

NCD Alliance Advocacy Briefing
156th Session of the WHO Executive Board (EB156)
3 February – 11 February 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 global NCD targets that are set to expire this year. This year is pivotal for NCDs, marked by the expiration of global NCD targets and the opportunity presented by the fourth High-Level Meeting (HLM4). For the Executive Board, 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 targets.

This briefing note provides background and key advocacy messages on the NCD community's priorities for the 156th session of the World Health Organisation (WHO) Executive Board (EB156), covering NCD-relevant items on the [provisional agenda \(EB156\)](#). 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 global and country policy and action for the provision of the continuum of care for people living with NCDs through the [156th Session of the WHO Executive Board](#).



To support meaningful action on NCDs, during the EB156 we call for Member States to:

- Prioritise critical issues for achieving Universal Health Coverage (UHC) and NCD SDG targets. This includes investing in NCD prevention, accelerating UHC implementation, integrating NCD services with other health priorities, and engaging people with NCDs to advance the [2023 UHC Political Declaration](#) and build momentum for the 2025 and 2027 UN High-Level Meetings.
- Actively engage in the preparatory process for the 2025 4th UN High-Level Meeting on NCDs and Mental Health, 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 the [WHO NCD Global Monitoring Framework](#), and ensuring inclusive community engagement while safeguarding policymaking from harmful industry influence.

- Support the resolutions on 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 primary healthcare 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.
- Share information for constituency statements at least two months before meetings, allow individual statements for diverse views, and enhance engagement through pre-meetings, information sessions, and platforms for consultation on resolutions, to better engage civil society in EB processes.
- Integrate global maternal, infant, and young child nutrition targets into national health and nutrition policies, submit policy and financial commitments at the Nutrition for Growth Summit, and implement evidence-based nutrition policies, including taxing sugar-sweetened beverages. They should promote breastfeeding, strengthen national legislation to support it in line with the International Code of Marketing of Breast-Milk Substitutes and ensure policy coherence across sectors while safeguarding against conflicts of interest.
- Foster inclusive, transparent, and accountable engagement with non-State actors and request WHO to apply FENSA's paragraph 44 to industries like 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. Throughout this briefing, recommendation documents are classified as:

 We applaud	The NCD community welcomes and aligns with the current text and associated action.
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 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.

We also call for Member States to continue to engage with NCD Alliance and other civil society organisations in preparation for the [United Nations High-Level Meeting on NCDs and Mental Health in 2025](#), and ensure action on the five action areas of the [Global NCD Compact 2020-2030](#) (Engage, Accelerate, Invest, Align, Account) at global and country levels to attain the SDG goals by 2030.

Logistics: EB156 will take place in person in Geneva, Switzerland, from 03 February - 11 February 2025. Proceedings will also be live-streamed on [WHO's website](#). A full list of documents, together with updated timetables for each day, can be found in the [EB156 Journal](#).

Summary of EB156 NCD-related agenda items covered in this briefing document
Pillar 1: One billion more people benefiting from universal health coverage
6. Universal health coverage (EB156/6)
7. 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 (EB156/7)
8. Mental health and social connection (EB156/8)
9. Communicable diseases (EB156/9)
10. Substandard and falsified medical products (EB156/11)
12. Health and care workforce (EB156/15)
14. Global Strategy for Women's, Children's and Adolescents' Health (EB156/17)
Pillar 2: One billion more people better protected from health emergencies
15. WHO's work in health emergencies (EB156/18)
Pillar 3: One billion more people enjoying better health and well-being
21. Updated road map for an enhanced global response to the adverse health effects of air pollution
22. Climate change and health (EB156/25)
Pillar 4: More effective and efficient WHO providing better support to countries
24.4. Engagement with non-State actors (EB156/38)

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

NCD community calls to action¹

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

6. Universal Health Coverage ([EB156/6](#))

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 also comes in the follow-up to the United Nations General Assembly's High-level Meeting on UHC on 21 September 2023, and the subsequent adoption on 5 October 2023 by the General Assembly at its seventy-eighth session of a new political declaration on UHC: "expanding our ambition for health and well-being in a post-COVID world". This was the second time Member States met to discuss the topic following the 2019 United Nations high-level meeting. 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

¹ Agenda items are listed in the order of the provisional agenda of EB156

its risk factors. Noncommunicable diseases (NCDs) are rising, with 17 million people dying each year from NCDs before reaching the age of 70; 86% of these deaths occur in low- and lower-middle-income countries. 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 funding reforms to align health priorities between countries and respond to the rising burden of OOP health costs;
- 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 (R)



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.



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 people living with rare diseases.



We urge Member States to support the resolutions 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, 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-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: Enhancing Global Health Financing (R)



We welcome the draft 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 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, with households encountering often catastrophic out-of-pocket health expenses due to economic strain, reduced donor aid post-COVID, and competing global crises. As a result, over 100 million are driven into extreme poverty. We therefore welcome the renewed focus on health financing and the collective efforts to identify innovative and sustainable solutions, specifically:

- 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). We further welcome the emphasis on the close interlinkage of SDG 3.8 on UHC and 3.4 on NCDs - the achievement of UHC and SDG 3.8 will only be possible if NCDs are included in national UHC policies and in conjunction with efforts towards SDG 3.4.
- 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 reference to pre-existing commitments to health financing targets within African Union Member States.
- The recognition of the role of fiscal measures as a triple win: revenue up, health costs down, lives saved.
- The inclusion of the principles of the Lusaka Agenda, which is based on a “one plan, one budget” approach to health systems, which serves as an opportunity for development assistance for health to align with the health and development plans of governments and better align with public health needs and support to realisation of universal health coverage.



We express concern:

- NCDs are referred to only in the preamble, and not in the operative paragraphs of the resolution. Lack of investment in NCDs is a significant gap in efforts to date to achieve UHC with less than 2% of development aid for health being assigned to NCDs over the last three decades despite accounting for 74 million deaths per year with three-quarters of these deaths occurring in LMICs.
- The phrase ‘unhealthy behaviours and diets’ is misleading, as it fails to account for the significant role that unhealthy environments play in shaping people’s choices. It also neglects the structural challenges that limit access to healthy diets, shifting the focus onto individual behaviours rather than addressing the broader systemic factors at play.



We urge Member States to:

- Expand the commitments to setting global health financing targets with specific targets for increasing spending on NCDs, which remains the most underfunded area of public health.
- Clarify that monitoring for financial flows on health spending is regularised with clear and transparent reporting.
- Align health spending within the context of UHC health benefits packages to national disease burden Increase and optimise budgetary allocations by considering national health burdens, the effectiveness of possible interventions, and the return of investment on these interventions to address public health needs and realise UHC.

7. 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 ([EB156/7](#)) 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 continues to warn that countries are off track to achieve NCD targets by 2025 and 2030. While global premature mortality from the four main 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.

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. 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. 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 74% of countries including HPV vaccination in national programs, 58 countries adopting single-dose schedules, 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 the fourth UN High-Level Meeting on NCDs and Mental Health in 2025 (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 also note the recognition of the key role played by the Global Coordination Mechanism and support the decision to extend its terms of reference until 2030, as multisectoral action is key to the NCD response and to address the underlying determinants of health.



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. 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 and Mental Health in 2025 to deliver strong 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.

Specifically, we urge Member States to:²

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 undue external influence, 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 and morbidity of NCDs and mental health, as well as neurological conditions, air pollution (aligned with the 5x5 approach), other disease areas such as oral health and cross-cutting topics such as humanitarian settings; and disaggregated data.

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.

² See NCD Alliance'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>.

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, but 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 recommendations** 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 current draft requests the Director-General to "*Recognize kidney disease as a priority noncommunicable disease*. 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 a critical step toward broadening the NCD framework. It highlights the growing understanding of the complexity of NCDs and the need for comprehensive approaches that account for diverse conditions and their interactions.




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.

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 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.

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.

We have limited information on the following resolutions and decisions at this stage. We welcome feedback from Member States drawing from the consultation process that took place. Based on our understanding of plans for the resolutions, we extend our full support, and offer the following comments:

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

Cervical cancer ranks fourth of all cancers and currently, it is the [highest cause of cancer deaths in women in 38 countries](#). The undersigned organisations support Cervical Cancer Elimination Day as the Elimination of Cervical Cancer can be achieved through the Global Strategy and its 90-70-90 targets. The strategy and a day dedicated to cervical cancer elimination serve as rallying points for advocacy in countries and globally to achieve progress against these targets and save lives.

Resolution: Primary Prevention and Integrated Care for Sensory Impairments Across the Life Course Proposed (R)³



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. We hope that the resolution will highlight concern over the persistently high prevalence of eye and ear diseases, which, when unaddressed, can lead to vision or hearing impairment, and concern over the escalation in other risk factors. We also hope it will acknowledge that sensory impairments in many LMICs are four times higher than in high-income countries and that inequities also exist across income groups due to social determinants of health and unfair barriers to accessing health services. We also hope that it will recognise the severe shortages and disparate rural/urban distribution of qualified human resources, infrastructure, policies, and resources; the high out-of-pocket costs associated with eye, ear and hearing care services; and that it will emphasise that highly effective and cost-effective interventions are available to identify and address sensory impairments and reduce disability-related health inequities and societal barriers experienced by people with sensory impairments/disabilities. We would also strongly welcome acknowledgement of the link between sensory impairments/disabilities and the increased risk of cognitive decline and dementia for older people.

We hope that the resolution will explicitly reference related resolutions on NCDs as well as WHA70.13 on prevention of hearing loss and deafness, resolution WHA73.4 on integrated people-centred eye care, including preventable vision impairment and blindness, WHA74.8 on the highest attainable standard of health for persons with disabilities, WHA 76.6 on strengthening rehabilitation in health systems, and WHA71.8 on improving access to assistive technology, and that it will draw on and incorporate recommendations in the World Report on Vision 2019, the World Report on Hearing 2021 and the Global Report on Health Equity for Persons with Disabilities 2022.



We express concern that the resolution does not place sufficient emphasis on acknowledging and addressing disability-related health inequities, societal barriers, social determinants of health and heightened risk factors for NCDs experienced by people with disabilities, including people with sensory impairments/disabilities. We are concerned to see a lack of sufficient attention given to the need for targeted and accelerated action to ensure

³ *These recommendations were developed in consultation with [Sightsavers](#).*

equitable access to health services, facilities, products and information across the full continuum of care and across the life course for all people with disabilities. Also, greater attention is required to the urgency of action to reduce exposure to NCD risk factors for people with disabilities, including those with sensory impairments/disabilities. We would also want to see a recommendation on countering ageism and ensuring older people's equitable access to sensory services and assistive devices, in recognition of the need to address the link between sensory impairments/disabilities and dementia.



We urge Member States to support the resolution and to ensure that it calls for inter alia:


- integration of people-centred eye, ear and hearing care within national plans for PHC and UHC;
- integration of global indicators for monitoring the effective coverage of eye, ear and hearing care services within national health information systems;
- integration of eye, ear and hearing care into overall public financing systems;
- integration of vision and hearing screening and early intervention into services for newborns, school-aged children and older adults and provision of eye, ear and hearing care across the life course, including provision of assistive technology (AT) and rehabilitation alongside NCD prevention and management;
- expansion in the availability of and capacity of human resources to deliver quality eye, ear and hearing care;
- strengthening the sustainability of financing mechanisms for spectacles, hearing aids and implants by incorporating these into health benefit packages and provisions for underserved communities;
- Facilitation of communication for people with hearing or vision impairments through improved access to vision accessibility features, sign language and captioning / subtitling;
- strengthened monitoring and evaluation of eye, ear and hearing care services through country-level systems that are integrated into existing national health information systems.


Reducing the Burden of Noncommunicable Diseases through Strengthening Prevention and Control of Diabetes (R)



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) 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.

Comprehensive Mental Health Action Plan 2013–2030

8. 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 ([EB156/8](#)) also underscores the public health implications of social disconnection and its adverse effects on physical, mental, and social health.⁴

Resolution: Mental Health as a Dedicated Agenda Item at WHO Governing Bodies (D)

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 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.

We have limited information on the following resolution at this stage. We welcome feedback from Member States drawing from the consultation process that took place. Based on our understanding of plans for the resolution, we extend our full support, and offer the following comments:

Resolution: Fostering Global Health: The Essential Role of Social Connection in Combating Loneliness, Social Isolation and Inequities in Health (R)

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. The economic and social costs of

⁴ These recommendations were developed in consultation with United for Global Mental Health.

disconnection are significant, affecting education, employment, and overall quality of life. We urge Member States to make these connections within the resolutions.

9. 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 neglected tropical diseases (NTDs), common skin conditions and noncommunicable skin conditions. 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 79th session of the World Health Assembly.



We urge Member States to support the resolution and its implementation.

10. 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. Alarming, 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 ([EB156/11](#)):

- 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.

12. Health and care workforce ([EB156/15](#))

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

WHO Global Code of Practice on the International Recruitment of Health Personnel

Report on the Global Strategy on Human Resources for Health: Workforce 2030 ([EB156/15](#))

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 ([EB156/15](#)) 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](#), active 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 the 2025 UN High-level Meeting on NCDs, 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.

14. Global Strategy for Women’s, Children’s and Adolescents’ Health ([EB156/17](#))

According to 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.



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 policy-makers 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.
- Listen to the voices 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 is timely and necessary noting previous requests from Member States for more work in this area.



We express concern that the resolution may be weakened if it does not call for mandatory measures and regulations given that voluntary measures have proven ineffective or insufficient in advancing NCD prevention, including the implementation of the International Code of Marketing of Breast-milk Substitutes.



We urge Member States to support the resolution, and:

- To ensure it asks for strong safeguards to protect parents and caregivers, particularly mothers, from misleading marketing (direct and indirect promotion of BMS), and in policymaking processes.
- When implementing the resolution, strengthen adherence to the International Code of Marketing of BMS in the digital environment.

15. WHO's Work in Health Emergencies ([EB156/18](#))⁵



We welcome the report ([EB156/18](#)) '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 high-income and low-income countries. Some studies estimate that mortality in 60 to 90 % of COVID-19 cases is attributable to either one or more of these comorbidities. Emerging data suggests that people living with NCDs experience worse health outcomes from their existing conditions during pandemics, as well as during conflicts, earthquakes, and other emergencies, due to service disruptions, delays, and cancellations of essential health services. 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 Fourth UN High-Level Meeting on NCDs and Mental Health in 2025. We request the recommendations of the report from the HLTM to be incorporated into the political declaration process for the Fourth UN High-Level Meeting on NCDs and Mental Health (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

⁵ *These recommendations were developed in consultation with the International Alliance for Diabetes Action ([IADA](#)).*

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.

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

We have limited information on the report and draft updated roadmap at this stage. We welcome feedback from Member States drawing from the consultation process that took place. Based on our understanding of plans for the updated roadmap, we extend our full support, and offer the following comments based on our overall messaging on air pollution as a major NCD risk factor:

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

Air pollution has overtaken tobacco as the world's major risk factor for NCDs, now causing over 8 million avoidable premature deaths every year. The NCD community is most affected, with 4 in every 5 air pollution deaths being due to NCDs. 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 updated road map will be an opportunity to regenerate momentum for action on air pollution ahead of the fourth UN High-Level Meeting on NCDs this September, and it intends to reflect new evidence, tools, and resources; review opportunities for health sector engagement; highlight global priorities and initiatives, including around climate change given the shared drivers (fossil fuels); and identify progress since 2016 and identify areas where further work is needed.



We welcome the initiative to update the road map, as this important tool expired in 2019, and 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 recommend, reiterating Member States feedback during the consultation process, that the road map should explicitly present what the main sectors causing air pollution are, as well as their health effects, to help identify priority interventions.

When implementing the road map, **we urge Member States** to:

- Integrate the road map's goals and targets 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.
- Identify interventions, including subsidy reforms, that aim to reduce the use of fossil fuels as the major driver of both air pollution and climate change.
- 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.
- Safeguard air pollution interventions and policy from the undue influence of the fossil fuels industry, including through conflicts of interest policies.
- Coordinate implementation with efforts on climate change and health (including around the upcoming Global Action Plan on Climate Change and Health) given shared drivers.
- Monitor SDG 3.9.1 on mortality attributable to household and ambient air pollution, and the impact that the evolution of this indicator can have on other SDG targets, such as SDG 3.4 on NCD premature mortality.

22. Climate Change and Health ([EB156/25](#))

The DG's report ([EB156/25](#)) presents 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.

The action plan is 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 ask 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.
- Further strengthen guidance on risk forecasting and building resilient healthcare systems, particularly in low- and middle-income countries.
- 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.
- Draw from examples of the WHO FCTC on how to safeguard climate and health action from commercial and other vested interests.
- Engage 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](#).
- Encourage WHO to promptly develop indicators and a monitoring mechanism to track progress in implementing the action plan.

24.2 Governance Reform: Involvement of Non-State Actors in WHO's Governing Bodies ([EB156/33](#))



We welcome the update and applaud WHO's continued efforts to enhance the participation of non-State actors (NSAs) in governing bodies through meaningful engagement, such as constituency statements. These mechanisms foster collective input, particularly on critical issues like NCD prevention and management, ensuring diverse and impactful contributions to WHO's governance.



We express concern that the proposed way forward does not address the challenges mentioned in the report ([EB156/33](#)), particularly that some constituency statements on certain agenda items are overcrowded. This dilutes the message of the parties involved, as their statements get merged. As a result, NSAs have suggested allowing more flexibility to accommodate additional constituency statements for oversubscribed agenda items.



We urge Member States to request WHO to:

- Improve the process for constituency statements, for instance, information should be shared at least two months before the governing body meetings and the option of individual statements maintained to allow for a more nuanced and representative expression of diverse views on the solution to the aforementioned challenges.
- Improve interactions between NSAs and Member States throughout the year, for instance, by following the process for WHA and organising pre-meetings for NSAs ahead of January/February's Executive Board sessions, inviting NSAs to information-only sessions organised for Member States, and setting up a platform that can help Member States consult with civil society on resolutions. This would ensure that NSAs can engage in decision-making processes in a transparent and inclusive manner.
- Enhance information-sharing and logistical arrangements for NSA participation in governing body meetings, for instance, by providing comprehensive pre-meeting information, ensuring space for NSAs in the main rooms, sharing regular communication about schedules, including evening sessions, and allowing video statements to facilitate the presence and voices of NSAs, particularly those who face logistical, health and financial challenges.
- Further strengthen the involvement of NSAs in WHO processes to increase transparency, flexibility, and inclusivity, ensuring that all voices, including those focused on NCDs, are effectively represented in global health discussions.

24.3 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 WHO proposes extending this global action plan to 2031 via a decision at EB156 and WHA78, aligning it with the 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 proposal 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 update 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 draft 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 suggests extending the comprehensive implementation plan and the 2025 targets for maternal, infant, and young child nutrition to 2030. It proposes to extend the time frame by five years for targets that are off track (stunting, low birthweight, anaemia and

wasting) and has more ambitious targets for those on track or nearly on track (childhood overweight and exclusive breastfeeding).

The report also suggests operational targets and indicators to support progress towards the outcome targets. For childhood overweight and exclusive breastfeeding, the following indicators are proposed: percentage of newborns being put to the breast in the first hour after birth (operational target: increase by 25%), percentage of caregivers counselled on infant and young child feeding (operational target: increase by 65%), and percentage of children aged 6 to 23 months consuming sweet beverages (operational target: decrease by 25%).

The report proposes a draft decision to further develop the operational targets for consideration at WHA78, extend the time frame of the comprehensive implementation plan, and ask for reporting in 2026, 2028 and 2030. There is also a draft resolution ***Extension of the comprehensive implementation plan on maternal, infant and young child nutrition*** led by Ireland and Ethiopia.



We welcome the DG's report and draft decision, 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 as 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.⁶



We urge Member States to adopt the resolution if aligned with WHO recommendations, and to:

- Integrate the global maternal, infant and young child nutrition targets agenda into existing national health and nutrition policies and plans so there is alignment across all plans; and implement national monitoring frameworks to track national progress.
- Submit policy and financial commitments that will help achieve these targets in the upcoming Nutrition for Growth (N4G) Summit in Paris, France (27-28 March 2025).
- 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

⁶ *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>

sugar-sweetened beverages (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, and safeguard policy making and public procurement and partnerships against conflicts of interest.

24.4 Engagement with Non-State Actors: Report on the Implementation of the Framework of Engagement with Non-State Actors ([EB156/38](#))



We welcome the update and acknowledge the progress outlined in the WHO report on the implementation of the Framework of Engagement with non-State Actors (FENSA) ([EB156/38](#)). We particularly welcome WHO's efforts to foster transparent, accountable, and strategic collaboration with non-State actors, which is critical for advancing public health and achieving the SDGs.



We urge Member States and WHO to continue fostering a supportive environment for inclusive, transparent, and accountable engagement with relevant non-State actors; and we call on Member States to request the WHO to:

- Apply paragraph 44 of FENSA to the alcohol, junk food⁷ and fossil fuels industries and cease engagement with these industries in public health policymaking.
- Provide greater transparency on any engagements with health-harming industries.

⁷ *Junk food industry could be defined as companies that have more than 40% of sale/product portfolio derived from products high in unhealthy fats, sugars and/or salt, as defined by any WHO nutrient profile model or other internationally recognized nutrient profile model (NPM) - this definition has been used for the principles of engagement in the [N4G Paris Commitment Guide](#).*