NCD Alliance Advocacy Briefing
152nd Session of the WHO Executive Board (EB152)
30 January – 7 February 2023

This briefing note provides background and key advocacy messages on the noncommunicable disease (NCD) relevant items on the EB152 provisional agenda (EB152/1 annotated) from the NCD civil society community.

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, in line with Universal Health Coverage (UHC) principles and with a focus on Primary Health Care (PHC), through 152nd Session of the WHO Executive Board. In particular, we applaud the draft update to Appendix 3 – a menu of policy options and cost-effective interventions for the prevention and control of NCDs - and recommendations for the upcoming United Nations high-level meeting on UHC in 2023.

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 (SDG) 3 targets, including the attainment of UHC. It is important to note that service coverage for people living with NCDs is not improving at an adequate pace, nor equally ensured for everyone, and that out-of-pocket spending on NCD services has been increasing, further accentuating health inequities globally and increasing the global population's vulnerability to future health emergencies.

This demonstrates the need to invest in, accelerate, and align systems for health, in particular by including quality NCD prevention and care services in country UHC health benefit packages. For this to be achieved, the involvement of people living with NCDs in the planning, development, and planning of policies for well-being and across the continuum of care at global and national levels is vital, as they have the right to highest attainable health level, and they can bring the lived-experience expertise that no one else can.

To support meaningful action on NCDs, during the EB152 we call for Member States to:

- Adopt a decision linked to "Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health" (EB152/6) for WHA76's consideration. WHA76 would be asked to adopt the updated Appendix 3, to ask the Director-General to perform another update by WHA80 (2027) and to keep Appendix 3 open for updates (only revising interventions) on a continuous basis when data becomes available. We do however express caution that the updated Appendix 3 does not to use the term of NCD 'best buys' despite referring to its concept. We recommend retaining the term (and not only concept) of 'best buys' within updates to Appendix 3 as a well-recognised and easily understood signal to policy makers.
- Support a resolution linked to "Strengthening rehabilitation in health systems" (EB152/8).
- Mobilise efforts to commit to a resolution addressing those needs to strengthen diagnostics capacity (EB152/Pillar 1/Agenda Item 5).
- Support efforts related to "Well-being and health promotion" (EB152/20), "Social determinants of health" (EB152/22), and "United Nations Decade of Action on Nutrition" (EB152/24), acknowledging that a systems-based approach is needed to address NCDs and to address the wider determinants of health, including environmental and commercial determinants. Noting, however, that more work

needs to be done to address the actions of unhealthy commodity industries which are driving the increasing NCD mortality and morbidity globally.

- Within discussions linked to "Public health emergencies: preparedness and response" (EB152/12):
    - Recognise people living with NCDs as vulnerable populations.
    - Ensure the on continuation of essential services, across the continuum of care, for people living with NCDs in public health emergencies.
    - Include people living with NCDs when developing co-created and co-designed solutions for preparedness and response.
    - Use public health emergencies preparedness and response to build on efforts to achieve UHC.
- Throughout EB152 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, 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 detailed in this briefing when drafting EB152 statements. Throughout this briefing, recommendation are classified as:

We applaud	The NCD community welcomes and aligns with current text and associated action.
We recommend	The NCD community sees opportunity for the current text and associated action to be strengthened (including alterations and additions).
We express caution	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 further with NCD Alliance and other civil society organisations in the areas of action suggested in preparation for the United Nations high-level meeting on UHC in 2023 (EB152/5), ensuring action on the following 4 areas at global and country levels to attain the SDGs by 2030:

- Investment 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 development and global health priorities to achieve UHC.
- Engage people living with NCDs to keep UHC people-centered.

Logistics: EB152 will take place in person in Geneva, Switzerland from 30th January – 7th February 2023. 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 EB152 Journal.

This document was developed in consultation with Geneva NCD Advocates group, which included representation from Union for International Cancer Control (UICC), World Heart Federation (WHF), International Diabetes Federation (IDF), World Stroke Organization (WSO), World Cancer Research Fund International (WCRFI), FDI World Dental Federation, World Obesity Federation (WOF), City Cancer

Challenge (C/Can), European Federation of Neurological Associations (EFNA) and The Lancet Commission on Diagnostics.

Summary of EB152 NCD related agenda items covered in this briefing document
Pillar 1: One billion more people benefiting from universal health coverage
5. Universal health coverage • Reorienting health systems to primary health care as a resilient foundation for universal health coverage and preparations for a high-level meeting of the United Nations General Assembly on universal health coverage (EB152/5) • Tabled draft resolution on strengthening diagnostics capacity **6. Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health** • Draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases (EB152/6) **8. Strengthening rehabilitation in health systems (EB152/8)**
Pillar 2: One billion more people better protected from health emergencies
12. Public health emergencies: preparedness and response • Strengthening the global architecture for health emergency preparedness, response, and resilience (EB152/12)
Pillar 3: One billion more people enjoying better health and well-being
14. Well-being and health promotion (EB152/20) **16. Social determinants of health (EB152/22)** **18. United Nations Decade of Action on Nutrition (2016-2025) (EB152/24)**
Pillar 4: More effective and efficient WHO providing better support to countries
23.3 WHO reform • Involvement of non-State actors in WHO's governing bodies (EB152/38)

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

NCD community calls to action[1]

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

5. Universal health coverage

- Reorienting health systems to primary health care as a resilient foundation for universal health coverage and preparations for a high-level meeting of the United Nations General Assembly on universal health coverage (EB152/5)

This report by the Director-General comes in the context of the preparations for a series of high-level meetings of the United Nations General Assembly in 2023, set to review progress made to date and identify priority actions to achieve the 2030 Agenda for Sustainable Development. This report focuses on the high-level meeting on UHC scheduled for 20th September 2023, in which Member States will meet for a second time to discuss the topic following the 2019 United Nations high-level meeting. The report aims to inform Member States on the progress towards UHC and identifies priority areas for action from 2023 to achieve the targets set for 2030.

We applaud and warmly welcome the evaluation of progress towards UHC and the identification of priority areas for action, which will provide valuable support to Member States for preparations towards the United Nations high-level meeting on UHC in 2023 and to achieve the 2030 targets. We commend:

- The recognition that the global progress is not on track to achieve UHC by 2030, impacting the associated SDG 3 targets, including that on NCDs and its risk factors. Particularly by acknowledging that service coverage is not improving at an adequate pace nor equally for everyone, that out-of-pocket spending on health has been increasing, further accentuating health inequities, and that current indicators have limitations (for instance, not measuring the foregone healthcare for people who cannot access it). Further by recalling that progress towards the 2030 targets is pushed off track when the adoption of UHC as a goal is not reflected in concrete operational steps and public financing. Most of the commitments have been focused on the service coverage and population coverage dimensions of UHC, with under-prioritisation of the financial coverage dimension. Lastly, by appreciating that fragmented and service-specific programmes stand in the way of UHC.
- The identification of four priority areas for action - government national plans and financing, PHC, equity-oriented information systems, and multisectoral action.

We recommend Member States to further extend the areas of action in upcoming negotiations in preparation for the United Nations high-level meeting on UHC in 2023, and in the lead up to 2030. A summary of NCD Alliance's Advocacy Priorities on UHC are detailed below, for more information please refer to the upcoming Policy Brief "To the 2023 United Nations High-Level Meeting on Universal Health Coverage". NCD Alliance is also actively supporting the development of the UHC2030 Action Agenda,

[1] Agenda items are listed in the order of the provisional agenda of EB152

through facilitating The Coalition of Partnerships for UHC and Global Health engagement with the Action Agenda Task Force, as well as through the Civil Society Engagement Mechanism.

- Invest in the prevention and control of NCDs through adequate, predictable, and sustained resources for UHC:
    - Emphasise the role of government financing in reaching UHC, by specifying national targets to increase spending on PHC by one extra percent of gross-domestic product as part of national UHC plans, in line with WHO guidance, and allocating a share of spending to NCD prevention and care services. Highlight the need to integrate essential NCD prevention and care services into national development and financing strategies, including those that inform official development assistance.
    - Recognise that the phase out subsidies for, and implement taxation of, unhealthy commodities such as fossil fuels, unhealthy foods, tobacco, and alcohol, are effective means to reduce exposure to NCD risk factors, noting that price and tax measures represent a potential revenue stream for the integration of NCD prevention and care within UHC health benefit packages.
- Accelerate UHC implementation by including quality NCD prevention and care services in country UHC health benefit packages:
    - Emphasise the need to include policies that address NCDs and its risk factors across the continuum of care and life course in UHC health benefits packages, by drawing on the guidance contained in the Appendix 3 of the WHO Global NCD Action Plan, namely: (1) cost-effective prevention interventions such as taxation and other fiscal, labeling and marketing policies on unhealthy products, and health promotion services within health systems; and (2) access to and quality of medical products, including NCD medicines and diagnostics, in national essential medicines and diagnostics lists and in national drug procurement systems.
    - Specify the need for reporting on both UHC indicators (3.8.1 coverage of essential health services, and 3.8.2. out-of-pocket spending) to be disaggregated by age, disease, gender, geographical region, and socioeconomic groupings to identify and address barriers to health equity.
- Align development and global health priorities to achieve UHC:
    - Stress the need to integrate NCD prevention and care services into PHC and existing health service structures, including in humanitarian crises, to achieve the aims of both UHC and health security.
    - Align a people-centered approach to UHC with breaking siloed approaches to funding and implementation.
- Engage people living with NCDs to keep UHC people-centered:
    - Recognise the need to invest in civil society as a way to support the involvement of civil society organisations, including of people living with NCDs, in UHC governance and planning processes, in line with the Global Charter on Meaningful Involvement of People Living with NCDs.
    - Redress conflicts of interests, power imbalances, and interference from health-harming industries in UHC processes.

- Tabled draft resolution on strengthening diagnostics capacity (under negotiation)

Diagnostics, along with vaccines and medicines, are cornerstones of health care and a key component of the continuum of care for people living with NCDs. However, the SDG 3 on Health mentions medicines 4 times, vaccines 3 times, diagnostics 0 times. Diagnostics are critical for promoting health for conditions including (but not limited to) NCDs as well as communicable diseases, rare diseases, and injuries. COVID-19 has underscored the importance of diagnostics in pandemic response. The *Lancet* Commission on Diagnostics Report[2] provides baseline data on gaps in access, and the health and economic consequences of these gaps. A key finding is that 47% of the global population (3.8 billion), and 81% in low and lower-middle income countries, have little to no access to core diagnostic tools, including both laboratory diagnostics and diagnostic imaging.

We applaud and warmly welcome the initiative of the Kingdom of Eswatini to table a resolution to strengthen diagnostics capacity for consideration at EB152. A WHA resolution on this topic would provide for the first time a unique framework for WHO and Member States to address and overcome access and capacity of diagnostics challenges for a broad range of disease conditions. It will ultimately improve live of millions of individuals.

We recommend:[3]

- Member States mobilise efforts and commitment towards an ambitious resolution addressing those needs to strengthen diagnostics capacity and to recommend the adoption at the WHA76.
- Member States establish a strategy to increase diagnostics capacity and ensure access to diagnostics as part of their National Health Plans which could include:
    - A national list of priority diagnostics, including both laboratory and imaging diagnostics, drawing on WHO and other evidence-based guideline documents.
    - Ensuring priority diagnostics are available within PHC and UHC health benefit packages.
    - Investment in developing an appropriate workforce at all levels of the health system, with the skills and upgrading needed to support advances in diagnostics.
    - Regulatory frameworks to ensure validation and quality of diagnostic tools appropriate for the national context.
    - Investment in research and expanding manufacturing capacity for diagnostics.
    - Nurturing, under WHO coordination, an ecosystem of manufacturing research and development which encourages strong collaboration between government, research institutions, civil society, philanthropic foundations, international organisations, and private entities, acknowledging the importance of public-private partnership, technology transfer, and knowledge sharing.

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[2] Fleming KA, Horton S, Wilson ML, et al. "The *Lancet* Commission on diagnostics: transforming access to diagnostics." Lancet 2021; 398: 1997–2050

[3] For further information please contact the Lancet Commission on diagnostics: dxcommission@icloud.com

- WHO supports Member States by:
  - Developing key tools and collecting data on affordability and availability of priority diagnostics.
  - Generating data (through a comprehensive health technology assessment of medical devices) to support decision making by MS in developing and implementing a National Diagnostics List.
  - Introducing a WHO focal point responsible for diagnostics.

6. Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health

- Draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases (EB152/6)

This report by the Director-General includes the annual update on progress achieved in the prevention and control of NCDs, and the draft updated menu of policy options and cost-effective interventions for the prevention and control of NCDs. The progress overview continues to warn that countries are off track to achieve NCD targets by 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. The annual progress report highlights concerning trends, such as that the proportion of NCD mortality in relation to all deaths continues to grow, that diabetes mortality increased between 2000 and 2019, that rates of childhood and adult obesity do not cease to increase, and that most of the world's population is exposed to unhealthy levels of air pollution.

The draft updated menu of policy options and cost-effective interventions for the prevention and control of NCDs (that is, the Appendix 3 of the Global NCD Action Plan or, as also known before, the NCD 'best buys' and other recommended interventions) submitted for EB152 consideration presents some substantial changes. The main changes between the 2022 discussion papers and the version submitted for EB152 consideration have been summarised by WHO within "2022 Updated appendix 3 of the WHO Global NCD Action Plan 2013-2030: Version control". These include substantial changes which are in line with NCD Alliance's joint submission in response to the second consultation on the Appendix 3 update which took place in August 2022. It is important to highlight that the revised draft reiterates that interventions without a generalised cost-effectiveness analysis (GCEA) do not mean that they are not cost-effective, but that it was not possible to perform the GCEA.

The EB152 is asked to adopt a decision for WHA76's consideration to adopt the updated Appendix 3 as presented and to ask the Director-General to perform another update by WHA80 (2027) and to keep Appendix 3 open for updates (only revising interventions) on a continuous basis when data becomes available.

We applaud and warmly welcome the updated Appendix 3 of the Global NCD Action Plan, which has many strengths, including the expansion of the GCEA to additional interventions, parameters, and data, reinforcing the investment case of WHO policy recommendation on both NCD prevention and care. In particular, we commend:

- Many of the most cost-effective interventions to promote healthy diets have been formulated to address other unhealthy nutrients beyond salt (sugars, trans-fats, saturated fats); and targeted nutrients have been specified within the interventions and there is now also a call for countries to develop and implement national nutrient-and food-based dietary guidelines, as well as nutrient profile models.
- The updates on tobacco interventions, mainly 1) intervention on labelling, now specifies health warnings should be accompanied by plain/standardised packaging in line with the FCTC Art. 11; 2) mass media campaigns should encourage behavioral change in addition to raising awareness about harms; and 3) pharmacological interventions for tobacco cessation that have been analysed for Appendix 3 and that are recommended are now specified (nicotine replacement therapy, bupropion, varenicline) – which helps mitigate against tobacco industry efforts to blur lines on the continuum of novel products.
- The recommended intervention on alcohol labelling now specifies the need for labels to disclose product content and include health warnings.
- The inclusion of recommended interventions to vaccinate against seasonal influenza and COVID-19 across people living with the four major NCDs covered by Appendix 3.

We recommend:

- The WHO establishes a clear and regular update mechanism of Appendix 3 and provides information on how new evidence that might be relevant to update interventions could be submitted by Member States and civil society for consideration.
- Future update processes are protected from the undue influence of health-harming industries, including organisations and entities involved in tobacco, alcohol, ultra-processed foods and beverages, breastmilk substitutes, and fossil fuels. This includes ensuring that the studies used for the GCEA do not have any conflicts of interest and that health-harming industries are not part of the consultation process.
- More information is provided on the methodology of this update, including on how cost-effectiveness was measured for interventions that include several components, how reference studies used for the GCEA are selected over others, and clarification on the methodological limitations.
- Guidance on prioritisation and the benefits of combining interventions is provided within Appendix 3. For instance, some interventions may have synergies in terms of costs and outcomes could be combined, e.g., interventions that involve taxation on tobacco, alcohol, and sugar-sweetened beverages (SSBs).
- More consistent wording and presence of non-financial considerations across risk factor sections. For instance, the same considerations for taxation of different unhealthy commodities could be applied across sections, and regularly adjusting taxation of these to inflation rates should be seen as a consideration to be noted across relevant risk factor sections.
- Recognition that the real impact of Appendix 3 interventions is higher than currently outlined, reinforcing their investment case. For instance, the health impact of many interventions is calculated

based on the relative risk they have for a series of specific NCDs, but the impact of these interventions is not limited to the NCDs analysed.
- Clarification on how the policy options on mental health, oral health and air pollution will be integrated in the Global NCD Action Plan's Appendix 3.

⚠ **We express concern** that:

- The updated Appendix 3 does not to use the term of NCD 'best buys' despite referring to its concept. In the version submitted for EB152 consideration, interventions that have a cost-effectiveness ratio of ≤ I$ 100 per healthy-life year (HLY) gained in LMICs have now been highlighted in bold font. While appreciating that the definition of a good value-for-money intervention may differ from country to country depending on their national circumstances and budget threshold, we recommend retaining the term (and not only concept) of 'best buys' as a well-recognised and easily understood signal to policy makers.
- Within the annual update on NCD progress, despite the addition of mental health and neurological disorders as the fifth NCD in the 2018 NCD Political Declaration where a call was made for "integrating them into national responses for non-communicable diseases", neurological conditions continue to be systematically excluded from the WHO policies addressing NCDs, including the Draft updated menu of policy options and cost-effective interventions. We urge WHO to apply a phased approach in order to gradually integrate neurological conditions in its NCD-related policies. This should include incorporation of recommendations on those conditions in the 2024 progress report of the UN SG to the UNGA on the prevention and control of NCDs as per the WHA75 annex 11 recommendations.

8. Strengthening rehabilitation in health systems (EB152/8)

This report by the Director-General outlines WHO's current work on rehabilitation, an integral part of UHC, as laid out in the WHO global disability action plan 2014-2021 at global and national levels and including the Rehabilitation 2030 initiative and the World Rehabilitation Alliance. It lays out the global need for rehabilitation services, with 2.4 billion individuals in 2019 living with conditions that would have benefited from rehabilitation, representing a 63% increase between 1990 and 2019.

Rising prevalence of NCDs in countries across income-categories is a driver for increasing need of rehabilitation services. For example, on average one person living with diabetes loses a lower limb to amputation every 30 seconds[4] and 1 in 4 people will have a stroke in their lifetime. People living with NCDs need access to the full continuum of care – health promotion, prevention, diagnosis, treatment, care, rehabilitation, and palliative care. The need for rehabilitation however is often downplayed. Over

[4] NCD Alliance, International Diabetes Federation, World Heart Federation. "Pressure Points. Calls for simultaneous action on diabetes and hypertension for more resilient health systems." Policy Brief, 2021. Online access: https://ncdalliance.org/sites/default/files/resource_files/Pressure%20Points_Diabetes%20Brief_FINAL.pdf

60% of essential rehabilitation services for people living with NCDs were completely or partially disrupted during the early stages of COVID-19 pandemic – more so than any other service.[5]

We applaud and warmly welcome WHO and Member State initiatives to ensure availability of rehabilitation services as part of health services and UHC. In particular those which promote access to rehabilitation services for all populations in need, as part of a continuum of care, supported by strong referral systems, and firmly embedded within national UHC budgets and plans.

We recommend action undertaken by WHO and Member States on rehabilitation includes consideration of the following points to strengthen its role within health systems, primary health care and UHC and as part of emergency preparedness:

- Identify, create, and formalise opportunities for meaningful involvement of civil society organisations, including people living with NCDs in the development and planning of rehabilitation policies.
- Ensure the provision of rehabilitation services within country UHC health benefit packages and PHC, noting WHO's 2019 technical document on this topic "Access to rehabilitation in primary health care, an ongoing challenge".[6] This should include consideration of how to create scalable rehabilitation education for health care professionals, people living with conditions requiring rehabilitation services and their carers, from basic to advanced level, with a strong focus on implementation tips and tools. Development of rehabilitation guidelines and access to frameworks to adapt guidelines to specific contexts should also be ensured and circulated to policy makers and health care professionals through well curated, web-based, central repositories.
- Ensure alignment of any upcoming rehabilitation targets and knowledge products with other relevant global health opportunities, for example the upcoming UN High Level Meeting on NCDs and the 3rd Global Disabilities Summit in 2025 and action on Resolution WHA75.19 on well-being and health promotion.

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

12. Public health emergencies: preparedness and response

- Strengthening the global architecture for health emergency preparedness, response, and resilience (EB152/12)

This report by the Director-General outlines a draft framework of 10 proposals to strengthen the global architecture for health emergency preparedness, response, and resilience (HEPR). These proposals have the principles of equity, inclusivity and coherence at their centre and would be supported by a new WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response currently being developed by Member States through the Intergovernmental Negotiating Body (INB). The proposals can be grouped under governance, systems, and financing considerations.

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[5] WHO. "COVID-19 and NCDs: Disruption of services for the prevention and treatment of NCDs" Rapid Assessment Survey Results, 2020. Online access: https://cdn.who.int/media/docs/default-source/ncds/ncd-covid-19/for-web---rapid-assessment---29-may-2020-(cleared)_125bf384-9333-40c9-aab2-c0ecafb76ab2.pdf?sfvrsn=6296324c_20&download=true)

[6] WHO. "Access to rehabilitation in primary health care an ongoing challenge." Technical document, 2019. Online access: https://www.who.int/publications/i/item/WHO-HIS-SDS-2018.40

We warmly welcome work to strengthen the global architecture for HEPR through principles of equity and inclusivity, particularly through the ongoing discussions of the INB. We appreciate the conceptual zero draft by the INB Bureau's recognition that pandemics have the potential to exacerbate inequities in access to services and the reference to the impact of pandemics on "persons with health conditions". The COVID-19 pandemic has shown how the prevalence of underlying conditions like NCDs increases the vulnerability of populations to health emergencies, while at the same time emerging data suggests that people living with NCDs are also experiencing worse health outcomes because of service disruptions, delays, and cancellations.

We welcome the text within EB152/12) which emphasises "community protection" and the importance of "co-created and co-designed" solutions with affected communities (Proposal 3). We also welcome recognition of the need for a "whole-of-society approach", addressing social, environmental, and economic determinants of health is vital in preventing disease and promoting health for communicable and NCDs, and in the progressive realisation of UHC. The COVID-19 pandemic has demonstrated the need for greater political commitment, resources and focus on health as it underpins the social and economic wellbeing of all communities and countries.

We recommend:

- In all conversations related to public health emergencies preparedness and response:
  - People living with NCDs are recognise as vulnerable populations.
  - There is recognition of the need to ensure the on continuation of essential services, across the continuum of care, for people living with NCDs throughout public health emergencies.
  - People living with NCDs should be consulted when developing co-created and co-designed solutions for preparedness and response.
  - All efforts related to public health emergencies preparedness and response should be used to build on efforts to achieve UHC.
- Any Global Health Emergency Council (Proposal 1) should look to address health emergencies, as well as their broader context and social and economic impact, with consideration of the ultimate goal of UHC, not create new siloes and hurdles to systematic health system strengthening.
- Scale up of Universal Health and Preparedness Reviews (Proposal 3) should work towards disaggregation of data by age as well as gender to better understand the impacts of vulnerability on health outcomes in a pandemic. We also urge Member States to integrate data on the burden of underlying disease within these Universal Health and Preparedness Reviews, with particular focus on the burden of NCDs as a factor which can impact on the resilience of a population's health and make populations more susceptible to infection, prolonged ill health, and mortality.
- When considering expanding partnerships and strengthening networks for a whole-of-society approach (Proposal 6), enhancing coordination between finance and health decision makers (Proposal 7), strengthening, and fully financing the Pandemic Fund (Proposal 8) and expanding funds available for rapidly scalable and sustainable emergency responses (Proposal 9), given potential for fragmentation of support, we urge Member States to:
  - Consider how different financial mechanisms can be used to support the goal of UHC, not create new siloes and hurdles to health investment.
  - Provide greater consideration to how to continue essential health services, particularly for NCDs for which treatment and care is often time sensitive. This is vital to ensure equity is achieved as emerging data suggests that limited access to NCD treatment and care has

worsened health inequities within and between countries. Ensuring the availability of quality routine health services, including immunisation, particularly within PHC but also secondary and tertiary facilities is vital to meet population health needs and avert increases in preventable mortality due to service delays during a pandemic. We also recommend this takes into consideration building and funding more equitable and reliable supply chains, laboratory capacities and logistics networks, particularly in low- and middle-income countries, which presents a valuable opportunity to tackle longstanding supply chain barriers and health system bottlenecks for essential diagnostics, medicines, and technologies for NCDs. Accessible, equitable supply chains should be recognised as a public good.

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

14. Well-being and health promotion (EB152/20)

This report by the Director-General provides an update on the development of the WHO well-being framework that was requested in 2022 by resolution WHA75.19. It aims to contribute to WHO's GPW13 on ensuring one billion more people enjoy better health and well-being. A current draft of the WHO well-being framework is provided separately here. The main goal of the framework is to create sustainable "well-being societies" through transformative change, by promoting societal well-being as essential to achieve individual (both physical and mental) well-being. Health promotion is presented as an essential public health function to achieve well-being as it aims to both address the determinants of health and empower people to take control over their health, while the prevention and medical health paradigms are risk factor- or disease-specific. These three paradigms should complement each other.

The framework currently presents six strategic directions in line with priorities identified by the 2021 Geneva Charter for Well-being: 1) Nurture planet Earth and its ecosystems; 2) Design and support implementation for equitable economies that serve human development; 3) Design social protection and welfare systems based on equity, inclusion and solidarity; 4) Promote UHC through PHC, health promotion and preventive services; 5) Promote equitable digital systems that serve as public utilities, contribute to social cohesion and are free of commercial interest; 6) Measuring and monitoring well-being. Under each strategic direction, the framework provides different policy orientations and examples of interventions. EB152 is requested to note the report and provide guidance on the further development of the draft framework.

We applaud and warmly welcome the focus of this framework on achieving both human well-being and planetary health, acknowledging the environment determinants that have a direct impact on health (air pollution) or indirect impact (food systems), and the co-benefits of certain public health policies for the environment. We commend:

- The call for a well-being economy, where the economic value of planetary health, equity and health is recognised, disincentivising the production and consumption of harmful products, including fossil fuels.
- The need for a just energy transition, and the need for climate change action, protecting and supporting communities and groups that are most at risk (such as Small Island Developing States).

- The reference to the Compendium of WHO and other UN guidance on health and environment, which includes interventions to reduce air pollution, a major NCD risk factor.
- The recognition that addressing all the main NCD risk factors is a foundation of well-being, and that health promotion is an essential public health function, that should be part of PHC and UHC, calling for UHC health benefit packages to integrating NCD services.
- The focus on monitoring well-being and the call for finding measures beyond GDP. While SDG3 is also about health and well-being, there are currently no targets nor indicators directly measuring well-being.
- The recognition that we need to measure and leverage the co-benefits of health promotion efforts for other sectors, to promote multisectoral actions required to achieve well-being.

We recommend:

- To include in the policy orientations of a well-being economy that investments should be made in sectors and industries aligned with public health goals to ensure policy coherence, safeguarding public procurement and partnerships against conflict of interest. Although this might already be implied in the framework, it requires specific reference.
- To provide guidance on how to measure the impact of NCD and other health programmes on social and individual well-being as part of this framework.
- To provide further guidance on well-being policies, not only by giving examples of interventions, which remain broad in the current version of the framework, but also provide real-world case studies.
- To clarify how the well-being framework and operational framework on social determinants will complement each other, rather than duplicate efforts.

⚠ **We express concern** that, although the role of meaningful participation is recognised by the framework, it does not provide relevant examples. The framework should recognise the importance of involving people living with NCDs in the planning and development of well-being policies, in line with the Global Charter on Meaningful Involvement of People Living with NCDs, as health promotion is relevant throughout the continuum of care of a person living with NCDs, as they have the right to highest attainable level of health, and they can bring the lived experience expertise that no one else can.

16. Social determinants of health (EB152/22)

The report by the Director-General provides an update and overview of the draft WHO World Report on the Social Determinants of Health Equity (SDoHE) and the draft WHO operational framework for measuring, assessing, and addressing the social determinants of health and health inequities. The report is to be noted by EB152 and says that both documents will be submitted for consideration by the World Health Assembly at its 76th session.

The SDoHE World Report is suggested to include 3 chapters. The first chapter covers the progress recorded in health inequities since the report of the Commission on Social Determinants of Health (2008) and the current status of social determinants. It notes that there has been insufficient action on the Commission's

recommendations and highlights major gaps in efforts to address the key social determinants such as economic inequality, racism and gender inequality, and the actions of health-harming industries.

The second chapter highlights key policies and interventions on the social determinants of health that can reverse the tide on health inequalities. It notes that three types of actions are required:

- Actions to address key obstacles: economic inequality; structural discrimination (racism, gender inequality); war; and the actions of unhealthy commodity industries.
- Actions that direct transitions (climate change, urbanisation, digitalisation, and nutrition, demographic, and epidemiological shifts) towards positive health outcomes, as they otherwise exacerbate health inequalities.
- Actions by the health sector to improve health equity (such as strengthening PHC as a cornerstone of UHC, contributing to health security, the production and distribution of health technologies and commodities, information systems with disaggregated data).

The third chapter presents an action agenda, and accountability tools for different stakeholders.

The draft operational framework for monitoring highlights key indicators and data sets to monitor social determinants; the key challenges with monitoring such data and using them for action; and ways to overcome these challenges. WHO Secretariat invites all Member States to submit all comments on the draft framework by 28 February 2023.

The Director-General’s report also notes the following actions to support countries to address the social determinants of health equity:

- With support from the Government of Switzerland, WHO has launched the Special Initiative for Action on Social Determinants of Health for Advancing Health Equity. The goal of the initiative is to improve the social determinants of health for at least 20 million disadvantaged people in at least 12 countries by 2028. Work is ongoing to support nine countries, and a larger set of countries have benefitted from advocacy efforts.
- WHO has developed a guidance note “Sustainable multisectoral collaboration for addressing the social determinants of health, equity and well-being” to support the implementation of multisectoral collaboration on addressing the social determinants of health and health equity in countries.
- With support from the government of Canada, WHO will launch a new global network to support action on the social determinants of health equity, convening Member States, subnational authorities, and civil society actors.

👏 **We applaud and warmly welcome the** update on the WHO World Report on SDoHE, the implementation-oriented operational framework for monitoring progress and other WHO-led initiatives on SDoHE. In particular, we commend:

- The launch of the Special Initiative for Action on Social Determinants of Health for Advancing Health Equity and the proposed launch of a new global network to support action on the SDoHE.
- The call for a more systematic approach to all health-harming industries (beyond the tobacco industry), and to ensure that engagement with private sector is safeguarded against conflicts of interest.

- The recognition of the need to adopt a systems-based approach to address NCDs, obesity and risk factors, across sectors, and to address the wider determinants of health, including environmental (such as air quality and climate change) and commercial (action of health-harming industries) determinants.
- WHO's efforts to include input form civil society including people with lived experience, as in NCDA's consultation of the WHO World Report on SDoHE.

We recommend:

- That the proposed new global network to support action on SDoHE should leverage the expertise and experience of those most affected by the social determinants of health, such as people living with NCDs, and engage the health workforce, including physicians, oral health professionals, nurses, and other health workers.
- Accelerate UHC implementation by including quality prevention services, alongside care services in country UHC health benefit packages.
- To provide specific guidance on the role that the health community can have in addressing wider determinants and informing social or other programmes / services. This includes understanding how to measure the impact on equity of NCD and other health programmes as part of the operational framework.
- To protect the development process of the World Report and operational framework from undue influence.

We express concern that:

- The world has not acted sufficiently to address the key social determinants of health, especially the actions of the unhealthy commodity industries. This inaction is driving 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 health conditions). The billions of people affected by these diseases are forced to live with pain, impairment, poverty, or an increased risk of death.
- The draft WHO operational framework is under consultation with Member States only, and that civil society has not been included in these consultations, despite the expertise and experience in contributing to efforts to achieve health equity.

18. United Nations Decade of Action on Nutrition (2016-2025) (EB152/24)

The report by the Director-General shares concerning trends that obesity rates continue to rise, and the double burden of undernutrition and diet related NCDs often co-exist. WHO has been advocating for a "food system for health" approach, advocating for this in different platforms, including the 2021 UN Food Systems Summit (UNFSS). The report recognises that climate change adaptation and mitigation can have a positive impact for food systems and healthy diets in nationally determined contributions (NDCs), and this should be better leveraged. It also refers to WHO's work on obesity in 2022 (recommendation and acceleration plan adopted by WHA75) and acknowledges the need to seek coherence between nutrition and trade policies, referring to the WTO Trade Dialogues on Food, which aimed to explore the nutrition

and international trade nexus. EB152 is invited to note the report and discuss the proposed contributions by different actors in the Director-General's report.

We applaud and warmly welcome the call for Member States to incorporate nutrition actions for climate change adaptation and mitigation into NDCs, and the need to leverage this around UNFCCC COP28; and the commitment from WHO to support Member States in conducting analysis of the impacts of trade on national nutrition situations.

We recommend:

- To ensure the proposed dialogues towards the end of the UN Decade together with FAO are safeguarded against conflicts of interest and undue influence of the food and beverage industry.
- To ensure that the networks that emerged from the UNFSS, such as the Coalition of Action on Healthy Diets from Sustainable Food Systems for Children and All and the School Meals Coalitions, are safeguarded against conflict of interest and undue influence of the food and beverage industry.
- To promote the implementation of a set of fiscal policies to promote healthy diets, including the taxation of SSBs, but also other unhealthy foods and beverages, and subsidies that promote the purchase and consumption of healthy foods. As noted by the Director-General's report, 3.1 billion people cannot afford a healthy diet.
- To further promote breastfeeding in line with the International Code of Marketing of Breast-milk Substitutes, as a powerful and cost-effective double-duty policy action: it protects women against breast cancer and children against undernutrition, overweight and obesity, and therefore against developing other NCDs like cancer in the future. Moreover, breastfeeding is cost-effective (as recently assessed in the update of Appendix 3) and a sustainable aliment, superior in terms of health standards to any breastmilk substitute.

We express concern on the limited level of implementation of regulatory approaches (at population level) to promote healthy diets, compared to interventions such as counselling and mass media campaigns; and that there is only a road map for the implementation of WHO's draft approach to preventing and managing conflicts of interest in country-level nutrition programmes in the region of the Americas, and we encourage all WHO regions to consider the implementation in other regions, and would appreciate more information on its implementation in countries.

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

23.3 WHO reform

- **Involvement of non-State actors in WHO's governing bodies (EB152/38)**

Paragraph 50 of the Framework of Engagement with non-State Actors (NSAs) states that the participation of NSAs in WHO governing bodies is regulated through official relations, which "is a privilege that the Executive Board may grant to nongovernmental organisations, international business associations and philanthropic foundations that have had and continue to have a sustained and systematic engagement in

the interest of the Organization". At the invitation of the Chair, NSAs in official relations voice their contributions for consideration by Member States through their involvement, without the right to vote, in sessions of WHO's governing bodies. In recent years both constituency statements and informal pre-meetings have been trialed in WHO governing body meetings.

We welcome and support the proposed opportunity for NSAs to deliver constituency statements and conduct informal pre-meetings ahead of World Health Assembly. These statements and meetings provide civil society an opportunity to share their diverse expertise across all agenda items with decision-makers.

We recommend:

- The need for organisational processes and documents related to civil society constituency statements to be delivered well in-advance and in a timely manner to ensure civil society can meaningfully engage with the opportunity and ensure efficiency and effectiveness.
- Pre-recorded video be considered as a format by which NSAs can deliver statements during WHO governance processes. Such an option would enable NSAs unable to attend governance processes in person, due to logistical and financial limitations, are still able to participate in discussions, thereby supporting the equitable engagement of a diverse set of NSAs.
- Increased Member State engagement in WHO organised informal pre-meetings ahead of World Health Assemblies.
- That informal meetings should supplement and not replace civil society interactions with Member States and WHO in official proceedings.

We express concern:

- That engagement in, and facilitation of, informal pre-meetings in addition to governing body meetings places a substantial financial and human resource commitment on NSAs, who have limited resources.
- The process to renew official relations status with WHO has become increasingly difficult to navigate, in particular due to a lack of clarity over the scope of joint activities that WHO wishes to collaborate with NSAs on.

To engage further with NCD Alliance or for more information on our advocacy asks please contact info@ncdalliance.org[7]

[7] Icons in this document sourced from https://www.flaticon.com