TB (as [recommended by WHO](#))
- We also ask member states to support the proposal to assess the feasibility of a price transparency mechanism for diabetes medications and necessary commodities.
- For more information on multiple benefits of action and avoiding diabetes complications, please see our recent briefing with International Diabetes Federation and World Heart Federation: [Pressure Points: Call for simultaneous action on diabetes and hypertension for more resilient health systems | NCD Alliance](#)

- **Proposed Decision on the NCD Global Coordination Mechanism (GCM)**

Decision [EB148\(7\)](#) requested the DG to develop an options paper on the GCM which is found in [A74/10 Add.2](#). A proposed decision for consideration at WHA74, led by Russia, would continue the mandate of the GCM to 2030.

- Support continuation of the mandate of GCM, and call for a new workplan which clearly delivers against the objectives of the Global Action Plan on NCDs for 2030, and its inputs to the implementation roadmap (2023-2030) requested by decision EB148(7).
- Engage civil society organisations, including people living with NCDs, in defining the objectives and outlines of the new workplan.
- Request that the GCM respond to member states seeking guidance on identification, prevention and management of potential conflicts of interest in their engagement with non-state actors, particularly entities with commercial interest in health-harming products, including alcohol, ultra-processed food and drinks and fossil fuels.
- Please note a recent publication of over 800 crowd-sourced case studies which illustrate how these lobbies are exploiting the pandemic to reach new target audiences and influence governments,

¹ <https://www.who.int/bulletin/volumes/97/5/18-217612/en/>

including Ministries of Health: [Signalling Virtue, Promoting Harm - Unhealthy commodity industries and COVID-19 | NCD Alliance](#)

- In this context, we also request member states to express objections to recent decisions of [WHO Foundation to accept a donation from Nestle](#) and to [amend internal rules to allow donations from the alcohol industry](#), which was previously identified on a 'red list' together with tobacco and weapons.
- **Resolution on Oral health**

Documents A74/10 Rev.1 and EB148/2021/REC/1, report EB148/8 and resolution [EB148.R1](#).

Additional point under item 13.2, to formalize the approval of **EB resolution on Oral health**. A report on Oral health ([EB148/8](#)) outlines the challenges to global public health posed by oral diseases and oral health inequalities, describes WHO activities on oral health, and proposes actions towards better oral health by 2030. The EB noted the report and recommended approval of the resolution led by Sri Lanka and co-sponsored by 40 Member States.

Ahead of WHA74, the report on Oral health has been updated ([A74/10 Rev.1](#), p.18) to incorporate comments during EB148 calling for the recognition of the impact of cleft lip and palate and the importance of community-based fluoridation. The report now mentions the burden of orofacial clefts as the most common craniofacial birth defect, and the role in prevention of "community-based interventions such as water fluoridation, where technically feasible and culturally acceptable".

- **Support the Resolution on Oral health, in particular its emphasis on prevention and multisectoral action** (i.e., at school and community level), the recognition of the oral disease burden, cost, social inequalities, shared risk factors (i.e., sugar, tobacco and alcohol use) and associations with other NCDs (i.e., cancers of the oral cavity, diabetes, cardiovascular disease, stroke, chronic kidney disease and dementia), and the need to address oral health as part of the NCD, UHC and SDG agendas given the untapped potential to prevent both oral diseases and other NCDs.
- **Support the follow-up actions included in the resolution, including the development of a global strategy on oral health, an action plan with 2030 targets, 'best buys' on oral health and technical guidance** for the implementation of the Minamata Convention on mercury. Member States are encouraged to participate in the forthcoming consultation processes.
- At WHA74, Member States are encouraged to further support the resolution and to step up political commitment, action and funding on oral health, recognising the widespread impact of oral diseases, which affect almost half of the world's population and high out-of pocket expenditures, globally and in particular in low- and middle-income countries and amongst marginalized populations.
- Member States are requested to consider inclusion of orofacial clefts as the second most common birth defect worldwide, to facilitate access to affordable fluoridated toothpaste and to consider recommending community-based interventions for delivery of fluoride, such as water fluoridation (as per the updated report and resolution WHA60.17).
- Member States are also requested to emphasize the importance of dental research to strengthen the evidence on oral disease prevention and oral health promotion, including research into associations between oral diseases and other NCDs and, in the context of the Minamata Convention, research into alternatives to dental amalgam that are accessible, affordable, durable and environmentally sound.
- WHO and Member States are also requested to meaningfully engage people living with oral diseases, oral health professionals, national dental associations and other civil society organizations in the planning, development, monitoring and evaluation of oral healthcare services, national oral health plans and the future global public health goods on oral health.

- Member States are urged to integrate oral health into country level NCD strategies and legislation, focusing on shared risk factors such as sugar intake, smoking, smokeless tobacco and alcohol use through measures that limit the availability, affordability and accessibility of unhealthy commodities (including taxation), and strengthen health-promoting environments, noting that current WHO NCD ‘Best Buys’ in relation to tobacco, alcohol and diet are beneficial to oral health.
- Member States are also urged to integrate oral health and NCD prevention and care into UHC benefit packages, covering essential services at primary healthcare level and minimizing disruptions due to the COVID-19 pandemic where possible, to provide equitable access to essential oral healthcare including to essential medical consumables, medications and supplies, financial protection against out-of-pocket health expenditure and orientation of the oral health workforce through intra- and inter-professional collaboration to ensure integrated, people-centered health services. This must include sufficient oral health budgets and improved and integrated oral health surveillance and data collection mechanisms.²
- Member States are also urged to integrate oral health and NCD care and prevention into health and development priorities and programmes, including maternal, child and adolescent health, nutrition, and education programmes, and in the context of the UN Decade of Healthy Ageing, to maximise potential for preventive action and equitable access to care for both oral health and overall health.
- WHO and Member States must ensure that future public health goods and resolutions on other areas that relate to oral health are consistent with the resolution to advance its implementation, that includes inclusion of oral health considerations in the upcoming 2023–2030 NCD implementation roadmap.

13.3 Expanding access to effective treatments for cancer and rare and orphan diseases, including medicines, vaccines, medical devices, diagnostics, assistive products, cell- and gene-based therapies and other health technologies; and improving the transparency of markets for medicines, vaccines, and other health products Document A74/9

At the recommendation of the EB in 2019 and following resolutions WHA70.12 (2017) and WHA72.8 (2019), the progress report noted by EB148 addresses access to health products for rare and orphan diseases. The report includes regional updates undertaken by the WHO to increase transparency (such as information exchange platforms in EURO and EMRO, and work to explore legislative barriers to transparency in EURO and PAHO) and renewed support for the continuation of the Fair Pricing Forum as a platform to continue discussions and collaborative work on the topic.

- Member States are strongly encouraged to use the MedsPaL database and engage in pricing transparency discussions as a method to reduce out-of-pocket payments for people living with NCDs.
- Welcome the increased awareness and use of patent databases in order to build capacity for the proper implementation of intellectual property laws in line with TRIPS and that make sure of its flexibilities to improve access. We encourage WHO and Member States to engage with organisations including Medicines Patent Pool to disseminate information on the status of patents and licenses.
- Encourage WHO to expand pre-qualification lists to support Member States in improving access and affordability of medicines.
- Recognise that work to improve access to essential treatments should be holistic and Member States should also consider the rational selection and procurement of essential diagnostics and assistive products based on national needs. To support this we encourage WHO to harmonise the essential medicines and essential diagnostics lists.

² <https://www.fdiworlddental.org/vision2030>

- Support the principle of transparency as part of good governance and the sharing of information. We recognise that we still need more data on which specific actions lead to better access and would encourage Member States to utilise the policy options contained in [WHO's 2018 Technical report pricing of cancer medicines and its impacts](#).
 - While price transparency is one aspect of improving access, focus also needs to stay on other important aspects of improving health infrastructure and optimal use of health expenditure, policies to increase the uptake of quality assured generics and biosimilars, capacity building for local manufacturers and support to facilitate the transfer of technologies.
 - Encourage Member States to engage non-government organisations as a key partner in taking these actions forwards, recognising the additional skills, expertise and resources which many NGOs are keen to contribute to national efforts to improve access to essential medicines, technologies and vaccines to prevent and treat cancer and other NCDs.
- **Proposed resolution on Strengthening Local Production of Medicines and Other Health Technologies to Improve Access, proposed by Ethiopia.**

This resolution notes the challenges Member States face in promoting sustainable local production of quality, safe, effective and affordable medicines and other health technologies to benefit public health and health security. It urges Member States and WHO to strengthen local, regional and global policies and mechanisms to promote quality and sustainable local production of medicines and health technologies.

- **Call on Member States to support the proposed resolution on local production of medicines and health technologies.** People living with NCDs require access to quality essential medicines and health technologies. However marginalised populations and those living in low- and middle- income countries currently experience difficulties in accessing safe, appropriate essential medicines and health technologies. Those that do source such products often experience large out-of-pocket payments.³
- Endorse the call to use holistic approaches to strengthening local production including South-South and North-South development cooperation, partnerships and networks, establishment of national/regional pooled funds and incentives as well as call for enhanced inter-ministerial policy coherence.
- In implementing the resolution, Member States should develop policies to increase the uptake of quality assured generics/ biosimilars and strengthen capacity building for local manufacturers
- It is critical for countries to address the importance of strengthening supply chains
- While the resolution does not get into specifics of medicines, it is important that the shortage of controlled medicines for palliative care be addressed and that countries also address the growing problem of AMR, including access to appropriate antibiotics.

13.9 Integrated people-centred eye care, including preventable vision impairment and blindness Documents [A74/9](#) and [A74/9 Add.3](#)

In response to resolution WHA73.4 (2020) requesting the WHO to prepare recommendations on feasible global targets for 2030 on integrated people-centred eye care, WHA74 is asked to consider proposed global targets for 2030 for effective coverage of both treatment of refractive error and cataract surgery.

³<https://ncdalliance.org/resources/protecting-everyone-integration-of-noncommunicable-diseases-into-universal-health-coverage-in-the-era-of-covid-195>

The proposed global target for effective coverage of refractive error is a 40% increase by 2030: Countries with a baseline effective coverage rate of 60% or higher should strive for universal coverage. Countries should aim to achieve an equal increase in effective coverage of near and distance refractive error in all relevant population subgroups. The recommended global target for effective coverage of cataract surgery is a 30% increase by 2030: Countries with a baseline effective coverage rate of 70% or higher should strive for universal coverage. Countries should aim to achieve an equal increase in effective coverage of cataract surgery in all relevant population subgroups. EB148 noted the proposed draft global targets for 2030 and recommended WHA endorse these global targets.

- **NCD and partners urge Member States to adopt the targets and rapidly increase effective coverage of refractive error and cataract surgery** to address as a strategy chronic inequalities in access to eye-care services, which further exacerbate socio-economic inequalities by impairing access to employment and learning. These indicators also reflect broader eye care and should focus on the strength of the overall eye care system which will address other eye health conditions and can also reflect broader health coverage such as health services for older persons.
- We commend the attention given to the global burden of refractive errors and cataract - the leading causes of blindness and vision impairment. This is an important step as global eye care needs, especially those for refractive errors and cataract, are expected to increase substantially in the coming decades, with the number of people living with blindness and severe vision impairment projected to double by 2050.
- We urge the WHO Secretariat to facilitate effective, timely and transparent monitoring and evaluation of progress on these targets to promote accountability and learning opportunities amongst member States. We call for the disaggregation of data across groups such as women and girls, people with disabilities, Indigenous peoples and other disadvantaged groups; to ensure increases in coverage do not focus only on those easiest to reach, leaving marginalised people behind.
- We call on governments to integrate eye care strategies into wider country-level NCD strategies, which in turn are integrated into UHC frameworks to ensure sustainable, person-centered responses. We urge Member States to meaningfully involve people living with eye conditions in all decision making and policy development processes.

16. Committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) [A74/14](#)

WHA74 is invited to note document [A74/14](#), developed pursuant to resolution WHA69.2 (2016) on committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health, and highlights progress and stagnation, and programmatic response in the area of women's, children's and adolescents' health. The report noted that UHC service coverage index measures for reproductive, maternal, newborn and child health improved faster than those for noncommunicable diseases in low-income countries between 2000 and 2017. It also notes the *Investing in our future: a comprehensive agenda for the health and well-being of children and adolescents* which laid out WHO and UNICEF's strategic shift to refocus efforts on shifting demographic trends and re-designing of global child and adolescent health programming calls for stronger investments in services that promote children's health, growth and development and tackle NCDs and disabling conditions in childhood. WHO is developing complementary guidance for implementation of this agenda as well as guidelines

on school food and nutrition policies and on restricting the marketing of food and non-alcoholic beverages to children.

- Fully support the lifecourse approach for prevention, management and control of NCDs.
- Highlight the notable omission from the report regarding the rapidly increasing prevalence of overweight and obesity of children and adolescents. Unicef for example [notes](#): “Overweight and obesity are a growing threat to children’s well-being globally, largely driven by a trap of unhealthy and highly processed foods combined with a lack of physical activity and sedentary behaviour. Almost 40 million under-fives around the world have overweight, equivalent to nearly 6 per cent of this age group. Among children aged 5 to 19 years rates are significantly higher; it is estimated that more than 340 million have overweight, almost 18 per cent. Growth is most rapid in low- and middle-income countries. These are conditions that disadvantage children and can lead to a lifetime of diseases, including some of the world’s biggest killers such as cancer, diabetes and heart disease.”
- Call on governments to further strengthen integration of NCD prevention, care and control into women’s, children’s and adolescents’ health programmes.
- We also request member states to express objections to recent decisions of [WHO Foundation to accept a donation from Nestle](#) and to [amend internal rules to allow donations from the alcohol industry](#), which was previously identified on a ‘red list’ together with tobacco and weapons.
- Rheumatic fever and rheumatic heart disease have been integrated into the Global Strategy for Women’s, Children’s, and Adolescents’ Health. Statements and reporting on rheumatic heart disease should be delivered under this substantive agenda item for WHA74 and beyond.
- Call on the WHO to develop a WHO Global Action Plan on rheumatic fever and rheumatic heart disease.

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

17. Public health emergencies: preparedness and response

COVID-19 has been recognised as a [‘syndemic’ with NCDs and inequality](#), with PLWNCDs at higher risk of worse outcomes of COVID-19, and major disruption of NCD care in almost all countries worldwide, which will multiply the toll of the virus itself.

Please see [NCD briefing note](#) on impact of COVID-19 on people living with NCDs and [WHO assessment of NCD care and mental health care disruptions](#). Please also refer to the [UNGA omnibus resolution](#), with particular reference to NCDs and inclusion of people with lived experience in COVID-19 recovery and response plans. NCDa will publish a new briefing note on Long-COVID and its expected impacts on NCD care ahead of WHA74, calling for further guidance and demand forecasting for NCD care, in light of significant numbers of people worldwide experiencing post-acute COVID multi-organ symptoms potentially requiring diagnosis, care and rehabilitation.

17.1 COVID-19 response & 17.3 WHO’s work in health emergencies [Documents: A74/9, A74/15 and A74/INF./2](#)

- **Proposed resolution on Strengthening WHO Preparedness for and Response to Health Emergencies**, (led by the European Union) as called for in decision EB148(2) to consider recommendations made by the Review Committee on the Functioning of the International Health Regulations, the Independent

Oversight and Advisory Committee for the WHO Health Emergencies Programme and the Independent Panel for Pandemic Preparedness and Response.

- **Proposed draft decision on a pandemic treaty** (led by Chile)

Further to the document submitted to the EB at its fifth special session (on the COVID-19 response), WHA is invited to note the reports, which provide updates on the Secretariat's activities to combat the pandemic.

WHO's pulse surveys have demonstrated that essential services for NCD and mental health have been heavily disrupted in almost every country. With regard to WHO's support for the continued safe functioning of health systems, WHO has released [guidance documents on maintaining essential health services](#) including guidance on life course stages, immunization, long-term care, NCDs and communicable diseases, strengthening the health workforce, and supply chain and blood supply. Despite the guidance on NCDs, **only 18 member states have reported to WHO that NCDs are included in national preparedness and response plans.**

Report A74/15 (p.20) notes: *"The world needs to rethink preparedness in the light of the lessons of COVID-19 – as well as the lessons of past epidemics and pandemics. A new, effective, and sustainable approach to preparedness, readiness, prevention, detection and response to health emergencies will require predictable investment, must be guided by science and evidence, be fully owned by all stakeholders, and have equity at its heart."* We fully agree and insist that lessons must be learned with regard to the disproportionate impacts of the pandemic on people living with NCDs, and in countries, regions and communities with high levels of NCD prevalence and exposure to risk factors. People living with NCDs, and civil society, must be fully engaged by governments in the policy responses to the pandemic, in policies to shape more resilient health systems and to be better prepared in future.

[A74/INF./2](#) links to the final report and recommendations of the Independent Panel on Pandemic Preparedness and Response, which acknowledges the interruption of essential health services for NCDs, with wide impacts in low- and middle-income countries and that people with underlying conditions were neglected. Please see [NCDA's recommendations to The Independent Panel](#) and [The Exchange on Noncommunicable Diseases - The Independent Panel for Pandemic Preparedness and Response](#) for a recording of a co-hosted session by IPPPR and NCDA presenting recommendations and testimonies from the NCD community as to how governments can build back better by taking action on NCDs. Whilst the IPPPR report discusses [disruption to essential care for NCDs at length](#) with regard to high-income countries, we are extremely disappointed that people living with NCDs in low- and middle-income countries have been largely overlooked - despite compelling evidence and testimony provided to the Panel.

Key messages

- **Support the proposal to develop a pandemic treaty**, as proposed by Heads of State and Government, or a framework convention, as proposed in the recommendations of the Independent Panel.
- Please note in your statements the disproportionate impact of the COVID-19 pandemic (and previous epidemics, including SARS and MERS) on people living with NCDs - particularly in low- and middle-income countries - and highlight the need to invest in NCD prevention and care as central to recovery and future preparedness.
- Note the key role played by civil society and communities during the pandemic. Commit to meaningful involvement of civil society and people living with NCDs in decision-making related to response, recovery and preparedness.
- Prioritise recovery of essential NCD care services in national COVID-19 recovery plans, including prevention and health promotion, screening, diagnosis and treatment.
- Strengthen PHC to ensure equitable access to essential health services, particularly for people living

with NCDs and in low-resource settings.

- Request technical guidance on integration of NCDs into national response and recovery plans, e.g. ensure synergies with vaccination programmes for people living with NCDs - opportunity for NCD screening and follow-up.
- Call for independent bodies to examine to what extent prevalence of NCDs and major risk factors influenced the severity of the pandemic.
- Link future preparedness planning to national NCD plans.
- Increase monitoring, data collection on NCD prevalence, co-morbidity, risk factors and integrate into measures of readiness, resilience and response and health security indicators to identify high-priority and high-risk groups.
- Request technical guidance on how to mitigate increased population exposure to NCD risk factors during the pandemic, particularly alcohol, tobacco and barriers to healthy diets and physical activity, as well as mental health stressors.
- Increase domestic allocation of resources and develop targeted policies to tackle NCD risk factors, through funding mechanisms including taxation and removal of subsidies on unhealthy commodities.

18. Mental health [and neurology] preparedness for and response to the COVID-19 pandemic [Documents A74/9](#) and [EB148/2021/REC/1](#), [decision EB148\(3\)](#)

A resolution on mental health preparedness and response was proposed by Thailand, and approved by the EB. The DG's report emphasises the mental health dimension of the COVID-19 pandemic, noting that before the pandemic almost 1 billion people were living with a mental health condition, a further 50 million people have dementia and 250 million people live with alcohol or substance abuse disorders. The report notes that mental health conditions often occur alongside other chronic health conditions. It has been estimated that over 75% of people with mental health conditions in some LMICs cannot access mental health care. Furthermore, mental health services have been disrupted in 93% of countries during the pandemic.

The report highlights that mental health considerations are essential in all preparedness actions and responses to COVID-19, and that mental health must be included in universal health coverage as countries recover from the pandemic. Importantly, the report also observes the long-term neurological impacts of COVID-19, which will need to be reflected in health systems' capacity to provide care for people living with 'long COVID'. EB148 noted the report and adopted decision EB148(3), recommending WHA74 endorse the updated comprehensive mental health action plan 2013-2030.

- **Recognise the need to urgently step up policy action and investment in NCD prevention and care, for both recovery and future preparedness and health security.**
- **Recognise multimorbidity and co-morbidity with communicable diseases – including COVID-19 – and between NCDs, including mental health conditions** as a challenge to be considered in designing policy responses and UHC, and as an opportunity in addressing common risk factors and investing in affordable diagnostics, screening and early diagnosis of NCDs.
- **Request technical guidance on how to mitigate increased population exposure to NCD risk factors during and beyond the pandemic**, particularly alcohol, tobacco and barriers to healthy diets and physical activity, as well as mental health stressors. Policy action is needed to address prevention and treatment in the short- and long-term, including ensuring access to safe, nutritious and sustainable diets,

stronger food systems and increased access to physical activity and improved mental health, to support a sustainable recovery and future resilience.

- **Strongly support the need to update the toolbox of policy options for Member States and to develop recommendations for cost-effective interventions. Emphasise the increased urgency of implementing policy responses at national level, to recover from COVID-19 and increase future health security and preparedness**, including to promote mental health and wellbeing and to reduce the burden of premature death and a range of NCDs caused and exacerbated by air pollution. These interventions should be implemented to reach SDG3.4 and contribute across Agenda 2030 more broadly, including poverty reduction, (gender) equity and environmental goals.

Pillar 3: One billion more people enjoying better health and wellbeing

22.1 Social determinants of health Documents A74/9 and EB148/2021/REC/1, resolution EB148.R2

At the recommendation of the Officers of the Executive Board, the Director-General has submitted a report on addressing social determinants of health (SDoH), namely, the conditions in which people grow, learn, live, work and age. Negative consequences on many health outcomes and on health equity, are being further emphasised by the toll of COVID-19. The Board is invited to note the report and provide further guidance.

A **resolution** has been proposed by Peru and recommended by the EB, which aims to recognise the need to establish, strengthen and maintain monitoring systems, including observatories, to provide data to assess health inequalities and the impact of policies on SDoH at national, regional and global levels. Data on SDoH would serve to guide national decision-making processes for strategies, policies and plans to improve wellbeing for all and health equity.

- **Both NCDs and COVID-19 impacts are inequitable across different communities and are further widening health inequalities** (socio-economic gradient, people of colour, Indigenous communities, women, older people, youth, marginalised groups, etc.)
- The importance of surveillance is noted and we encourage WHO to assist in surveillance efforts for the SDOH through existing surveillance mechanisms as well as through a proposed Global Observatory.
- Call for a stronger focus on social, as well as ***economic, environmental and commercial determinants of health*** across all WHO activities and request increased technical support to member states to integrate into policies.
- **Junk food, alcohol and tobacco industries have been exploiting the pandemic to promote unhealthy products and promote weaker regulation**, see for example, NCD and Spectrum (2020) [Signalling Virtue, Promoting Harm](#). The COVID-19 pandemic risks further widening health inequalities, because of inequitable access to health services as well as unequal exposure to major NCD risk factors: tobacco, alcohol, unhealthy food, physical inactivity and pollution, overlapping with poorer living and working conditions.
- As well as the examples provided in the report, Member States are asked to specifically consider the impact of unhealthy environments, in terms of barriers to access to health services and in relation to availability, affordability and attractiveness (via marketing, promotion) of health harming products, including tobacco, alcohol and ultra-processed, high fat sugar and salt foods. Whilst the report mentions

food insecurity, unhealthy, obesogenic food environments merit more specific consideration with greater attention given to the 'commercial determinants of health'.

- As noted above, in the context of social and commercial determinants of health, member states are requested to make a strong statement objecting to donations to WHO Foundation from entities which lobby against NCD prevention policy measures. **Call on WHO to define clearer conflict of interest policies and undue interest via the WHO Foundation to exclude entities with vested interest in promoting risk factors for NCDs, including alcohol, ultraprocessed food and drinks, and fossil fuels.**
- Encourage Member States to reflect on SDoH within their own national contexts and to take an explicit focus within health planning, particularly for NCDs, in order to ensure policy coherence and that the unintended consequences of previous national health, trade, urban development, and energy strategies do not continue to undermine the health of populations in the future and stretch limited health resources even thinner.

Pillar 4: More effective and efficient WHO providing better support to countries

26.4 Global strategies and plans of action that are scheduled to expire within one year

- **WHO global disability action plan 2014–2021: better health for all people with disability Documents [A74/9](#) and [EB148/2021/REC/1](#), [resolution EB148.R6](#)**

EB148 noted the report and adopted resolution EB148.R6, recommending language for a resolution in WHA74.

Key message: Fully supportive of the resolution. Emphasise that the number of people living with disability is expected to rise due to the rise in prevalence of chronic health conditions (potentially including chronic post-COVID conditions) and people living with disabilities are more likely to have risk factors for NCDs. Fully support need to develop, implement and strengthen policies and programmes to improve access to rehabilitation for people living with disabilities, as well as in general for people living with NCDs to reduce the likelihood of the development of disabilities. Welcomes the call to amplify the voices of people with disabilities across international organizations and encourage that this is expanded to Member States and WHO governance processes.

- **The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021 Documents [A74/9](#) and [EB148/2021/REC/1](#), decision [EB148\(13\)](#)**

EB148 noted the report which describes progress made in tackling HIV, viral hepatitis and sexually transmitted infections, the challenges faced in achieving the 2030 goals, the lessons learned to date and makes a case for strategies from 2022-2030. EB148 also adopted decision EB148(13). This decision recommends WHA74 requests the Director-General undertake a broad consultative process to develop global health sector strategies on these three matters for the period 2022-2030 for consideration by WHA75.

Key message: The report notes synergies between the strategies and HPV vaccination strategies for cervical cancer elimination. This is one important area of overlap between communicable disease communities and NCDs, but there are many other common comorbidities. The potential for synergies between communicable and NCDs should be more fully explored in a future consultation process on updating the strategies and aligning with strategic reviews of the Global Fund, UNAIDS and the Global Financing Facility. Please see NCDA (2020) briefing [*Improving quality of life for communities living with HIV, TB and malaria*](#).

33. Updates and future reporting

- **Rheumatic fever and rheumatic heart disease Document [A74/40](#)**

The Secretariat has been working with Member States and international, regional and national partners to reduce the substantial morbidity and mortality associated with rheumatic fever and rheumatic heart disease. In many regions, a lack of funding, scarcity of data on disease burden and a need for technical guidance and guidelines have been identified as significant barriers to the implementation of the resolution. The WHO is developing a global guideline on the prevention and management of rheumatic fever and rheumatic heart disease. The WHO is also working with producers of benzathine benzylpenicillin to achieve pre-qualified status for benzathine benzylpenicillin products.

- There are no further reporting mechanisms for Resolution WHA71.14 on rheumatic fever and rheumatic heart disease.
- Rheumatic fever and rheumatic heart disease have been integrated into the Global Strategy for Women's, Children's, and Adolescents' Health ([Committee A, Item 16, paragraph 16](#)). Statements and reporting on rheumatic heart disease should be delivered under this substantive agenda item for WHA74 and beyond.
- Call on the WHO to develop a WHO Global Action Plan on rheumatic fever and rheumatic heart disease under the Global Strategy for Women's, Children's, and Adolescents' Health agenda item.

In case of questions or feedback, please contact info@ncdalliance.org.