

NCD Alliance Preliminary Comments

WHO's Fourteenth General Programme of Work, 2025–2028 (GPW14)

September 2023

This document provides some preliminary key messages from the NCD Alliance (NCD Alliance) on WHO's Fourteenth General Programme of Work, 2025–2028 (GPW14). They are based on information available on [AFR/RC73/15](#). In summary:

- ⇒ **We applaud and strongly welcome the draft GPW14 outline**, including the proposed strategic objectives, its renewed focus on improving the monitoring and evaluation of results, as well as reference to noncommunicable diseases (NCDs), including mental health and neurological conditions, throughout the text.
- ⇒ We also welcome the consultation plans with Member States and specific country groups, such as Small Island Developing States, and civil society and other non-state actors free from conflicts of interest; we, however, **express concern that not enough notice time and background might be provided** ahead of the GPW14 consultations to allow the meaningful engagement of civil society and people living with health conditions.
- ⇒ We recommend that GPW14 acknowledges that **people living with health conditions, including NCDs, are especially vulnerable** to health emergencies; reflects the **countries' need to increase health spending**; aims to **expand UHC tracer indicators** to also monitor services quality and disaggregate data; establishes **commercial determinants of health as a core action area** of WHO's work to address the determinants and root causes of ill health; keeps **WHO's menu of policy options on NCD prevention and control as a normative reference**; and brings focus on **strengthening health governance and accountability**, particularly by meaningfully engaging people living with health conditions, such as NCDs, including mental health and neurological conditions.

Background

General Programmes of Work define World Health Organization's (WHO) strategy for a time period. The current Thirteenth General Programme of Work, 2019-2023 (GPW13) was extended for two years (until 2025) through resolution [WHA75.6](#) following the COVID-19 pandemic. Therefore, GPW14 will be finalised in 2024 through a consultation process and final approval from the World Health Assembly at its 77th session (WHA77).

GPW13 set the following triple billion targets by 2023 as the core pillars of WHO's strategy: *one billion more people are benefiting from universal health coverage (UHC); one billion more people are better protected from health emergencies; and one billion more people are enjoying better health and well-being*. These three pillars and targets have aligned WHO's strategy with its structure. NCD prevention and control has been relevant across the three priority action areas of providing, protecting and promoting health – given the importance of integrating NCD and mental health policies and services within national UHC benefit packages, because people living with NCDs are especially vulnerable to health emergencies and pandemics such as COVID-19, and health promotion and NCD prevention are essential components to achieve well-being.

The document [AFR/RC73/15](#) was put forward for consultation at the 73rd session of WHO AFRO's Regional Committee Meeting. It explains GPW14 will closely align its objectives with GPW13 and will improve the impact measurement at country, regional and global levels with a new high-level results framework,* acknowledging that to date many WHO changes have been felt primarily at HQ rather than in country and regional offices. Building on GPW13, this consultative document also announces that GPW14 will include a theory of change and will engage all health players (at national, regional and global levels, building WHO capacity across all these levels too) to empower national structures and processes for the governance of health. It will also prioritise the need to work with crucial health-related sectors (such as "food and agriculture, energy and the environment, education and labour, economics and finance"), recognising that solutions to address the determinants of health, and therefore improve health equity, lie beyond the health sector.

* AFR/RC73/15 also states that "[p]roposals will be developed to better track the coverage of essential health services and financial hardship, and areas such as climate and health, mental health, disability, physical inactivity, and foregone care."

The document presents six (6) strategic objectives under the GPW14, which revolve around the overarching goals of promoting, providing and protecting health and well-being for all people, everywhere:

- ⇒ Under **promoting health and preventing disease**: (1) achieve transformative action on **climate change and health**; and (2) firmly place health and well-being at the centre of policy agendas in the key health-related sectors that drive the **determinants and root causes of ill health**.
- ⇒ Under **providing health**: (3) substantially reduce **inequities in coverage of essential health services and interventions** across the life course and between and within countries; and (4) reverse the trend in **catastrophic health spending**.
- ⇒ Under **protecting health**: (5) ensure every country is fully prepared to **prevent and mitigate emerging health risks** due to epidemics, pandemics and other hazards; and (6) rapidly **detect and respond to all acute health emergencies**, with all people affected by protracted crises having sustainable access to life-saving medical care.

Preliminary comments



We applaud and strongly welcome the proposed strategic objectives under the GPW14, its renewed focus on improving the monitoring and evaluation of results, as well as reference to NCDs, including mental health and neurological conditions, throughout the text. Both health and well-being are set as the ultimate goals in alignment with the Sustainable Development Goal (SDG) 3. Slow and insufficient action to date has led to the global burden of NCD mortality (particularly from cancers, diabetes, heart disease and stroke, chronic respiratory disease, and mental health and neurological conditions) and NCD morbidity (e.g., almost half of the world lives with oral diseases). NCDs outnumber infectious diseases as the main drivers of preventable ill health and death globally, and GPW14 proposed focus on promoting health and preventing disease, in addition to providing and protecting health, is very welcome.

In particular, we welcome:

- ⇒ The recognition that **climate change action brings important health and well-being co-benefits**.
- ⇒ The commitment to **work with all sectors to build health-enabling environments**, that is, ensure there is health-in-all-policies to improve equity and reduce exposure to major NCD risk factors – namely tobacco and alcohol use, unhealthy diets, physical inactivity and air pollution.
- ⇒ The acknowledgement of the current health services coverage gap and the **need to make essential health services accessible for all**; in particular, by reorientating systems towards primary healthcare (PHC) and **reversing the trend in catastrophic health spending**, which disproportionately affects people living with NCDs, including mental health and neurological conditions, in low- and middle-income countries.
- ⇒ The focus on ensuring that **strong systems for health emergency and pandemic prevention, preparedness and response (PPPR)** are in place, as this has a strong impact on the protection of people living with NCDs, including mental health and neurological conditions, as vulnerable populations.

Moreover, **we welcome the importance of renewing country-level commitment by all relevant actors** – including both public and private sector actors, international agencies, and civil society organisations – to empower national structures and processes set up for health governance. Such drive for alignment and coordination of the many health and health-related players is instrumental in achieving the strategic objectives of the GPW14.

We also welcome the consultation plans with Member States and specific country groups, such as Small Island Developing States (SIDS). SIDS face specific vulnerabilities that impact their populations' health also requiring action and support from the international community, as highlighted by the recent [Bridgetown Declaration on NCDs and Mental Health](#). The Declaration identifies climate change and the commercial determinants of health as the key drivers of the NCD burden in SIDS – two of the strategic objectives to be prioritised by GPW14.

We look forward to the consultation with civil society and welcome that WHO will consider WHO's Framework of Engagement with Non-State Actors (FENSA) for engaging other constituencies, including the private sector. It is crucial

that the GPW14 development process is safeguarded against the undue influence of health-harming industries – including those involved in tobacco and alcohol products, ultra-processed and/or high in sugar, fat or salt (HFSS) foods, breastmilk substitutes, gambling and fossil fuels.



We, however, express concern that not enough notice time and background might be provided ahead of the GPW14 consultations to allow the meaningful engagement of civil society and people living with health conditions in these consultations. However, people living with health conditions, such as NCDs, including mental health and neurological conditions, can bring the lived experience expertise that no one else can, effectively informing and shaping WHO's future strategy. Such inclusive process can draw on the guidance of [WHO framework for meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions](#).



We strongly recommend that:

- ⇒ **GPW14 acknowledges that people living with health conditions, such as NCDs, including mental health and neurological conditions, are especially vulnerable to health emergencies**, including during pandemics and in humanitarian settings, both in terms of being at higher risk of severe illness or death from infectious diseases and due to the impact that essential health services disruptions can have on them. It is therefore crucial that the overarching goal of protecting health is connected and operationalised in alignment with health promotion and UHC efforts, and that this is also reflected in upcoming instruments such as the WHO convention, agreement or other international instrument on PPPR.
- ⇒ **GPW14 strategic objectives reflect the need for countries to increase their health spending** (for instance, complementing the fourth objective with “invest in health to reverse the trend in catastrophic health spending”). The proposed strategy should encourage the establishment of specific targets for investment in health that can help reduce the UHC service coverage gap and out-of-pocket expenditure, and better align health spending with national disease burdens. For instance, the 2023 UHC Political Declaration only set a commitment to increase PHC spending by 1% of GDP, despite calls for targets of 5%[†] of GDP or 15% of general government expenditure on health spending[‡].
- ⇒ When reviewing the UHC service coverage index, **existing UHC tracer indicators should be revised with the aim of including an additional indicator which monitors quality defining clinical and patient centric outcomes for NCD services**, potentially based on service delivery and treatment outcomes at PHC level. Tracer indicators should also look at gathering disaggregated data by age, disease, gender, geographical region, and socioeconomic groupings to inform equity-focused responses.
- ⇒ **Commercial determinants of health should be a core action area of WHO's work to achieve the proposed second GPW14 strategic objective of addressing the determinants and root causes of ill health**. This will support governments to effectively build health-enabling environments that regulate harmful commercial practices such as the marketing of unhealthy products and safeguard policymaking from the undue influence of health-harming industries.
- ⇒ **WHO's [menu of policy options on NCD prevention and control](#) (also known as the *NCD 'best buys' and other recommended interventions* or the **Appendix 3 of the Global NCD Action Plan**) should remain a reference to Member States for both population-wide and individual-based interventions that are cost-effective and recommended**. During the GPW14 period, *NCD 'best buys'* should be expanded with the latest available evidence and to interventions on air pollution, a major NCD risk factor, to also build an investment case on air quality that can bring co-benefits for climate change mitigation by tackling common drivers (i.e., fossil fuels).
- ⇒ There is a **focus on strengthening health governance and accountability, particularly by meaningfully engaging people living with a wider range of health conditions**, such as NCDs, including mental health and neurological conditions, in the development, implementation and monitoring of policies through participatory approaches.

[†] [Action Agenda: From commitment to action](#). UHC2030. 2023.

[‡] [Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases](#). African Union. 2001.