

**NCD Alliance Advocacy Briefing**  
**154<sup>th</sup> Session of the WHO Executive Board (EB154)**  
**22 January – 27 January 2024**

This briefing note provides background and key advocacy messages on the noncommunicable disease (NCD) community’s priorities for the 154<sup>th</sup> session of the WHO Executive Board (EB154), covering NCD-relevant items on the [provisional agenda \(EB154/1 annotated\)](#).




**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 154<sup>th</sup> Session of the WHO Executive Board. This work is vital as global progress is not on track to achieve global targets on NCDs and their risk factors by 2030, impacting the associated Sustainable Development Goal 3 targets, including the attainment of Universal Health Coverage.

**To support meaningful action on NCDs, during the EB154 we call for Member States to:**

- Advance the implementation of the 2023 Political Declaration on Universal Health Coverage (UHC) ([EB154/6](#)) and accelerate progress on achievement of UHC by 2030 by increasing investment in health and the integration of NCDs.
- Adopt the decision on institutionalizing social participation for health and well-being as part of their efforts to achieve Universal Health Coverage (UHC).
- **Engage with the preparatory processes for the 4th UN High-Level Meeting on NCDs in 2025**, and the update of the Global NCD Monitoring Framework and set of global targets.
- Support further optimisation of the implementation road map for NCDs and of its Appendix 3 guidance on “best buys” and other recommended actions to deliver accelerated progress towards the 2030 target. Within discussions linked to “Public health emergencies: preparedness and response”:
  - Recognise people living with NCDs as a vulnerable population group in both pandemic prevention, preparedness and response, and humanitarian settings.
  - Ensure the continuation of essential health services across the continuum of care, particularly for people living with NCDs, during pandemic preparedness, response and recovery, including through the mobilisation of resources.
- Adopt the decision on AMR highlighting the importance to develop and implement multisectoral policies that ensure access to and rational use of antimicrobials and diagnostics, reinforcing data and surveillance mechanisms, and engaging civil society.

- Support the recommendations for the World Report on the Social Determinants of Health Equity (SDoHE) as they map the way forward to improve health equity, including for NCD outcomes, in an era of complex crises and transformations and following the COVID-19 pandemic.
- Adopt the decision on strengthening health and well-being through sport events as a significant opportunity for health promotion, including through the restriction of unhealthy products marketing in these settings, and recognise that these efforts can have a strong and lasting impact when combined with other NCD ‘best buys’ and other recommended interventions.
- Adopt the decision on climate change and health, supporting explicit calls for reductions in the use of fossil fuels within its text, to ensure this is an opportunity to recognise and act on the multidimensional impacts of fossil fuel use on human and planetary health.
- Consider the recommendations of the WHO Council on the Economics of Health for All in your national policy, ensuring health investments can be prioritised, other government sectors are involved in health-related budgets, and that economic policies are harmonised with public health-oriented fiscal measures.
- Within the consultation process for refining the WHO results framework of the GPW14 ([EB154/28](#)) engage civil society and people living with health conditions.
- Throughout EB154 discussions, recognise the importance of involving people living with NCDs in the development and planning of policies for well-being and across the continuum of care, in line with the [Global Charter on Meaningful Involvement of People Living with NCDs](#) and the [WHO framework for meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions](#), as they have the right to highest attainable level of health, and can bring the lived-experience expertise that no one else can.
- Consider the NCD community’s calls to action contained in this briefing when drafting WHA77 statements. Throughout this briefing, recommendation documents are classified as:

 <b>We applaud</b>	The NCD community welcomes and aligns with current text and associated action.
 <b>We recommend</b>	The NCD community sees opportunity for the current text and associated action to be strengthened (including alterations and additions).
 <b>We express concern</b>	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 in 2025](#), and ensuring 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 Sustainable Development Goals by 2030.

**Logistics:** EB154 will take place in person in Geneva, Switzerland from 22<sup>th</sup> January – 27<sup>th</sup> January 2024. Proceedings will also be livestreamed on [WHO’s website](#). A full list of documents, together with updated timetables for each day, can be found within the [EB154 Journal](#).

<b>Summary of EB154 NCD related agenda items covered in this briefing document</b>
<b>Pillar 1: One billion more people benefiting from universal health coverage</b>
6. Universal health coverage ( <a href="#">EB154/6</a> )
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 ( <a href="#">EB154/7</a> )
13. Antimicrobial resistance: accelerating national and global responses ( <a href="#">EB154/13</a> )
<b>Pillar 2: One billion more people better protected from health emergencies</b>
14. WHO’s work in health emergencies ( <a href="#">EB154/14</a> and <a href="#">EB154/15</a> )
<b>Pillar 3: One billion more people enjoying better health and well-being</b>
19. Social determinants of health ( <a href="#">EB154/21</a> )
20. Maternal, infant and young child nutrition ( <a href="#">EB154/22</a> )
21. Well-being and health promotion ( <a href="#">EB154/23</a> )
22. Climate change, pollution and health: Climate change and health ( <a href="#">EB154/25</a> )
23. Economics and health for all ( <a href="#">EB154/26</a> )
<b>Pillar 4: More effective and efficient WHO providing better support to countries</b>
24.2 Draft fourteenth general programme of work ( <a href="#">EB154/28</a> and <a href="#">EB154/INF./1</a> )

To engage further with NCD Alliance or for more information on our advocacy asks please contact [info@ncdalliance.org](mailto:info@ncdalliance.org).

## NCD community calls to action<sup>1</sup>

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

#### 6. Universal health coverage ([EB154/6](#))

This report by the Director-General comes in the follow-up to the United Nations General Assembly's High-level Meeting on Universal Health Coverage (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".<sup>2</sup> 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 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 2023 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.

Despite the political commitments, the world is currently far from achieving either of the goals related to UHC. As of 2023, the world is expected to have increased UHC by just 290 million people, leaving 710 million people still to be reached by 2030 if the 2019 targets are to be achieved<sup>3</sup>. Consequently, at least half of the world's population does not currently have full coverage of essential health services and millions of people are pushed into extreme poverty per year due to out-of-pocket payments in healthcare<sup>4</sup>. However, there is hope. The 2023 State of UHC Commitment Review<sup>5</sup> notes that progress towards UHC has been increasing over time, with 70% of countries having used UHC as a goal for their national health policies and plans. This progress has the potential to be built upon to ensure UHC becomes a reality for people living with NCDs globally.

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<sup>1</sup> Agenda items are listed in the order of the provisional agenda of EB154


<sup>2</sup> [Resolution A/RES/78/4](#)


<sup>3</sup> WHO (2021). [World Health Statistics 2021, Monitoring Health for the SDGs](#).

<sup>4</sup> NCDA (2020). [Protecting Everyone: Integrating Non-Communicable Diseases into Universal Health Coverage in the Era of COVID-19](#).

<sup>5</sup> UHC2030 (2023). [State of UHC Commitment Review: key findings](#).

*The Board is invited to note the report and provide further guidance. In addition, under this agenda item, Slovenia and Thailand are leading a decision on institutionalizing social participation for health and well-being (see more information below); and Ethiopia is leading a decision on the development of a global strategy and action plan for integrated emergency, critical and operative care, 2026-2035*

 **We welcome the update**, and note the recognition that the global progress is not on track to achieve UHC by 2030 impacting the associated Sustainable Development Goal 3 targets, including that on NCDs and its risk factors. 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. In this context we **applaud the recommitment by Member States of the United Nations in the 2023 Political Declaration to the principles and actions set forth at the first High-Level Meeting in 2018**. We also welcome the increased references to NCDs, including mental health and neurological conditions, throughout the text; inclusion of additional language for NCDs across the continuum of care and the importance of NCD prevention in benefits packages and policies; recommitment to primary health care (PHC) as the cornerstone for UHC; recommitment to protecting health for all, particularly those who are poor, vulnerable or in vulnerable situations; recognition of increasing out-of-pocket (OOP) costs and financial burdens; recognition of the linkages to environmental, social and economic determinants of health.

 **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 Universal Health Coverage (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<sup>6</sup> or 15% of general government expenditure<sup>7</sup> on health spending. Nor is there language align 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 a wider range of health conditions, including NCDs, in the development of national policies and monitoring implementation as part of a participatory approach to health governance for UHC.

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<sup>6</sup> [UHC2030 Action Agenda: From commitment to action](#). UHC2030. 2023

<sup>7</sup> [Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases](#). African Union. 2001.



**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.
- Accelerate UHC implementation by including quality NCD prevention and care services in country UHC health benefit packages.
- Align and integrate NCDs 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-centered.

### **Tabled draft decision on institutionalizing social participation for health and well-being**

Social participation provides an opportunity to increase efficiency, effectiveness, responsiveness, reduce health inequities, promote transparency and build trust in health policymaking and programming. This draft decision calls for the institutionalisation of social participation for health and well-being, building on national contexts and laws. The draft decision highlights the important role that empowered people and communities play in achieving UHC and urges Member States to strengthen, institutionalise and sustain meaningful social participation.



**We applaud and warmly welcome this draft decision seeking to institutionalise social participation for health and well-being and adopt recognised best practices**, for governments to systematically and meaningfully engage communities, including people living with health conditions such as NCDs, in public health policy and services. Social participation is crucial to effectively respond to the growing burden of NCDs and implement UHC benefit packages, ensuring actions are inclusive and responsive to people's needs and can achieve the health-related Sustainable Development Goals (SDGs).



**We urge Member States to adopt this decision and strengthen its areas of action even further** when implementing them in national and local contexts, including through monitoring frameworks for social participation as part of broader initiatives to ensure UHC and optimal health for all. In particular, **we recommend Member States:**

- **Emphasise the value of social participation** and acknowledge the lack of implementation or progress to date in different contexts.

- **Commit to formalising sustained mechanisms** for social participation and engagement of diverse communities in informing, implementing, improving and deciding on health policy and services - including processes that contribute to building health-enabling environments even outside the health sector.
- **Recognise and value the expertise and contributions of communities** and people with lived experience to improve health services, policies and outcomes, as part of activities to institutionalise social participation.
- **Further highlight the value of lived experience** in the context of social participation, as laid out in the NCD Alliance *Our Views Our Voices* initiative [Global Charter on Meaningful Engagement of People Living with NCDs](#), and using as a reference the [WHO framework for meaningful engagement of people living with NCDs, mental health and neurological conditions](#).
- **Define communities in vulnerable situations and experiencing marginalisation**, including Indigenous people, migrants, ethnic minorities and people living with health conditions, as important stakeholders for social participation.
- **Use supportive legal frameworks** to implement social participation mechanisms, and **ensure sufficient resources are allocated** for their implementation.
- **Request WHO for guidance on the monitoring and evaluation** of social participation activities, and **define national monitoring mechanisms** to document and measure social participation and the implementation of the decision to ensure progress.
- **Ensure social participation mechanisms are safeguarded against undue influence**, e.g., conflicts of interest with health-harming industries, such as those involved in tobacco, alcohol, breast-milk substitutes, unhealthy foods and fossil fuels.
- **Mobilise leadership at the highest level** to ensure institutionalisation of social participation.
- **Acknowledge the challenges of shrinking civil space in many countries** to make the case for social participation and the full implementation of the decision, and the need to strengthen civil society's capacity and resources.
- **Recognise the important roles of WHO regional and national offices** to facilitate technical support and knowledge exchange on good practice among Member States.

## 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 ([EB154/7](#))

The report by the Director-General provides an annual update on progress achieved in the prevention and control of NCDs. This update continues to warn that countries are off track to achieve NCD targets by 2025 and 2030, despite these being achievable given the existence of tried-and-tested policy, legislative and regulatory measures to strengthen health systems and



multisectoral action to reduce the exposure to NCD risk factors and their determinants. It flags seven of the 10 leading causes of death globally are NCDs, but government funding for NCD-related activities is often very limited - only half of low-income countries have reported any funding for such activities, when low and middle-income countries (LMICs) are being the hardest hit by the NCD epidemic. It highlights that the costs of overweight and obesity are estimated to be US\$ 3 trillion per year by 2030 and more than US\$ 18 trillion by 2060 if inaction persists. And by 2040, the burden of cancers is expected to nearly double with the most significant increase occurring in the least-developed countries. On trans-fats (TFA), the report highlights that only five countries account for two thirds of estimated remaining deaths due to TFA intake.

Following the five-by-five approach on NCDs, the document also reports on the alarming poor rates of air quality worldwide, with air pollution being the fourth leading risk factor for health overall, and reports on the significant burden of mental health and neurological conditions, as major NCDs, with dementia being the seventh leading cause of death globally, and with the burden of mental health and neurological conditions having been exacerbated following the COVID-19 pandemic. As part of the Global Oral Health Action Plan 2023-2030, the document also reports on this action plan with this edition setting a baseline on its targets for further reporting. The Global Oral Health Action Plan presents targets to reduce the burden of oral diseases, affecting nearly 3.5 billion people, but also other NCDs, with for instance a target of 50% of countries to implement policy measures aiming to reduce intake of free sugars by 2030 (established baseline: 20%). It also mentions that WHO has adopted three “best buy” interventions on oral health in alignment with oral care additions to WHO's Essential Medicines List in 2021.<sup>8</sup>

The report presents the fourth UN High-Level Meeting on NCDs in 2025 (4HLM) as an opportunity to address evolving focus areas of the NCD agenda, and refers to ongoing preparatory efforts with Small Island Developing States (SIDS), on NCDs in emergencies and NCD financing. It mentions WHO will develop additional guidance and a process for Member States to consider an updated Global NCD Monitoring Framework and the set of global targets for NCDs by 2025 and 2030 (to be expanded to 2050 to allow for continued accountability opportunities). In terms of reporting back on WHO activities, the report flags the 2023 [Bridgetown Declaration](#) by SIDS leaders on NCDs, mental health and climate change, as it presents bold steps to address the social, environmental, economic and commercial determinants of health that increase the burden of NCDs in SIDS. It mentions the update menu of policy options and cost-effective interventions<sup>8</sup> for the prevention and control of NCDs (also known as the NCD 'best buys' and other recommended interventions) will be soon published and have an interactive webpage to support uptake. It also reports on the many initiatives WHO has that contribute to NCD

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<sup>8</sup> (1) to implement a population-wide mass media campaign to promote the use of toothpaste with a fluoride concentration of 1000–1500 ppm; (2) to apply silver diamine fluoride for arresting dental caries and its progression; and (3) to use glass ionomer cement as a filling material for cavities, after removal of decayed tooth tissue using hand instruments.





prevention and control: from technical packages work (ACTIVE, MPOWER, SAFER, REPLACE) and the new WHO acceleration plan to stop obesity with 28 front-runner countries, to technical support on fiscal and regulatory policies, and initiatives on childhood, cervical and breast cancers and the Global Diabetes Compact; with WHO work focusing on: stepping up leadership, focusing global public goods on impact, and driving public health impact in every country.

N.B. The Director-General's report on NCDs is complemented by a comprehensive overview of WHO's Secretariat technical work, [available here](#).

*The Board is invited to note the report and provide guidance on how to accelerate progress to achieve SDG target 3.4 together with the implementation road map and the NCD 'best buys' guidance, how WHO can support Member States with preparations for the 4HLM, and how NCDs can be integrated in ongoing broader health work (e.g. UHC and PPPR plans).*

*In addition, under this agenda item, Ukraine and the Netherlands are leading a **decision on strengthening mental health and psychosocial support before, during and after armed conflicts, natural disasters and health and other emergencies**<sup>9</sup>, and Spain is leading a **decision on increasing sufficiency, ethical access and oversight of human cells, tissues, organs**.*

 **We welcome this update**, which shows the many ongoing efforts towards accelerating the NCD response with WHO support, and also commend the integration of the reporting on mental health and neurological conditions and oral health within the NCD annual progress report. We welcome plans for a global status report on cancer in 2025. We also applaud the comprehensive preparatory process that has been established in the lead up to the 4HLM and warmly welcome the plans to update and extend the Global Monitoring Framework and set of global NCD targets, and reiterate the role that civil society has in contributing and informing these processes.

 **We, however, express concern** on the fact that countries are off track to meet the SDG target 3.4 of reducing NCD premature mortality by one third by 2030, and that more political commitment, policy coherence and adequate resources need to focus on urgently addressing the NCD epidemic and its determinants. We are also concerned by the lack of reporting on progress to advance action on air pollution in the context of the NCD response, when 85% of deaths attributed to air pollution (5.7 million annually) are due to NCDs. Furthermore, only 31% of countries have an operational national oral health policy, plan or strategy.

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<sup>9</sup> People living with NCDs, including mental health conditions, face greater challenges to manage their conditions during public health emergencies and in humanitarian settings, due to the disruption of health services and the limited access to any form of mental health and psychosocial support. For key messages on NCDs during public health emergencies and in humanitarian settings, please refer to the Pillar 2 section of this document.



### We recommend Member States to:

- **Engage in preparatory processes for the 4th UN High-Level Meeting on NCDs in 2025** to share best practices at the highest-political level and encourage a stronger political and financial commitment towards national NCD responses, including through the 2nd Global NCD Financing Dialogue expected in June 2024.
- **Engage in the update of the Global NCD Monitoring Framework** to ensure that the extended global NCD targets will be strengthened with a comprehensive set of indicators, and support the development of improved accountability processes and the involvement of civil society in these processes.
- **Develop (or update) and implement robust, funded national NCD plans** that also include actions on mental health and neurological conditions and air pollution as part of the five-by-five approach on NCDs.
- **Ensure adequate surveillance capacity** and uphold the necessary WHO modalities for the agreed reporting on oral health every three years until 2030.
- **Draw on the guidance from the Appendix 3 of the WHO Global NCD Action Plan 2013–2030** (also known as the NCD 'best buys' and other recommended interventions), and **the first-ever oral health best buys** to identify priority actions for the prevention and control of NCDs, and ensure collaboration with relevant government sectors for population-wide interventions.
- **Strengthen NCD and risk factor surveillance with disaggregated data collection** to identify vulnerable populations, and establish data sharing mechanisms that can allow policies and services to be more responsive to people's needs and encourage accountability.
- **Safeguard NCD policymaking processes** from the undue influence of health-harming industries, such as those involved in fossil fuels, unhealthy foods, breastmilk substitutes, alcohol and tobacco products.
- **Request WHO to develop a clear and inclusive regular update mechanism for the Appendix 3** that is safeguarded against undue influence, and support the development of a menu of cost-effective policy options on air pollution that can support Member States in identifying priority actions to improve air quality levels.

### 13. Antimicrobial resistance: accelerating national and global responses ([EB154/13](#))

AMR adversely affects cancer treatment and could undermine key advances being made in cancer care. As many as 1 in 5 cancer patients undergoing treatment are hospitalized due to infection, and antimicrobials like antibiotics and antifungals are the main line of defence for these patients. Due to AMR, these infections are becoming harder to treat which in turn impacts

treatment outcomes for people living with cancer. Infections are the second leading cause of death for people living with cancer.

This report by the Director-General comes in the context of the preparations for the High-Level Meeting on antimicrobial resistance (AMR) at the United Nations General Assembly in September 2024. The report outlines urgent strategic and operational priorities to address the global public health threat. Additionally, the focus of the priorities is on 3 key areas of work – (i) prevention of infections, (ii) access to timely treatment and (iii) strategic information and innovation. The report also highlights a people-centred approach to reducing the burden due to AMR.

*The Executive Board is invited to note the report and provide further guidance. In addition, under this agenda item, Thailand, Mexico and other Member States are leading a decision on addressing AMR (see more information below).*



**We applaud and warmly welcome** the report that highlights priorities which will provide valuable support to Member States for preparations towards the HLM in September in the formulation of sector specific priorities. In particular, we support and applaud:

- The people-centred approach of the report and the focus on research and implementation science (including behavioural science) to help communities, including communities like the cancer community. It is also essential to engage with these communities in better understanding the magnitude of the problem in order to understand the impact and collaborate on appropriate solutions.
- The development of the global AMR Technical Assistance Mechanism for member States, especially the AMR Diagnostic Initiative as timely rapid diagnostics tests at the point of care are crucial for treatment decisions in identifying and managing infections. Until recently, diagnostics have often been overlooked, and we are pleased to see that the emphasis on treatment access now incorporates diagnostics.
- The commitment of Member States in their development of National Action Plans on AMR (NAPs). But this must be matched by action and we are concerned by the point that, " in 2023 only 27% of countries reported implementing their national action plans effectively and only 11% had allocated national budgets to do so." Securing sufficient funding is critical for the effective implementation of NAPs aimed at addressing antimicrobial resistance.



We urge Member States to:

- **Ensure the affordability and sustainable availability of safe, effective and quality medicines, diagnostics and vaccines** using the WHO Model list of essential medicines,

with a focus on strengthening regulatory systems, procurement strategies and policies for stewardship based on WHO's AWaRe classification.

- **Participate in and ensure the provision of data into the Global Antimicrobial Resistance Surveillance System (GLASS)** to ensure global data sharing and addressing the issue collectively.
- **Engage in multisectoral partnerships and sustained investment** to address the increased need of R&D for novel antimicrobials, rapid diagnostic tests and vaccines and with relevant stakeholders, ensure that global access strategies to these innovative medicines and diagnostics are included early in the research and development pipeline.
- **Engage the cancer and NCD community**, infectious diseases groups and other relevant stakeholders to collaborate in raising awareness of AMR, sharing of best practices and capacity building for R&D and in the evaluation of progress made with interventions to address AMR.
- **Engage beyond the health sector** as AMR is a complex issue that involves the interplay of human and animal health, food and agriculture and the environment. Interventions to address AMR should therefore include human and animal health, agriculture, environment etc. to effectively reduce the burden of AMR. Focus on certain aspects alone will not be sufficient. All of these issues are interconnected and multisectoral collaboration using **the One Health Approach** is crucial in addressing AMR.
- **Tabled draft decision on AMR:**

We welcome the proposed decision urging action to address AMR and applaud the work being done in the lead up to the HLM. The HLM process is an ideal opportunity to keep the momentum initiated in 2016 at the previous HLM and is an opportunity for Member States and other stakeholders to take action and uphold commitments made on addressing AMR.



We urge Member States to adopt the decision and:

- **Adopt multisectoral policies to ensure access to and rational use of antimicrobials and diagnostics** in addressing the growing problem of drug resistance and address the issue of substandard and falsified medicines, by ensuring the quality of antimicrobials which is an essential component towards achieving stewardship goals.
- **Emphasize the importance of data and surveillance**, as this is a crucial step towards effective interventions to combat AMR and informs policies, strategies, and targeted actions. The lack of sufficient data on the prevalence, distribution, and trends of AMR poses a significant challenge in addressing this global health threat. This includes data on antimicrobial use in human and animal health, agriculture, and other relevant sectors. Additionally, efforts must also be made to improve surveillance mechanisms to track the

emergence of new resistant strains and the effectiveness of current antimicrobial treatments.

- **Engage with the cancer, oral health, and broader NCD community** in increasing awareness among the health workforce and public awareness raising campaigns, including at primary health care level.
- **Provide targeted education and training programmes** for the implementors of National Action Plans in order to strengthen their expertise in the various aspects included in these plans.

AMR is a complex issue that involves the interplay of human and animal health, food and agriculture and the environment. Interventions to address AMR should therefore also include all aspects of the issue in an integrated approach involving all sectors (human and animal health, agriculture, environment etc) to effectively reduce the burden of AMR. Focus on certain aspects alone will not be sufficient. All of these issues are interconnected and multisectoral collaboration using the **One Health Approach** is crucial in addressing AMR.

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

### **14. WHO's work in health emergencies**

- Public health emergencies: preparedness and response ([EB154/14](#))
- Strengthening the global architecture for health emergency preparedness, prevention and response and resilience ([EB154/15](#))

The WHO Secretary General report [EB154/15](#) provides a summary of the progress made by WHO and partners in respect of various initiatives with the overarching aim of strengthening the global architecture for health emergency prevention, preparedness, response and resilience. Ongoing efforts, including Member State negotiations, are presented along three main thematic headings: global governance, financing and systems. Within the global governance architecture, two parallel processes are underway. The first of these processes is the Intergovernmental Negotiating Body (INB) to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response. The INB is mandated to submit its outcome for consideration by the Seventy-seventh World Health Assembly in 2024. In addition to the INB process, Member States are engaged in the process of considering proposed amendments to the International Health Regulations (2005), through the Working Group on Amendments to the International Health Regulations (2005) (WGIHR). The report [EB154/14](#) provides summary information on all active WHO Grade 3 acute and protracted

emergencies, United Nations Inter-Agency Standing Committee Level 3 emergencies, and public health emergencies of international concern that required a response by WHO between 1 January and 30 September 2023 as well as a summary of global trends and challenges in respect of health emergencies over the reporting period.

The COVID-19 pandemic has shown that the prevalence of underlying conditions such as noncommunicable diseases (NCDs) increases 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.<sup>10</sup> At the same time emerging data suggests that people living with NCDs also experience worse health outcomes from these existing conditions during pandemics as a result of service disruptions, delays, and cancellations of essential health services.<sup>11,12</sup> This has already been explicitly recognised by the world's leaders in the United General Assembly resolution 73/130.

People living with NCDs face greater challenges when living in a humanitarian setting<sup>13</sup>. 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.

*The Board is invited to note the report and provide further guidance.*



#### We welcome:

- The efforts by WHO to strengthen global governance of health emergency preparedness and response by seeking guidance on how the Secretariat can support Member States efforts to **create synergies and complementarity between the processes of the WGIHR and the INB**, and more broadly, to **improve coherence** among all the global, regional and national initiatives and strategies aimed at strengthening health emergency, preparedness, response and resilience.
- We welcome the **recognition of a steep increase in humanitarian health needs** on a global scale, driven by overlapping and interacting aggravating factor - including the accelerating climate crisis, increased conflict and insecurity, increasing food insecurity,

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<sup>10</sup><https://ijme.in/articles/non-communicable-disease-management-in-vulnerable-patients-during-covid-19/?galley=html>

<sup>11</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7248450/>

<sup>12</sup> <https://www.who.int/publications/i/item/9789240010291>

<sup>13</sup> UNHCR and IRC, *Integrating Non-communicable Disease Care in Humanitarian Settings: An Operational Guide* (2020) <https://www.unhcr.org/5fb537094.pdf>

weakened health systems in the wake of the COVID-19 pandemic, and new infectious disease outbreaks - and the request for guidance on how the Secretariat can work with Member States to **ensure essential health services and financing are sustained during emergencies** driven by conflict and natural disasters, and strengthen collaborations to build more resilient communities and health systems.



**We recommend that:**

- **People living with NCDs should be recognized as a vulnerable population group across WHO work in health emergencies**, including in pandemic prevention, preparedness and response, and in humanitarian settings, for the progressive realisation of universal health coverage.
- We recommend that **draft bureau text of the WHO Pandemic Agreement:**
  - reinstates “persons with health conditions”, including those living with NCDs, within the definition of “persons in vulnerable situations” as originally seen in the zero draft;
  - strengthens language on the role of pandemic prevention, preparedness and response in the progressive realisation of universal health coverage;
  - safeguards specific language on the continuation of essential health services across the continuum of care, particularly for people living with NCDs, during pandemic preparedness, response and recovery; and
  - Reinstates previous draft text commitments to mobilise resources to maintain essential health services during and after a pandemic.

*Full details of the NCD community recommendations to the INB7 draft text can be found linked [here](#), and on NCDs in humanitarian settings [here](#).*

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

#### **19. Social determinants of health ([EB154/21](#))**

The report by the Director-General provides an update on the draft WHO World Report on the Social Determinants of Health Equity (SDoHE). The development process of the World Report has involved consultations with Member States, UN agencies, non-State actors, WHO teams, as well as scientific and policy advisory groups. Across three parts, the report will focus on providing some background and sets the scene before spotlighting specific areas for action. The concluding part outlines an agenda for action to guide Member States and other key stakeholders. Specifically, the report includes 14 proposed recommendations to Member States, which will be



included in the World Report, to take action on key structural determinants to improve health equity. They include:

- **Recommendation to address economic inequality and invest in universal public services for health equity and well-being** via progressive economic policies, addressing the commercial determinants of health, managing conflict of interest in policy environments and delivering development financing to support investment in public policies that address the SDoHE.
- **Recommendations to enable inclusive governance for people centred services** via empowered local governments, increased comprehensiveness and expansion of universal social protection, addressing structural discrimination and supporting community engagement and civil society.
- **Recommendations to implement joint actions for health equity in addressing climate change and major societal transitions** via accelerating health equity benefits of climate action, addressing the social determinants of health equity in emergencies, migration and conflict, and steering the digital transformation in favour of health equity and the public good.
- **Recommendations to build a health and care sector that ensures equitable access based on genuine participation** via strengthening social determinants in health systems, implementing progressive health financing and primary health care approaches, building and retaining a workforce capable of delivering equity, and monitoring social determinants of health equity.

*The Board is invited to note the report and to comment on the proposed recommendations of the World Report, providing guidance on how to address the SDoHE in order to limit the impacts of current interlinked crises and societal transitions.*





**We applaud and warmly welcome** the update on the WHO World Report on SDoHE and the proposed recommendations for Member States to take action on key areas that will improve health equity. In particular, we commend the recommendations to:

- Reshape our fiscal systems to promote health equity and enable well-resourced public services for health, and the need to effectively address the commercial determinants of health by regulating commercial activities that negatively affect health, providing incentives for commercial activities that positively affect health, managing conflicts of interest and including health considerations in trade policy processes.
- Implement inclusive governance for people-centred services which look at empowered local governments, the role that universal social protection has on health equity,

addressing discrimination as a determinant of health and the need for community engagement (including of people living with chronic health conditions).

- Accelerate the health co-benefits of climate action, including through the transformation of our energy and food systems, and address the social determinants of health equity in emergencies given the growing burden of NCDs in people living in humanitarian settings.
- Achieve UHC by minimising out-of-pocket expenditure and ensuring equitable access to quality health services, while ensuring the use of disaggregated data to measure progress on social determinants of health equity.

 **We express concern** on the insufficient uptake of the 2008 recommendations of the WHO Commission on Social Determinants of Health, especially around key structural determinants. In particular, we are concerned by the lack of action in many countries to address the commercial determinants of health leading to the growing exposure of vulnerable populations to NCD risk factors.

 **We recommend** that the World Report recommendations are supported by Member States as they map the way forward to improve health equity in an era of complex crises and transformations and following the COVID-19 pandemic. It will be key that this World Report includes relevant case studies to showcase how these recommendations are already being implemented, and that follow-up guidance is considered in collaboration with WHO regional and national offices to ensure more country action to address the SDoHE. In particular, **we recommend that Member States** already:

- **Establish national monitoring mechanisms** to measure health equity, based on the [operational framework for measuring, assessing and addressing the SDoHE](#), collecting disaggregated data by age, disease, gender, geographical region, and socioeconomic groupings to identify vulnerable populations and inform policies and programmes accordingly.
- **Identify priority policy actions in collaboration with other sectors** (e.g. via multisectoral commissions) and accelerate UHC implementation by including population-wide policies for health promotion, alongside NCD prevention and care services in country UHC health benefit packages.

## 20. Maternal, infant and young child nutrition ([EB154/22](#))


The report by the Director-General provides an update on progress to achieve the 2025 maternal, infant and young child nutrition targets. For childhood overweight (target: ensure that there is no increase in childhood overweight), the projected global childhood overweight rate for 2025 is


5.6% showing only a slight increase from the baseline (5.5% in 2012). That said, there are significant regional disparities with the Americas and the Western Pacific Region presenting increases between 2012 and 2022. For exclusive breastfeeding (target: increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%), 53.4% of infants under the age of 6 months are projected to be exclusively breastfed meeting the target (baseline: 37% in 2012), but only 32 countries have legislation that strongly aligns with the International Code of Marketing of Breastmilk Substitutes, and therefore there is stronger potential to increase exclusive breastfeeding rates. WHO and UNICEF proposed in a discussion paper to extend these targets to 2030 to support the SDG agenda by reducing childhood overweight to less than 3% and increasing the exclusive breastfeeding rate to at least 70%.

In terms of WHO support in this area, the report looks at 5 action areas (creating supportive environments; integrating health intervention in national nutrition plans; stimulating nutrition policies and programmes outside the health sector; providing human and financial resources; monitoring and evaluating). A few highlights include that a WHO analysis of 104 national pathways (commitments to action) from the UN Food Systems Summit process showed that while 75% of the pathways included nutrition-sensitive agriculture and food safety considerations, policy measures to increase the consumption of healthier diets are still scarce. As part of WHO's Acceleration Plan to STOP Obesity, 11 countries have committed to integrate obesity prevention and management services into their primary health care, and that WHO-hosted Coalition of Action on Healthy Diets from Sustainable Food Systems for Children and All are providing Member States with technical support and promoting awareness about conflicts of interest in public-private partnerships.

On the marketing of breastmilk substitutes (BMS) and foods for infants and young children, the report presents the recently published [Guidance on regulatory measures aimed at restricting digital marketing of breast-milk substitutes](#), requested by WHA; and provides information on the improvements done to the Codex updated standard for follow-up formula.

*The Board is invited to note the report and provide guidance on next steps with the 2025 nutrition targets and how to ensure the uptake of the digital marketing of BMS guidance.*

 **We applaud and warmly welcome** all the progress reported to achieve the nutrition targets on childhood overweight and exclusive breastfeeding, and the prioritisation of nutrition and food system considerations by the G7, G20 and the African Union respectively. We also commend the increase in the number of infants exclusively breastfed, with the possibility of surpassing the 2025 global target of 50%.

 **We express concern** over the regional epidemiological differences to halt childhood overweight, especially in the Americas and the Western Pacific Region. As recognised by the [Bridgetown Declaration](#), childhood obesity in SIDS is increasing exponentially due to several

factors including the strong influence of commercial determinants of health exerted in these countries. These regions require special policy attention and support to address the public health issue posed by childhood obesity. Childhood obesity increases the likelihood of worsening adult obesity, poor oral health and the development of other NCDs later in life. Moreover, childhood overweight and obesity are associated with psychological comorbidities such as depression, lower scores on perceived health-related quality of life, emotional and behavioural disorders, and lower self-esteem during childhood.<sup>14</sup>



#### **We recommend Member States to:**

- Protect children's and mothers' health through the promotion of 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. Breastfeeding is also associated with a lower risk of early childhood caries in infants and children. Moreover, the promotion of breastfeeding is a cost-effective intervention (recently classified as an NCD 'best buy' following the update of Appendix 3) and a sustainable aliment, superior in terms of health standards to any breastmilk substitute.
- Update 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.
- Promote the implementation of a comprehensive set of policies to promote healthy diets, including the taxation of sugar-sweetened beverages (SSBs) and other unhealthy foods and beverages, front-of-package nutrition labelling<sup>15</sup> and regulating the marketing of unhealthy foods, especially when targeted to children and youth<sup>16</sup>. We also recommend implementing subsidies that promote the purchase and consumption of healthy foods.

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<sup>14</sup> 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>

<sup>15</sup> For more background, see: Warning against harm: Lessons and recommendations to advance labelling policy across risk factors for NCDs. Available from: <https://ncdalliance.org/resources/warning-against-harm-lessons-and-recommendations-to-advance-labelling-policy-across-risk-factors-for-noncommunicable-diseases>

<sup>16</sup> For more background, see: Selling a sick future: How to counter harmful marketing to children and young people across risk factors for NCDs. Available from: <https://ncdalliance.org/resources/selling-a-sick-future-countering-harmful-marketing-to-children-and-young-people-across-risk-factors-and-ncds>

## 21. Well-being and health promotion ([EB154/23](#))

This report by the Director-General provides an update on the implementation of resolution [WHA75.19](#), on the development of a framework for achieving well-being. The Framework consists of six strategic directions to promote societal well-being:

- Nurture planet Earth and its ecosystems;
- Design social protection and welfare systems based on equity, inclusion and solidarity;
- Design and support implementation for equitable economies that serve human development;
- Promote equitable universal health coverage through primary health care, health promotion and preventive services;
- Promote equitable digital systems that serve as public utilities, contribute to social cohesion and are free of commercial interest; and
- Measure and monitor well-being.

The Director-General's report provides an update on the accompanying implementation and monitoring plan of the framework, which aims to measure progress across the three sustainable development pillars by expanding the progress indicator framework to cover environmental and social progress/benefits, beyond economic indicators such as gross domestic product (GDP), and include a cross-cutting dimension, based on equity, inclusion and solidarity. Additionally, the Secretariat is setting up a multidisciplinary Strategic Technical Advisory Group of Experts to provide advice and propose inputs into the monitoring and implementation frameworks.

*The Board is invited to note the report and provide guidance on the implementation of the framework.*

*In addition, under this agenda item, Qatar is leading a decision on strengthening health and well-being through sport events (see information below).*



**We applaud and warmly welcome the report and the direction of the well-being framework's implementation and monitoring plan.** In particular, we welcome the focus to address the structural determinants of health to enable individual and societal well-being, with WHO's upcoming World Report on Social Determinants of Health and the World Report on Commercial Determinants of Health, and the call to implement measures that extend beyond the health sector and protect societies against health-harming industries.



**We recommend Member States to note the report and:**

- Promote a well-being economy ensuring investments are made in sectors and industries aligned with public health goals to ensure policy coherence, and safeguarding public procurement and partnerships against conflict of interest.
  - Collaborate with relevant government sectors for the implementation of population-wide interventions that promote health equity and well-being, drawing on the guidance from the Appendix 3 of the WHO Global NCD Action Plan 2013–2030 (also known as the NCD 'best buys' and other recommended interventions) to identify cost-effective priority actions.
  - Request guidance on how to measure the impact of NCD and other health programmes on social and individual well-being as part of the framework's implementation and monitoring plan.
- **Tabled decision on strengthening health and well-being through sport events**

This decision builds on existing tools and frameworks like the Alma-Ata Declaration, 1978, the Ottawa Charter for Health Promotion, 1986, the Jakarta Declaration, 1997, the Global Action Plan for the Prevention and Control of NCDs 2013–2030 and the Global Action Plan on Physical Activity 2018–2030 to urge Member States to leverage the potential of sport events and settings to promote behaviour change, address broader public health challenges and improve societal well-being. The decision promotes the implementation of evidence-based health promotion measures in sport events to improve impact on population health through reducing exposure to NCD risk factors and promoting mental health and well-being.



**We applaud and warmly welcome the decision on strengthening health and well-being through sport events** of all levels (international, regional, national and community-based). We appreciate the specific reference to existing frameworks like the Global Action Plan on Physical Activity and the Global Action Plan for the Prevention and Control of NCDs, making the case for leveraging existing plans and actions to improve health and well-being around sport events. Additionally, we welcome the call to curtail the marketing of unhealthy foods and beverages, alcohol and gambling in sport events (in addition to the prohibition of tobacco marketing),<sup>17</sup> as well as the call to safeguard collaborations in sport events from undue influence to protect public health interests.




**We recommend Member States to note the report and:**

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<sup>17</sup> As highlighted in NCD Alliance's report, [Selling a sick future: countering harmful marketing to children and young people across risk factors and NCDs](#), children and young people are often targeted through sports with the marketing of harmful products.

- **Commit to enabling health-promoting sports events** and recognise the impact that healthy environments in sport settings can have to promote behaviour change in the long-term when combined with other NCD ‘best buys’ and other recommended interventions that promote physical activity and healthy diets and reduce alcohol and tobacco use.
- **Recognise that healthy environments in sport events can reduce the burden** of obesity and NCDs, including of mental health conditions (for instance, exposure to gambling adverts in sport events can impact optimal mental health).
- **Reduce the exposure and promotion of unhealthy products and services**, including gambling, as these are often promoted through sport events (from major events to community-level sport settings) having an impact on shaping the behaviour of large audiences, including children and youth..
- **Use as a reference the [WHO guide on healthier food and healthier food environments at sports events](#)** for the implementation of this resolution.

 **We express concern on the ongoing use of the term ‘harmful use’ for alcohol in this document and other tools meant to promote health.** Any level of alcohol consumption increases risk of multiple forms of cancer and other NCDs. Therefore, it is more accurate to refer to ‘alcohol use’ in upcoming texts to avoid the misimpression that there might be a risk-free level of alcohol use when evidence shows that any use of alcohol carries a degree of risk of harm.

## 22. Climate change, pollution and health: Climate change and health ([EB154/25](#))

The report by the Director-General underscores the escalating health threats posed by climate change, driven primarily by fossil fuel combustion. Drawing on data from the recent Intergovernmental Panel on Climate Change's (IPCC) Sixth Assessment Report (AR6), the report shares the diverse adverse impacts of climate change on human health, including those stemming from extreme heat, malnutrition, displacement of populations and mental health, and the disproportionate concentration of these impacts across LMICs. Recognising this, the report underscores that the health impacts of climate change pose a major threat to the achievement of UHC due to the risk faced by vulnerable groups, including children, the elderly, indigenous workers, outsider workers and those living with NCDs. In response the report emphasises the need for an urgent global health response to build climate resilient health systems and curb the carbon emission of the health sector. WHO highlights the opportunity to further develop and scale up the application of existing climate change and health work across leadership, awareness-raising, evidence generation, monitoring, and technical support, including a commitment by WHO to become carbon-neutral by 2030.



*The Board is invited to note the report and discuss the proposed contributions set out in paragraphs 10-14 in addressing the needs of Member States. In addition, the Netherlands and Peru are leading a decision under this agenda item on climate change and health.*



**We applaud and warmly welcome** the clear recognition in the Director-General report of the role of fossil fuel burning in driving global warming and the need for urgent action to remain within 1.5°C. We also welcome the references to the impacts of climate change on NCDs, including mental health. We appreciated the discussion on the co-benefits of action on climate change for public health including the impact of measures to address polluting energy generation on air pollution-related morbidity and mortality, impact of addressing environmentally destructive and unhealthy food systems on malnutrition in all its forms, and measures to foster more active transport on physical inactivity, obesity and overweight. We also welcome discussions regarding how WHO could support Member States to capitalise on these health co-benefits and engage more in negotiations in UNFCCC fora.

Within the decision draft, we welcome the recognition of climate change as one of the greatest health challenges together with the need for a comprehensive, health-systems approach which encompasses both adaptation and mitigation, noting that without urgent action health system impacts are likely to outstrip adaptive capacity. The integration of existing mechanisms, notably the ATACH framework, and requests to WHO to develop a Global Plan of Action on Climate Change and Health.



**We express concern** that the decision text does not recognise the role of fossil fuel combustion in driving the global climate crisis and the health impacts associated with this. Fossil fuels remain the most significant cause of climate-driven health impacts, while their extraction, processing and combustion increases the burden of air pollution and other NCDs in local communities<sup>18</sup>.



**We recommend Member States to:**

1. **Support the decision and note the report** - continuing to engage with negotiations on the decision text, as needed, to ensure a comprehensive approach to the issue which accelerates actions to create sustainable, climate resilient health systems, and which integrates health into national, regional and global climate change negotiations to maximise the health co-benefits and uses health to make the case for greater action.
2. **Support health sector engagement across all sectors to deliver health-in-all policies** - the health sector is responsible for 5.2% of global emissions and while action is greatly

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<sup>18</sup> [Global Climate and Health Alliance, 2022](#). Cradle to Grave: the health harms of fossil fuel dependence and the case for a just phase out.

needed to curb health sector emissions, health also provide a compelling argument to support accelerated action to reduce the remaining emissions sources, including energy generation, transport, agriculture, with the potential for additional co-benefits.

3. **Support explicit calls for reductions in the use of fossil fuels** - continued investments in fossil fuel subsidies outweigh health spending in several countries<sup>19</sup>, while causing health costs six times greater than the cost of the subsidy itself in G20 countries. In response, we urge Member States to explicitly recognise the multidimensional impacts of fossil fuel use on health.
4. **Further strengthen references to universal health coverage (UHC)** - governments are challenged to deliver universal health coverage (SDG3.8) even at current levels of warming, with the majority of countries (108/194) experiencing worsening or no significant change in service coverage since the launch of the SDGs in 2015. These same populations are the most vulnerable to climate change. The Covid-19 pandemic has underscored the fragility of health. The resolution should, therefore, recognise that greater investment in adaptation is vital to save lives and help achieve SDG3.4.
5. **Call for greater regulation of climate and health impact industries** - building on lessons learned from Article 5.3 of the WHO FCTC, we urge Member States to consider requesting WHO to explore potential regulation of other climate and health impacting industries, such as the production and use of fossil-fuel derived plastics which exacerbates water-security issues among other health threats.
6. **Proactively engage with civil society organisations** - CSOs continue to play a critical role in the response to the health impacts of climate change. We therefore urge WHO to engage with civil society organisations to support the implementation of the resolution and Global Strategy on Health, Environment and Climate Change, utilising the WHO-Civil Society Working Group for Action on Climate Change and Health where relevant, and encourage Member States to support civil society participation in the development, implementation and evaluation of national plans and strategies
7. **Commit to supporting the integration of climate change education and training** as part of healthcare professional curricula and continuing professional development.

## 23. Economics and health for all ([EB154/26](#))

The report by the Director-General provides an overview of the work by the **WHO Council on the Economics of Health for All (2021-2023)**, mandated to provide new economic thinking on the

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<sup>19</sup> [Romanello, 2022](#). The 2022 report of the Lancet Countdown on health and climate change: health at the mercy of fossil fuels.

value and role of health in our economies and its work culminated with the publication of a final report, [Health for All: Transforming economies to deliver what matters](#).

The Council has proposed a **new narrative on health and the economy**, recognising that 1) health is a fundamental right and not just human and social capital or a by-product of economic growth; 2) economies must be reoriented to deliver health to address inequities and other interlinked crises (e.g., climate crisis); and 3) the cost of inaction is higher than the cost of action. The [Council's report](#) includes **13 recommendations**, from the need to value and treat health as a long-term investment and also ensure planetary health for a regenerative economy, to the importance of collective intelligence, common good governance and a WHO that is well-resourced as the global body coordinating health for all. The Director-General report explains this new narrative will require that 1) **health financing is treated as long-term investment** with national planning and budgets transformed accordingly and other sectors (including finance ministers) more involved in delivering health; 2) health is recognised as **critical to the resilience and stability of economies** as seen with COVID-19; and 3) **economies and financial systems are addressed as determinants of health**.


To implement these recommendations, the Council identified WHO's leadership as crucial, recognizing its role to strengthen economics for health for all and the need to expand its work on macroeconomics and health; and how it should engage in actions that promote health and well-being, through UHC but also outside the health sector, including advocating for a transition to clean energy and transportation systems and more sustainable food systems. The Director-General's report describes **what WHO is doing in this area** through 1) work on health financing and macroeconomics; 2) expertise and research networks on relevant topics (i.e, UHC financing, SDOH and health equity, CDOH, health taxes, and removal of subsidies on and divestment in health-harming industries); 3) international financial architecture for health (with global and regional agencies); and 4) multisectoral financing dialogue and action (including through OECD and G20).

*The Board is invited to note the report and discuss its recommendations with a focus on how to advance action in this area and the role of WHO to support Member States.*

*In addition, Finland is leading a decision under this agenda item to further strengthen the dialogue between finance and health, and support decision-making in this area.*



**We applaud and warmly welcome** the call from the WHO Council on the Economics of Health for All to redesign our economies so that they can prioritise health through sustained economic and fiscal investments that promote health and are multisectoral and long-term.

 **We express concern** that, as stated by the Council's report, NCDs are estimated to cost the economy US\$ 47 trillion between 2010–2030 and that despite this figure and the existence of cost-effective solutions to prevent NCDs (such as the [NCD 'best buys' and other recommended interventions](#)), preventive actions are still seen by many policymakers as a cost rather than an investment, and often not prioritised by the whole-of-government.

 **We recommend Member States:**

- **Prioritise health investments**, including in a context of deficit reforms and budget reviews, to ensure the sustained funding of essential NCD prevention and control services across the continuum of care, including by drawing on the Appendix 3 of the WHO Global NCD Action Plan 2013–2030 (also known as the NCD 'best buys' and other recommended interventions).
- **Recognise that**, given the impact that other sectors' activities (finance, education, environment, transport, etc.) have on people's health outcomes, **health for all should be factored not only in health ministries' budgets** but also across the budgets of other ministries and government agencies. **Safeguard policymaking processes** addressing the determinants of health and aimed at transforming our economies from the undue influence of health-harming industries, such as those involved in fossil fuels, unhealthy foods, breastmilk substitutes, alcohol and tobacco products.
- **Harmonise health-related budgets with public health-oriented fiscal policies** (such as implementing excise taxes and removing subsidies on unhealthy products such as fossil fuels, unhealthy foods, alcohol and tobacco, and implementing subsidies on healthy products) **and other regulatory and legislative measures** to reduce exposure to NCD risk factors, including marketing and labelling policies on unhealthy products, to ensure policy coherence.
- **Measure economic growth against core societal values beyond GDP**, and request guidance to WHO on how best to measure well-being. SDG3 is about both health and well-being, and yet there are currently no targets and limited indicators to measure well-being.
- **Highlight the value of health for economic prosperity and sustainable development in the development of the UN Pact for the Future** to be agreed at the UN Summit of the Future (2024) and other UN/SDG processes, emphasising that the environmental and financial sustainability of a health-in-all-policies approach simultaneously address the well-being of people and our planet.
- **Ensure WHO's work** on economics for health for all, social determinants of health and health promotion and well-being **is coordinated and complementary**.

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

### 24.2 Draft fourteenth general programme of work ([EB154/28](#))

The 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 77<sup>th</sup> 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 been used to align 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 draft fourteenth general programme of work (GPW 14), from 5 January 2024 ([EB154/28](#)), updates previous consultation documents and incorporates feedback from Member States, partners, key constituencies of WHO since the first consultation document put forward at the 73<sup>rd</sup> session of WHO AFRO's Regional Committee Meeting on August 2023. It presents a four-part structure for GPW14 that includes a high-level results framework, a theory of change and an overview of WHO's contribution. Based on input collected during the consultation process, 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. A total of fifteen (15) major outcomes are identified to specify results to be achieved during the 4-year period 2025-2028 through the joint work of countries, partners, key constituencies and the WHO Secretariat.

This agenda item will also include discussion on the Evaluation of WHO's Thirteenth General Programme of Work, 2019–2023 ([EB154/INF./1](#)).



We applaud **the draft GPW14 outline**, including the proposed strategic objectives and associated outcomes that address **key contextual challenges** of the climate crisis, the wider


determinants of health and risk factors, the inequitable burden of out-of-pocket health expenditure, the critical gaps in health and care workforce and financing, as well as specifically addressing **noncommunicable diseases (NCDs), including mental health and neurological conditions**, that represent a significant gap in delivering Universal Health Coverage (UHC).



**We 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 goal of protecting health is connected and operationalised in alignment with those of promoting health and providing health (UHC) and associated strategic objectives, and that this is reflected in upcoming instruments such as the WHO convention, agreement or other international instrument on PPPR. The current proposal only mentions that people or groups in vulnerable situations can include children and adolescents, women and girls, persons with disabilities, migrants, refugees and asylum-seekers, and older persons within the context of the COVID-pandemic (Part 1, paragraph 4), climate change (Part 2, paragraph 6) and social, economic environmental, commercial and cultural determinants of health (Part 2, paragraph 7).
- **GPW14 strategic objectives reflect the need for countries to increase their health spending and 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, within the strategic objective 3. *Advance the PHC approach & essential health system capacities for equity & gender equality*, but particularly under 4. *Improve equity and quality in health service coverage & financial protection* and associated outcome 4.3 - *Financial protection improved by reducing out of pocket health expenditures, especially for the most vulnerable*. Increased health spending is instrumental to reduce out of pocket health expenditure. 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%<sup>1</sup> of GDP or 15% of general government expenditure on health spending<sup>2</sup>.
- **Member states support full, sustainable and predictable financing of WHO's budget** for 2025-28, including sufficient funding and budgeting flexibility for delivery of the NCD-related programme of work.

- Indicators of the GPW14, particularly under strategic objective 3. *Advance the PHC approach & essential health system capacities for equity & gender equality*, and 4. *Improve equity and quality in health service coverage & financial protection* should include an **indicator to monitor quality defining clinical and patient centric outcomes for NCDs services** not captured under the UHC service coverage index tracer indicators. **Gathering disaggregated data by age, disease, gender, geographical region, and socioeconomic groupings can inform equity-focused responses across the goals of promoting, providing and protecting health.**
- GPW14 should specifically reference the promotion of **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**)** under WHO's work on the determinants of health and health promotion. 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). The current proposal references the *NCD 'best buys'* within the context of primary health care.
- The importance of meaningful **engagement of people living with a wider range of health conditions, such as NCDs, including mental health and neurological conditions, should be reflected in the development, implementation and monitoring of policies** across the GPW14 goals of promoting, providing and protecting health for stronger health governance and accountability.

 **We express concern that further consultations with civil society and people living with health conditions are not planned on the GPW14, including in the process of refining the WHO Results Framework for GPW14.** 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 an inclusive process can draw on the guidance of the WHO framework for meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions.

In case of questions or feedback, please contact [info@ncdalliance.org](mailto:info@ncdalliance.org).<sup>20</sup>

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<sup>20</sup> Icons in this document sourced from <https://www.flaticon.com>