



Information session for Permanent Missions in preparation for EB150:

Agenda item 7 (Political Declaration of the third High-level Meeting of the UN General Assembly on NCDs)



Thursday, 21 October 2021

14:30 to 17:00

(A recording will be made available for all Permanent Missions)

Scope of today's information session



World Health
Organization

EXECUTIVE BOARD
150th session
Geneva, 24–29 January 2022

EB150/1 (draft)
30 June 2021

Draft provisional agenda

https://apps.who.int/gb/e/e_eb150.html

- 7 Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases
 - a Draft **implementation road map 2023–2030** for the global action plan for the prevention and control of noncommunicable diseases 2013–2030
 - b Draft recommendations to strengthen and monitor **diabetes** responses within national noncommunicable disease programmes, including potential targets
 - c Draft global strategy on **oral health**
 - d Draft recommendations on how to strengthen the design and implementation of policies, including those for resilient health systems and health services and infrastructure, to treat people living with noncommunicable diseases and to prevent and control their risk factors in **humanitarian emergencies**
 - e Progress in the implementation of the global strategy to accelerate the elimination of **cervical cancer** as a public health problem and its associated goals and targets for the period 2020–2030
 - f Progress achieved in the **prevention and control of noncommunicable diseases and the promotion of mental health**
 - g Draft intersectoral global action plan on epilepsy and other **neurological disorders** in support of universal health coverage
 - h Draft action plan (2022–2030) to effectively implement the global strategy to reduce the **harmful use of alcohol** as a public health priority
 - i Draft recommendations for the prevention and management of **obesity** over the life course, including potential targets
 - j Draft workplan for the **global coordination mechanism** on the prevention and control of noncommunicable diseases

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The report of the WHO Director-General to EB150 for agenda item 7 (NCDs) will include an Annex for each subitem

- 7 Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases
 - 1 Draft **implementation road map 2023–2030** for the global action plan for the prevention and control of noncommunicable diseases 2013–2030
 - 2 Draft recommendations to strengthen and monitor **diabetes** responses within national noncommunicable disease programmes, including potential targets
 - 3 Draft global strategy on **oral health**
 - 4 Draft recommendations on how to strengthen the design and implementation of policies, including those for resilient health systems and health services and infrastructure, to treat people living with noncommunicable diseases and to prevent and control their risk factors in **humanitarian emergencies**
 - 5 Progress in the implementation of the global strategy to accelerate the elimination of **cervical cancer** as a public health problem and its associated goals and targets for the period 2020–2030
 - 6 Progress achieved in the **prevention and control of noncommunicable diseases and mental health**
 - 7 Draft intersectoral global action plan on epilepsy and other **neurological disorders** in support of universal health coverage
 - 8 Draft action plan (2022–2030) to effectively implement the global strategy to reduce the **harmful use of alcohol** as a public health priority
 - 9 Draft recommendations for the prevention and management of **obesity** over the life course, including potential targets
 - 10 Draft workplan for the **global coordination mechanism** on the prevention and control of noncommunicable diseases

Structure of report

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Mandates and intersessional processes to complete the ten assignments:

<https://www.who.int/teams/noncommunicable-diseases/governance>

Governance of WHO's leadership and coordination role in promoting and monitoring global action against noncommunicable diseases

INTERSESSIONAL WORK IN PREPARATION FOR THE 150TH SESSION OF THE EXECUTIVE BOARD

The WHO Governing Bodies requested the Director-General to submit information about the following 10 assignments on the prevention and control of noncommunicable diseases and the promotion of mental health to the 150th session of the Executive Board (see also agenda item 7 of the [draft provisional agenda for EB150](#)):

- a. Decision WHA74(10) - Develop an implementation roadmap 2023–2030 for the global action plan for the prevention and control of NCDs 2013–2030
- b. Resolution WHA74.4 - Develop recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes, including considering the potential development of targets in this regard
- c. Resolution WHA74.5 - Develop a draft global strategy on oral health
- d. Annex 9 of document EB148/7 in accordance with resolution A/RES/73/2 - Develop recommendations on how to strengthen the design and implementation of policies, including those for resilient health systems and health services and infrastructure to treat people living with NCDs and to prevent and control their risk factors in humanitarian emergencies
- e. Resolution WHA73.2 – Develop a progress report on the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020–2030
- f. Decision WHA72(11) – Develop a report on progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health
- g. Resolution WHA73.10 - Develop an intersectoral global action plan on epilepsy and other neurological disorders in support of universal health coverage
- h. Decision EB146(14) - Develop an action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority
- i. Resolution WHA74.4 - Develop recommendations for the prevention and management of obesity over the life course, including considering the potential development of targets in this regard
- j. Decision WHA74(11) - Develop a workplan for the WHO global coordination mechanism on the prevention and control of noncommunicable disease.

Agenda



- **Opening remarks:**
Dr Ren Minghui, Assistant Director-General, UHC/Communicable and Noncommunicable Diseases, WHO
Dr Naoko Yamamoto, Assistant Director-General, UHC/Healthier Populations
- **Update on Annex 5**
Dr Nono Simelela, Assistant Director-General, Special Advisor to the DG, Strategic Priorities
- **Update on Annexes 1, 2, 3 4 and 6**
Dr Bente Mikkelsen, Director, Department for NCDs, WHO
- **Update on Annex 6**
Dr Rüdiger Krech, Director, Health Promotion Department, WHO
- **Update on Annexes 6 to 8:**
Dr Dèvora Kestel, Director, Department for Mental Health and Substance Use, WHO
- **Update on Annex 9:**
Dr Francesco Branca, Director, Department for Nutrition and Food Safety, WHO
- **Update on Annex 10:**
Dr Svetlana Akselrod, Director, Global NCD Platform, WHO
- **Clarifications, questions and answers**
- **Concluding remarks**

Agenda



Opening remarks:

- Dr Ren Minghui, Assistant Director-General, UHC/Communicable and Noncommunicable Diseases, WHO
- Dr Naoko Yamamoto, Assistant Director-General, UHC/Healthier Populations, WHO



Update on Annexes 5

- Dr Nono Simelela, Assistant Director-General, Special Advisor to the DG, Strategic Priorities

5 Progress in the implementation of the global strategy to accelerate the elimination of **cervical cancer** as a public health problem and its associated goals and targets for the period 2020–2030

Annex 5: Structure

Context

WHO guidance and tools

- HPV vaccination
- Screening and treating precancerous lesions
- Women living with HIV
- Invasive cancer treatment and palliative care
- Post-market surveillance of medical devices
- Costing national cervical cancer programme
- Surveillance, monitoring and evaluation
- Research and innovation
- Knowledge repository

Support to Member States with priority for high-burden countries

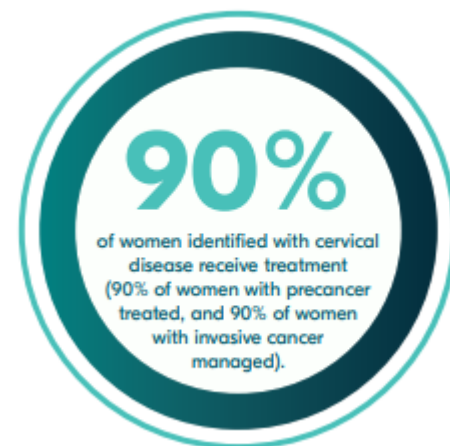
Collaboration with partners

The way forward

The Architecture to Eliminate Cervical Cancer

THRESHOLD: All countries to reach < 4 cases 100,000 women

2030 CONTROL TARGETS



SDG 2030: Target 3.4 – 33.3 % reduction in mortality from NCDs

Annex 5: Progress in the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020–2030

CCEI 2020-2021



Nov 2020
Launch

August 2020



WHA73.2
3 August 2020

Dec 2020



Women living with HIV are **6x** more likely to develop cervical cancer than women without HIV

COUNTRY SUPPORT



July 21

AFRO and SEARO RC on
CCEI



Aug/Sep 21

DG expert group



First anniversary
Nov 17 2021

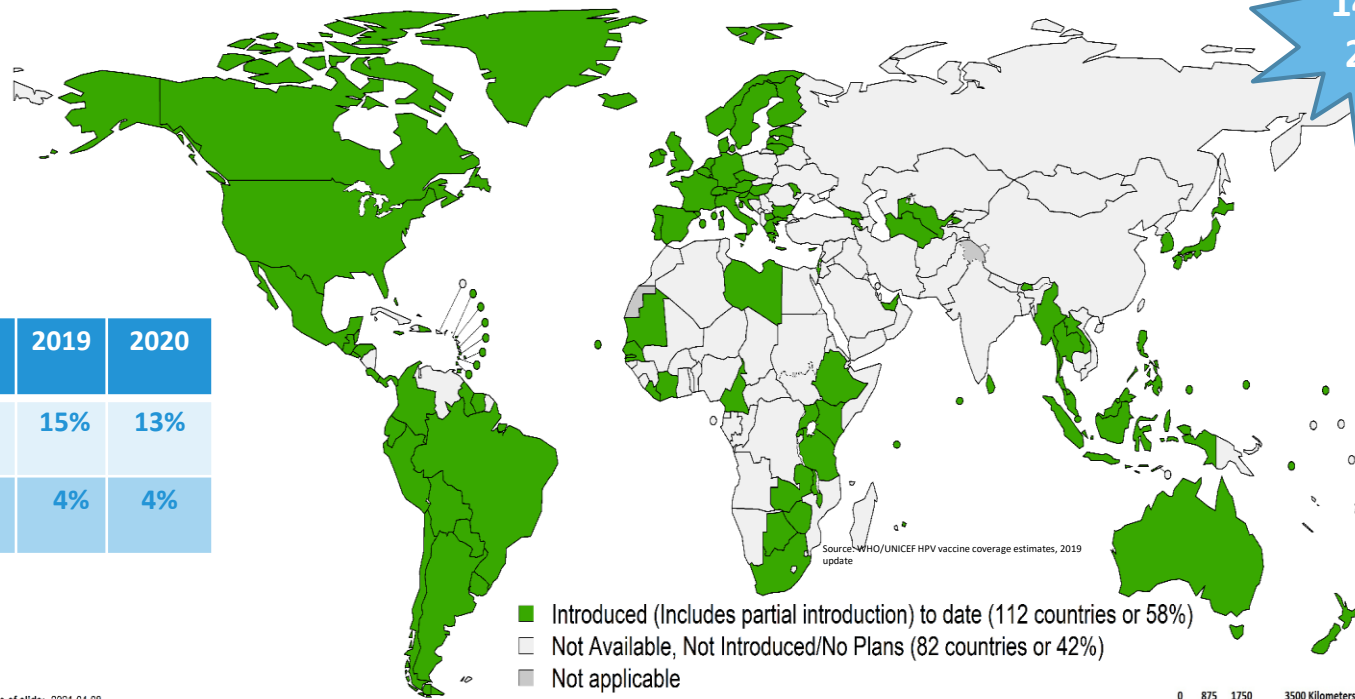
Annex 5: Progress in the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020–2030

Countries with HPV vaccine in the national immunization programme

Acceptability, in principle, of Cecolin®, Recombinant Human Papillomavirus Bivalent (Types 16, 18) Vaccine produced by Xiamen Innovax Biotech Co., Ltd., for purchase by United Nations (UN) agencies

14 Oct 2021

Global HPVc coverage	2019	2020
Girls <15 yr	15%	13%
Boys <15 yr	4%	4%



Date of slide: 2021-04-08
 Map production: Immunization, Vaccines and Biologicals (IVB), World Health Organization (WHO)
 Data source: IVB database as at 08 April 2021

Disclaimer:
 The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area nor of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.
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Annex 5: Progress in the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020–2030

WHO guideline for screening and treatment of cervical pre-cancer lesions for cervical cancer prevention, second edition



Summary recommendation for the general population of women



WHO suggests using either of the following strategies for cervical cancer prevention among the general population of women:

- HPV DNA detection in a screen-and-treat approach starting at the **age of 30 years** with regular screening **every 5 to 10 years**.
- HPV DNA detection in a screen, triage and treat approach starting at the **age of 30 years** with regular screening **every 5 to 10 years**.

Summary recommendation for women living with HIV



WHO suggests using the following strategy for cervical cancer prevention among women living with HIV:

- HPV DNA detection in a screen, triage and treat approach starting at the **age of 25 years** with regular screening **every 3 to 5 years**.

Annex 5: Progress in the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020–2030

Estimates of the global burden of cervical cancer associated with HIV

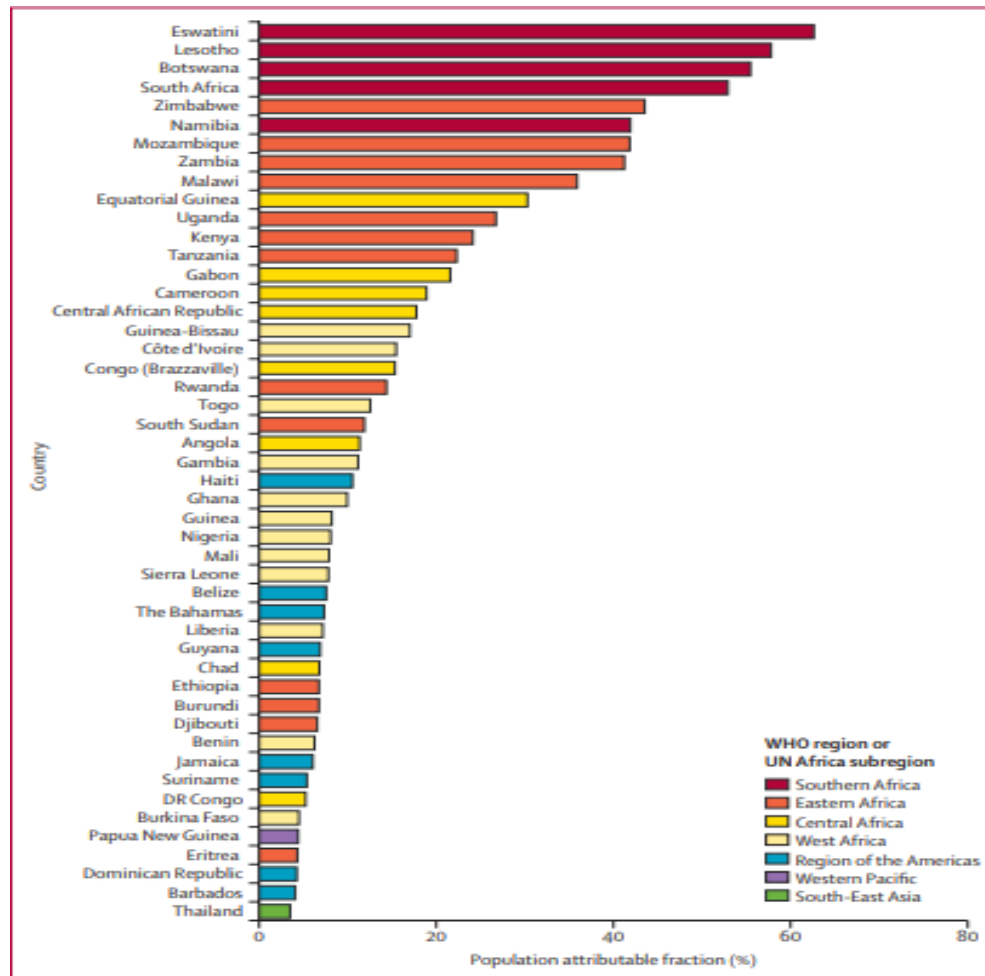


Figure 3: Estimated population attributable fraction for cervical cancer and HIV in the 50 highest ranked countries

Women living with HIV have a substantially increased risk for cervical cancer when compared with women without HIV infection. Worldwide, roughly 6% of women with cervical cancer are living with HIV and just under 5% of all cases of cervical cancer are attributable to HIV. However, these proportions vary widely by region; 85% of women with cervical cancer and HIV live in sub-Saharan Africa, underscoring the major contribution of HIV to cervical cancer burden in the region. In countries with a high burden of both cervical cancer and HIV, it is vital to integrate HIV and cervical cancer care and vaccinate girls against human papillomavirus to secure long-term declines in the future disease burden.

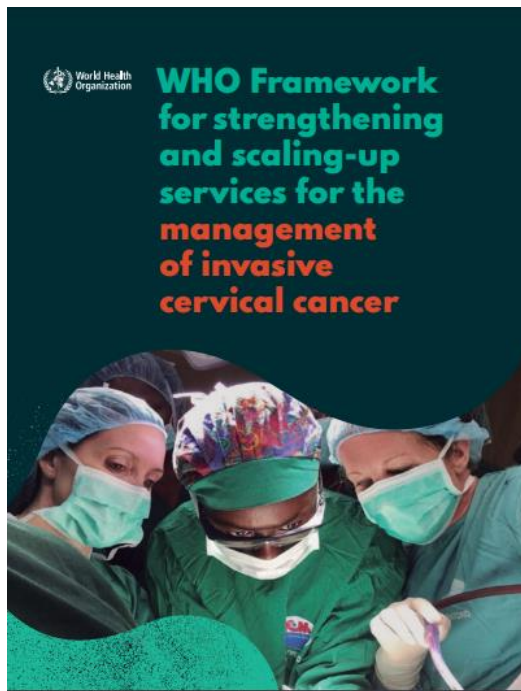
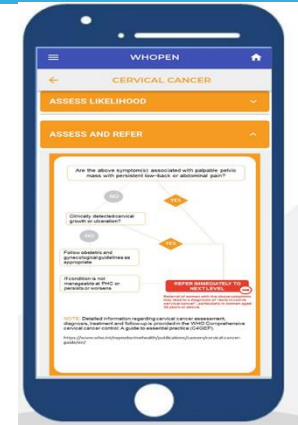


**New WHO recommendations
on screening and treatment to
prevent cervical cancer among
women living with HIV**



Annex 5: Progress in the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020–2030

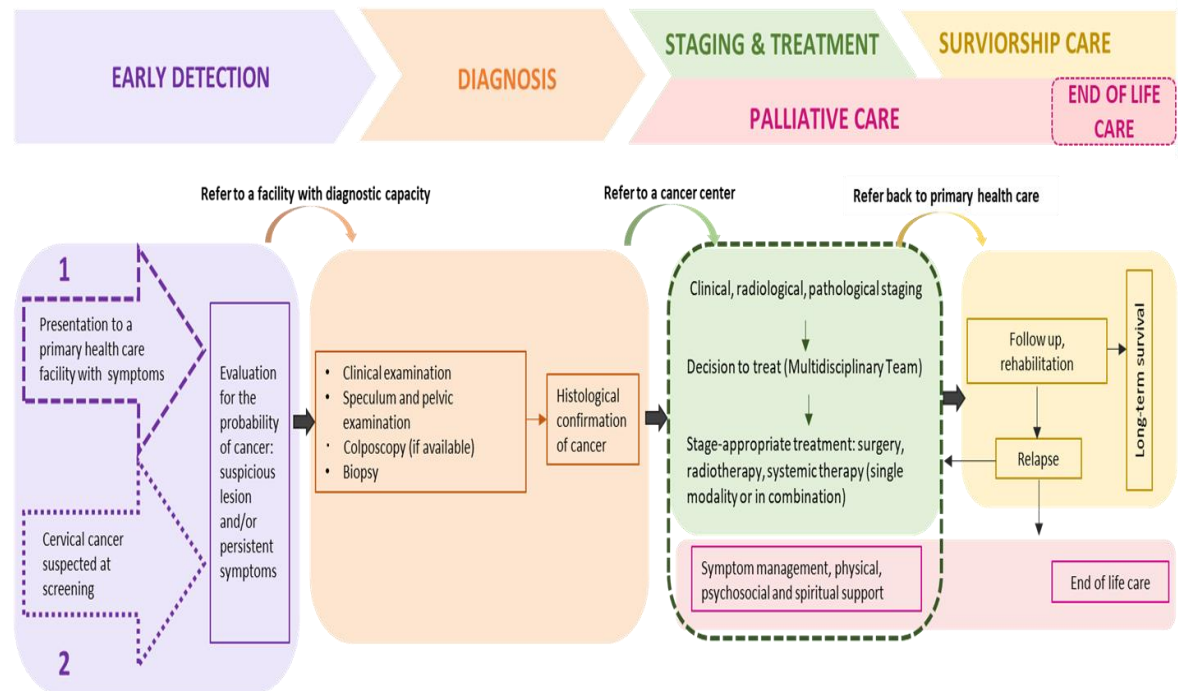
Invasive cervical cancer



GYNECOLOGIC CANCER

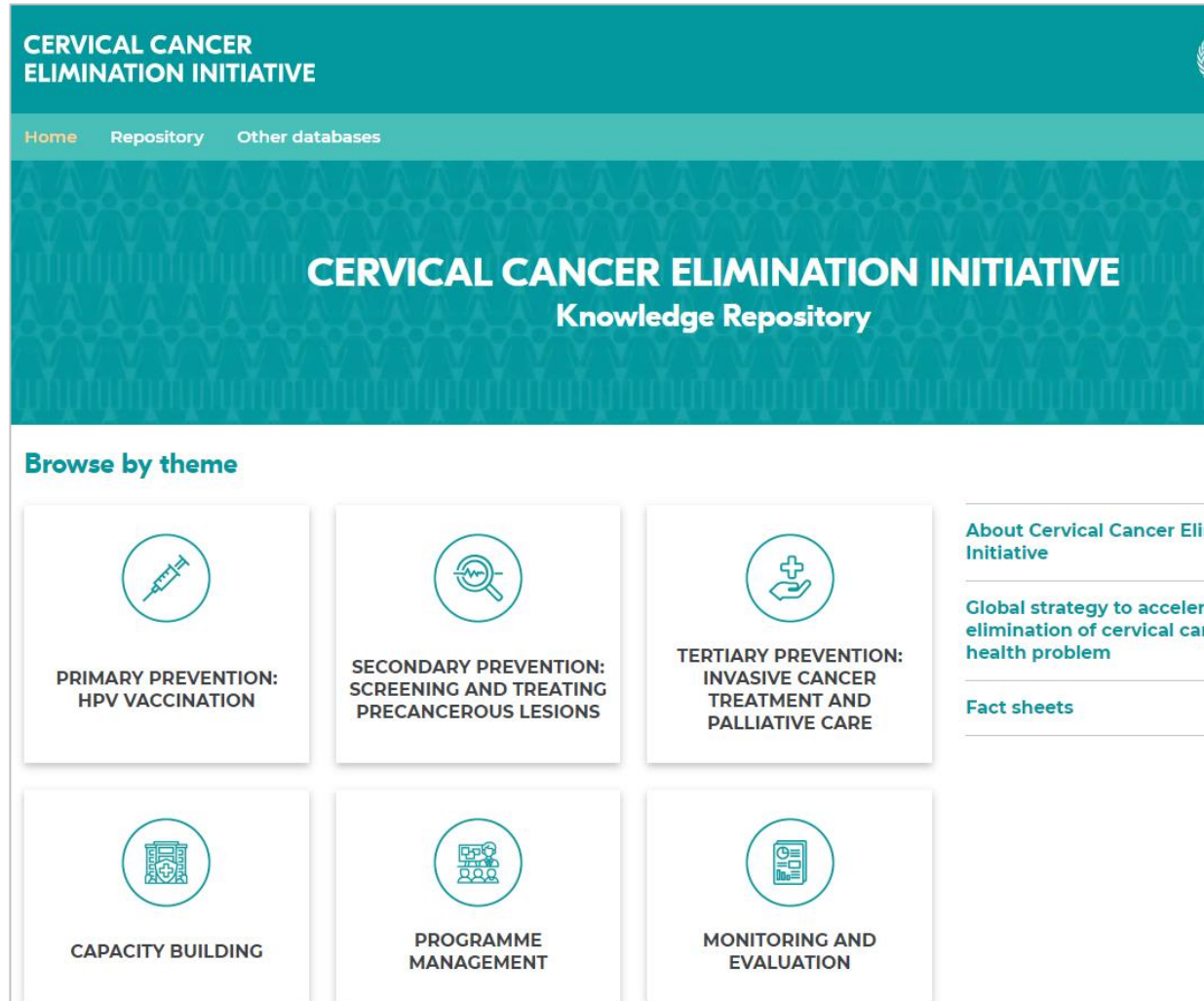
Essential Package of Palliative Care for Women With Cervical Cancer: Responding to the Suffering of a Highly Vulnerable Population

Eric L. Krakauer, MD, PhD^{1,2,3}, Khadijatou Kane, MD^{1,4}, Xiaoxiao Kewei, MD, MPH⁵, Gashar Afshan, MBBS⁶, Lisa Bazzett-Matabele, MD^{7,8}, Danta Dona Ruthie Bien-Aimé, RN, MS^{9,10,11}, Lawrence F. Borges, MD¹², Sarah Byrne-Martelli, DMin¹³, Stephen Connor, PhD¹⁴, Ramundo Correa, MD¹⁵, C. R. Beena Devi, MD¹⁶, Mamadou Diop, MD¹⁷, Shekinah N. Eimore, MD, MPH¹⁸, Nahla Guler, MD^{19,20}, Annekatryn Goodman, MD^{21,22}, Surbhi Grover, MD^{23,24}, Jennifer Hasenberg, MD²⁵, Kelly Irwin, MD²⁶, Mihir Kamdar, MD^{27,28}, Suresh Kumar, MD²⁹, Quynh Xuan Nguyen Truong, MPH^{30,31,32}, Tom Randall, MD^{33,34}, Maryam Rassouli, PhD³⁵, Cristiana Sessa, MD³⁶, Dingle Spence, MBBS^{37,38,39}, Ted Trimble, MD⁴⁰, Cheriann Varghese, MD, PhD⁴¹, and Elena Fidarova, MD⁴²



Annex 5: Progress in the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020–2030

Cervical cancer knowledge repository- one stop shop
<https://cceirepository.who.int/>









CERVICAL CANCER ELIMINATION INITIATIVE

Home Repository Other databases

CERVICAL CANCER ELIMINATION INITIATIVE
Knowledge Repository

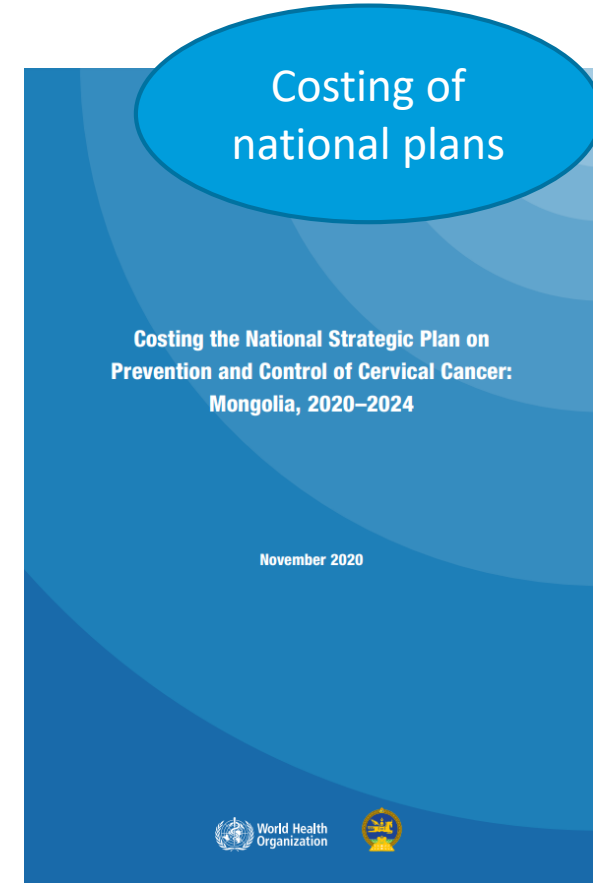
Browse by theme

-  **PRIMARY PREVENTION:**
HPV VACCINATION
-  **SECONDARY PREVENTION:**
SCREENING AND TREATING
PRECANCEROUS LESIONS
-  **TERTIARY PREVENTION:**
INVASIVE CANCER
TREATMENT AND
PALLIATIVE CARE
-  **CAPACITY BUILDING**
-  **PROGRAMME
MANAGEMENT**
-  **MONITORING AND
EVALUATION**

About Cervical Cancer Elimination Initiative

Global strategy to accelerate elimination of cervical cancer as a public health problem

Fact sheets



**Costing of
national plans**

**Costing the National Strategic Plan on
Prevention and Control of Cervical Cancer:
Mongolia, 2020–2024**

November 2020

World Health Organization

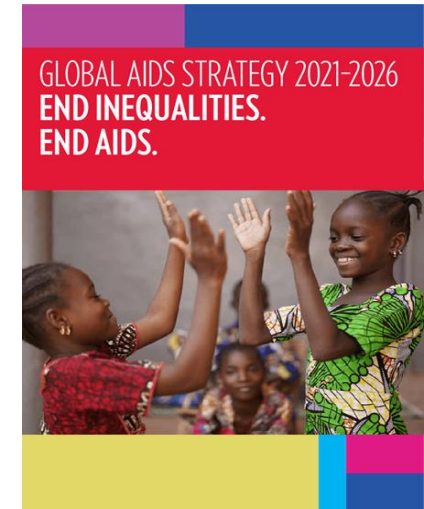


COUNTRY SUPPORT

- More than 25 countries were supported in 2020-21 for accelerating cervical cancer control.
- WHO and partners are providing capacity building, support for national plan development, switching from VIA to HPV based testing, management of cervical cancer and in monitoring the outcomes.

COLLABORATION

- **Collaboration to facilitate the distribution of HPV vaccines (GAVI Alliance, technical partners)**
- **Collaboration to improve access to secondary prevention services (Unitaid, UNICEF)**
- **Collaboration on advancing radiotherapy for cervical cancer (IAEA)**
- **UN Agencies, including UNAIDS, UNFPA and UNICEF align their strategies with the inclusion of cervical cancer elimination targets**
- **High-level collaborations to raise awareness and advocate for the global strategy implementation (the African Union and the Commonwealth)**



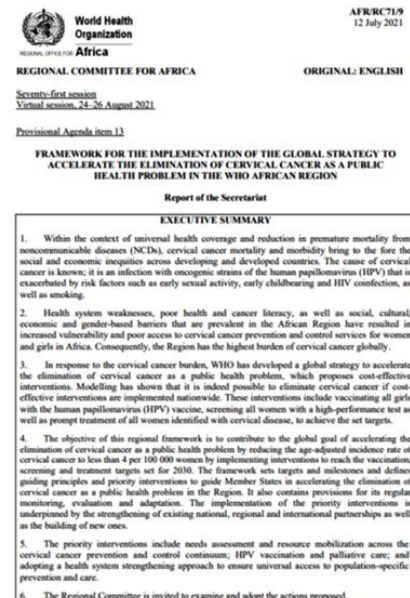
Technical specifications
of radiotherapy
equipment for cancer
treatment



Annex 5: Progress in the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020–2030

Way forward

- Support the implementation of regional frameworks
- Collaborate with governments and partners to accelerate the implementation of the strategy and monitor the progress
- Integration of cervical cancer prevention with HIV, SRHR, NCDs (cancer) PHC and other programmatic areas
- Promoting global and national partnerships
- Advocacy



Annex 5: Action required by EB150



The Executive Board is invited to note Annex 5.



Update on Annexes 1, 2, 3, 4 and 6

- Dr Bente Mikkelsen, Director, Department for NCDs, WHO

1	Draft implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030
2	Draft recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes, including potential targets
3	Draft global strategy on oral health
4	Draft recommendations on how to strengthen the design and implementation of policies, including those for resilient health systems and health services and infrastructure, to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies
6	Progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health

Resolutions

2013

WHA66.10 decided to “endorse the WHO Global Action Plan on NCDs” and to “adopt the set of nine voluntary global targets for achievement by 2025”.

2019

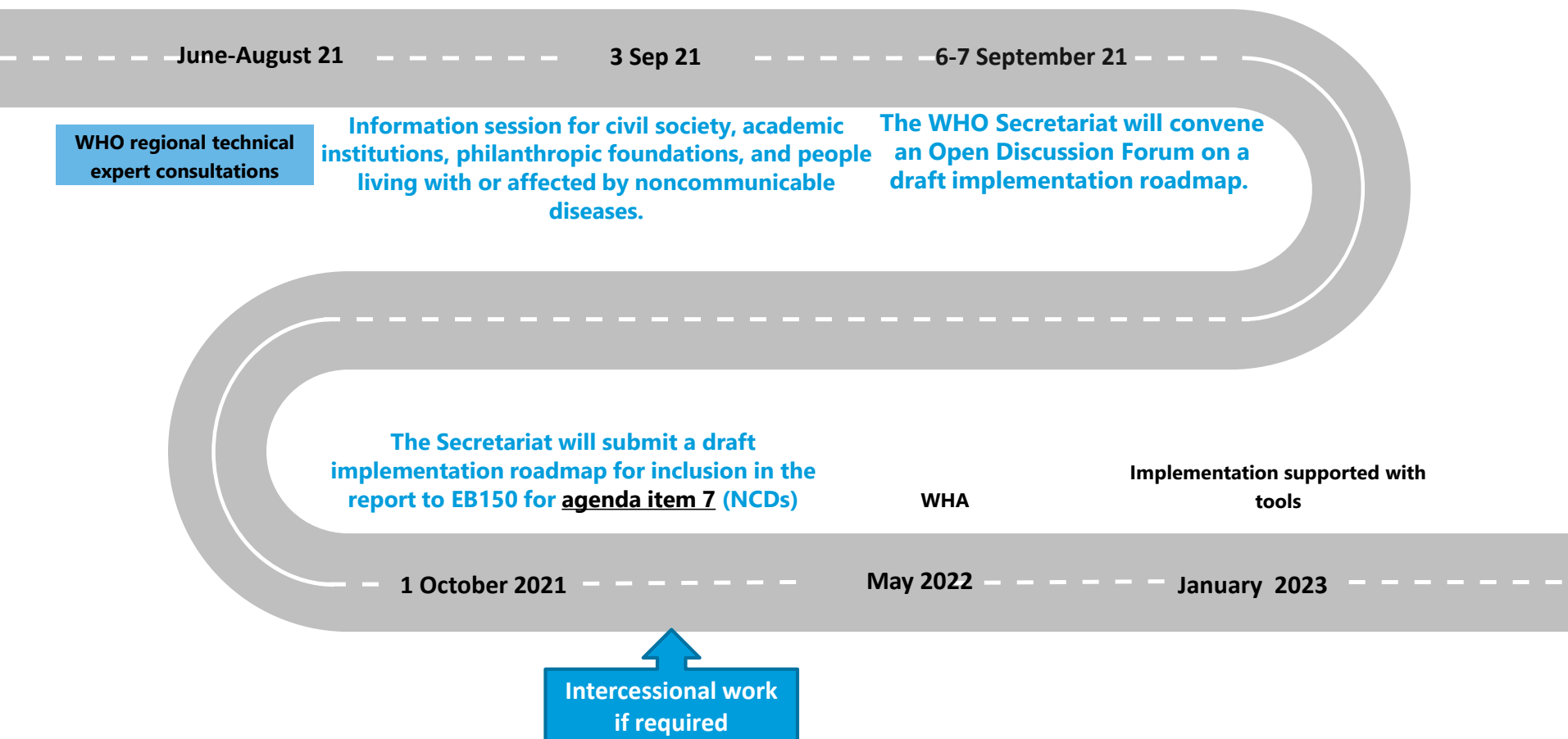
WHA72(11) confirmed “the objectives of the WHO Global Action Plan on NCDs as a contribution to SDG 3.4” and decided “to extend the period of the action plan to 2030 in order to ensure its alignment with the 2030 Agenda for Sustainable Development”

2021

WHA74(19) requests the DG to develop “an implementation roadmap 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030” (**not**: for SDG 3.4)

Annex 1: Draft implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030

Process and timeline



Scope

- The NCD roadmap 2013–2030 will highlight the barriers in implementing the NCD GAP 2013–30 and provide evidence-based and cost-effective options to overcome them.
- Using the NCD Global Monitoring Framework, identify pathways for achieving the targets on risk factor control, disease diagnosis and management, surveillance, intersectoral action, financing and other related areas.
- Support countries to prioritize interventions based on their NCD epidemiological profile, available resources and other considerations, using a simulation tool.
- The roadmap will promote a national, collaborative and multisectoral process, which is supported by partners and relevant stakeholders, to advance NCD prevention and control and contribute to the SDG target on NCDs .
- Bring together the various initiatives and technical packages for NCD prevention and control in a one-stop shop for easy access
- Showcase country best practices and successes across NCD prevention and control interventions

Feedback from consultations with regional Technical Experts

- ➔ Considerable heterogeneity across and within regions; Epidemiology, Socio-economics and health system and infrastructure development
- ➔ Regions are off track to meet the 2030 SDG target for premature mortality
- ➔ Issues identified that needs attention to move NCD agenda forward
 - ➔ Policy and implementation gaps
 - ➔ Role of the private sector in healthcare delivery
 - ➔ Data collection and surveillance
 - ➔ National multisectoral action plans need increased support
 - ➔ .Financing NCD action and building capacity in terms of health systems, health workforce and research and implementation were also identified

Impact of COVID-19

- ➔ The covid-19 pandemic was widely acknowledged to have disproportionately affected people living with NCDs and delivery of NCD services across all regions.
- ➔ Pandemic has shifted resources from national NCD response plans
- ➔ Long term sequelae of covid-19 disease (long COVID) could result in increased NCD and mental health burdens.
- ➔ Lessons could also be learned from adoption of new technologies for disease management and new service delivery models (ie telemedicine modalities), and new methods data collection and analysis
- ➔ Opportunities for moving the NCD agenda forward in many countries and that building back better-UHC and PHC agenda

Strengths of the proposed road map

- Considerations of heterogeneity at the global, regional, national and subnational levels
- Development of tools to help countries understand the drivers of NCD morbidity and premature mortality within the specific national context and to aid with prioritization and selection of the most impactful, cost-effective interventions

1. Accelerate national response based on the understanding of NCDs epidemiology and risk factors and the identified barriers and enablers in countries.

1.1 Evaluate the progress made in achieving the targets on prevention and control of NCD

1.2 Identify barriers to implementing cost-effective interventions across prevention and control of NCDs

2. Prioritize and scale-up the implementation of most impactful and feasible interventions in the national context

2.1 ENGAGE

2.2 ACCELERATE

- *Accelerate the implementation of the most cost-effective and feasible NCD interventions in the national context*
- *A web-based simulation tool to select a prioritized set of NCD interventions for countries*
- *Strengthen NCD prevention and control in PHC for promoting equitable access and quality of care*
- *Ensure that UHC benefit packages include prevention and control of NCD*
- *Sustainable financing*
- *Build back better with implementation research, innovation, and digital solutions*

2.3 ALIGN

3. Ensure timely, reliable and sustained national data on NCD risk factors, diseases and mortality for data driven actions and to strengthen accountability

Annex 1: Draft implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030



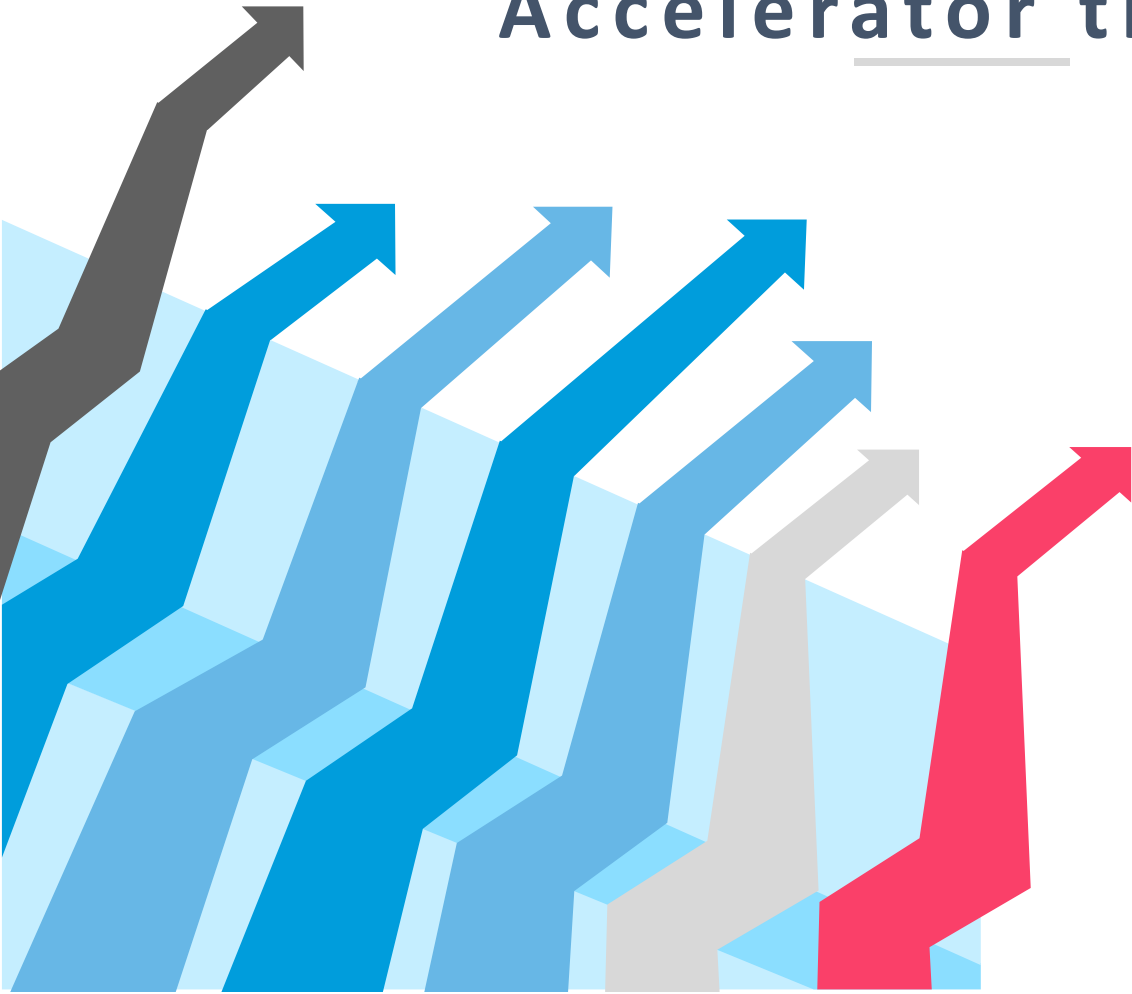
Alignment with UHC and PHC frameworks

Cost effective interventions for mental health

WHO Global Air Quality Guidelines



Accelerator themes

- 
1. Primary health care
 2. Sustainable financing
 3. Community and civil society engagement
 4. Determinants of health
 5. Fragile and vulnerable settings
 6. Research and Development, Innovation and Access
 7. Data and digital health

Annex 1: Structure

Mandate, scope, purpose and modalities

Strategic directions for implementing the WHO Global NCD Action Plan 2013–2030

- **Strategic Direction 1:** Accelerate national response based on the understanding of NCDs epidemiology and risk factors and the identified barriers and enablers in countries
- **Strategic Direction 2:** Prioritise and scale-up the implementation of most impactful and feasible interventions in the national context
- **Strategic Direction 3:** Ensure timely, reliable and sustained national data on NCD risk factors, diseases and mortality for data driven actions and to strengthen accountability

Recommendations actions

- Recommended actions for Member States to be taken in 2022
- Recommended actions for international partners to be taken in 2022
- Actions for the Secretariat to be taken in 2022 include

Annex 1: Draft implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030

Annex 1: Recommendations

Recommended actions for Member States to be taken in 2022

- Strengthen national capacity for governance of multi-stakeholder engagement, cross-sectoral collaboration, and meaningful and effective partnerships
- Strengthen national monitoring and surveillance systems for NCDs and their risk factors for reliable and timely data
- Prioritize research to enhance understanding of the epidemiology of NCDs and their risk factors, social, economic, and commercial determinants, multilevel and multisectoral governance, and invest in translational and implementation research to advance NCD prevention and control.

Recommended actions for international partners to be taken in 2022

- Assist and support in the development of the implementation roadmap across the strategic directions and actions at global, regional, country and local level

Actions for the Secretariat to be taken in 2022

- Develop an **NCD data portal**, to provide a visual summary of all NCD indicators and to facilitate countries to track their progress
- Develop **heatmaps** for countries to identify specific NCDs, and their contribution to the premature mortality
- Propose updates focused on prevention and management of NCDs to the **Appendix 3** of the NCD GAP 2013–2030, in consultation with Member States, UN organizations and non-State actors, for consideration by Member States at the World Health Assembly in 2023, through the EB
- Develop a web-based **simulation tool**, using interventions for NCDs which are updated with the latest evidence and aligned to PHC and UHC frameworks to support countries to identify priority interventions-based on their national context
- Develop guidance, to promote policy coherence for NCDs and risk factors among all relevant government sectors and involving relevant stakeholders by establishing or strengthening **national governance mechanisms** that can guide integrated, coordinated, coherent NCD responses
- Develop guidance to support Member States in making informed decisions on pursuing **meaningful multi-stakeholder collaboration**, including with the private sector and civil societies, that aligns with and further advances national NCD responses
- The **WHO Innovation Scaling Framework** will help to scale up NCD prevention and control through harnessing research, innovation, and digital solutions.
- Develop guidance for meaningful engagement of **people living with NCD (PLWNCD)** and mental health conditions to support WHO and Member States in the co-development and co-design of NCD principles, policies, programmes, and services

Annex 1: Action required by EB150



The Executive Board is invited to request the Secretariat to conclude the work on the development of an implementation roadmap 2023–2030 (for the global action plan for the prevention and control of NCDs diseases 2013–2030) in conjunction with the planned development of a draft update to the updated appendix 3 of WHO’s global action plan for the prevention and control of noncommunicable diseases 2013–2030, in consultation with Member States and taking into account the views of other stakeholders, before the end of 2022, for consideration by the EB and WHA in 2023.

Annex 2: Structure

Challenges and opportunities

Setting five diabetes coverage targets for 2030

- 80% of people with diabetes are diagnosed.
- 80% of people with diagnosed diabetes have good control of glycaemia.
- 80% of people with diagnosed diabetes have good control of blood pressure.
- 60% of people with diabetes of 40 years or older receive statins.
- 100% of people with type 1 diabetes have access to affordable insulin treatment and blood glucose self-monitoring

Recommendations for strengthening and monitoring diabetes responses

- Recommended actions for Member States
- Recommended actions for international partners, including the private sector
- Recommended actions for WHO

Annex 2: Recommendations

Recommended actions for Member States

- Strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of diabetes
- Reduce modifiable risk factors for diabetes and underlying social determinants
- Strengthen and orient health systems to address the prevention and control of diabetes through people-centered primary health care and universal health coverage
- Promote and support national capacity for high-quality research, innovation and development for the prevention and control of diabetes
- Recommended actions to monitor the trends and determinants of diabetes and evaluate progress in their prevention and control

Recommended actions for international partners, including the private sector

- Strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of diabetes
- Reduce modifiable risk factors for diabetes and underlying social determinants
- Strengthen and orient health systems to address the prevention and control of diabetes through people-centered primary health care and universal health coverage
- Promote and support national capacity for high-quality research, innovation and development for the prevention and control of diabetes
- Recommended actions to monitor the trends and determinants of diabetes and evaluate progress in their prevention and control

Recommended actions for WHO

- Strengthen national capacity, leadership, governance, multisectoral actions and partnerships to accelerate country response for the prevention and control of diabetes
- Reduce modifiable risk factors for diabetes and underlying social determinants
- Strengthen and orient health systems to address the prevention and control of diabetes through people-centered primary health care and universal health coverage
- Promote and support national capacity for high-quality research, innovation and development for the prevention and control of diabetes
- Recommended actions to monitor the trends and determinants of diabetes and evaluate progress in their prevention and control

Annex 2: Action required by EB150



The Executive Board is invited to adopt the recommendations for Member States, international partners, and WHO, as well as the five global diabetes coverage targets and recommend their endorsement at the 75th World Health Assembly.

Annex 3: Draft global strategy on oral health

Annex 3: Structure

Background and global overview of oral health

Vision

- Universal health coverage for oral health for all individuals and communities by 2030

Goal: Guide Member States to

- Develop ambitious national responses to promote oral health;
- Reduce oral diseases, other oral conditions and oral health inequalities;
- Strengthen efforts to address oral diseases and conditions as part of universal health coverage; and
- Consider the development of targets and indicators, based on national and subnational contexts, building on the guidance to be provided by the WHO global action plan on oral health, to prioritize efforts and assess the progress made by 2030

Guiding principles

- A public health approach to oral health
- Integration of oral health in primary health care
- Innovative workforce models to respond to population needs for oral health
- People-centred oral health care
- Tailored oral health interventions across the life course
- Optimizing digital technologies for oral health

Role of WHO, Member States and partners

- WHO
- Member States
- International partners
- Civil society
- Private sector

Annex 3: Draft global strategy on oral health

Annex 3: Strategic objectives



BACKGROUND**GLOBAL OVERVIEW OF ORAL HEALTH****VISION and GOAL****GUIDING PRINCIPLES****STRATEGIC OBJECTIVES****ROLE OF WHO, MEMBER STATES,
AND PARTNERS****Vision**

The vision of this strategy is universal health coverage for oral health for all individuals and communities by 2030, enabling them to enjoy the highest attainable state of oral health and contributing to healthy and productive lives.

Goal

The goal of the strategy is to guide Member States to (a) develop ambitious national responses to promote oral health; (b) reduce oral diseases, other oral conditions and oral health inequalities; (c) strengthen efforts to address oral diseases and conditions as part of universal health coverage; and (d) consider the development of targets and indicators, based on national and subnational contexts, building on the guidance to be provided by the WHO global action plan on oral health, to prioritize efforts and assess the progress made by 2030.

BACKGROUND


GLOBAL OVERVIEW OF ORAL HEALTH

VISION and GOAL


GUIDING PRINCIPLES

STRATEGIC OBJECTIVES


ROLE OF MEMBER STATES, PARTNERS AND SECRETARIAT




SO 1: Oral Health Governance - Improve political and resource commitment to oral health, strengthen leadership and create win-win partnerships within and outside of the health sector




SO 2: Oral Health Promotion and Oral Disease Prevention - Enable all people to achieve the best possible oral health, and address the social and commercial determinants and risk factors of oral diseases and conditions




SO 3: Health Workforce - Develop innovative workforce models and revise and expand competency-based education to respond to population oral health needs



SO 4: Oral Health Care - Integrate essential oral health care and ensure related financial protection and essential supplies in primary health care



SO 5: Oral Health Information Systems - Enhance surveillance and information systems to provide timely and relevant feedback on oral health to decision-makers for evidence-based policy-making



SO 6: Oral Health Research Agenda - Create and continuously update context and needs-specific research focused on public health aspects of oral health

Annex 3: Draft global strategy on oral health

Annex 3: Action required by EB150



The Executive Board is invited to adopt the global strategy on oral health and recommend its endorsement at the 75th World Health Assembly.

Annex 4: Structure

The world is not on track to achieve SDG target 3.4 on NCDs

The COVID-19 pandemic: A persisting deadly interplay with the NCD epidemic

From COVID-19 to an all-hazards emergency preparedness and response approach for NCDs

Recommendations (COVID-19 related, and beyond COVID-19 (all hazards))

- Member States
- International humanitarian partners, civil society and the private sector
- WHO

Annex 4: Recommendations

Recommended actions for Member States – COVID-19 related

- Integrate and strengthen policies, programmes and services to treat people living with NCDs and prevent and control their risk factors into Country COVID-19 response and recovery plans, in line with the UN Comprehensive Plans.
- Collect and use data to assess the impact of COVID-19 on PLWNCDs and monitor the impact of the pandemic on NCD services disruption, morbidity and mortality.
- Maintain, restore and scale up prevention, early diagnosis and care for people living with or at high risk of NCDs as soon as feasible, and ensure that they are protected from exposure to COVID-19 and considered in health and social protection.
- Mobilize and use COVID-19 and other emergency funding to support the provision and continuity of essential services, ensuring access to essential, safe, affordable, quality and effective NCD medicines and supplies including, for the prevention and control of NCDs and their modifiable risk factors.
- Ensure the meaningful engagement of civil society, health professionals and people living with NCDs in the planning, implementation and evaluation of national COVID-19 preparedness and response plans.
- Prioritize PLWNCDs in national deployment and vaccination roll-outs for COVID-19 vaccines
- Raise awareness about the links between COVID-19 and NCDs, how PLWNCDs can protect themselves, their families and communities from COVID-19, and how they can access and maintain safe continuity of care for their condition

Recommended actions for Member States – All hazards

- Work towards achieving strong and resilient health systems with universal health coverage and primary health care, as an essential foundation for effective preparedness and response to public health emergencies

Annex 4: Recommendations

Recommended actions for International, humanitarian partners, civil society and the private sector

- Advocate for the inclusion of programmes and services for the prevention and control of NCDs and their modifiable risk factors as part of an all hazards multisectoral approach to health emergency preparedness and responses, including in current COVID-19 Country Strategic Preparedness and Responses Plans.
- Strengthen partnerships, global coordination and cooperation between UN agencies, humanitarian organizations, civil society, PLWNCDs and the private sector to support all countries, upon their request, in implementing their multisectoral national action plans, for strengthening their health systems response to health emergencies, including for maintaining the safe provision NCD services during them.
- Support the development, implementation and continuity of a prioritized essential NCD health package to be guaranteed in health emergencies, at various levels of care, considering national and subnational humanitarian and health system contexts.
- Support countries in building their public health and workforce capacity for integrated care in humanitarian settings, with strengthened capabilities to work across NCDs and other diseases/conditions.
- Support countries to strengthen investment in research, evidence generation, enhanced guidelines, evaluation and monitoring to support contextual implementation and ensure quality and accountability.
- Support countries in the procurement and deployment of essential, safe, affordable, quality and effective NCD medicines and supplies, including WHO standard NCD kits or other essential bulk items, with appropriate consideration for cold chain sensitive medicines like insulin.
- Promote and support research on NCD in humanitarian settings.
- Support and advocate for PLWNCDs to be meaningfully consulted and engaged in the design, implementation and evaluation of NCD policies, programmes and services in humanitarian settings

Annex 4: Recommendations

Recommended actions for WHO

- Review current WHO NCD related response in countries in emergencies and suggest a strategic approach on how to improve WHO technical assistance to countries across preparedness, response and recovery, leveraging crises as an entry-point to build health systems back better through development of sustainable NCD services.
- Strengthen collaboration and communication across WHO, including with the Global Health Cluster and other humanitarian partners such as the Interagency Group on NCD in Humanitarian Settings, to enhance WHO leadership and normative function and better assist countries in emergencies
- In collaboration with WHO Emergency Health Programme, the Global Health Cluster and other humanitarian and academic partners, develop a prioritized essential NCD health package to be guaranteed in health emergencies, at various levels of care, considering national humanitarian and health system contexts, drawing on WHO UHC Compendium.
- Support countries in the prioritization, procurement and deployment of essential, safe, affordable, quality and effective NCD medicines and supplies, including WHO standard NCD kits and essential bulk items, with appropriate consideration for cold chain sensitive medicines like insulin.
- Support countries in building their public health and workforce capacity for integrated care in humanitarian settings, with strengthened capabilities to work across NCDs and other diseases/conditions.
- Strengthen WHO's normative role, and technical capacity to develop and disseminate normative products, technical guidance, tools, data and scientific evidence to support countries, in developing and implementing national response plans to health emergencies, with necessary provision to treat PLWNCDs and to prevent and control their risk factors in humanitarian emergencies.
- To further advocate with donors the prioritization of building bridges with a view to prioritizing NCDs in humanitarian emergencies across the health, development and peace-building sectors.
- Strengthen global, regional and country preparedness and response capabilities and capacities for health emergencies by enhancing meaningful engagement of PLWNCD in the planning, implementation and evaluation of national preparedness and response plans.
- Engage WHO NCD Technical Advisory Groups and other academic partners to shape the research agenda, document country experiences as to inform policies to strengthen NCD emergency preparedness and responses

Annex 4: Action required by EB150



The Executive Board is invited to adopt the recommendations and recommend their endorsement at the 75th World Health Assembly.

Annex 6: Structure

NCDs: Where are we today?

- 34 countries have implemented 10 or more of the commitments made on the prevention and control of NCDs at the United Nations General Assembly while 66 have implemented fewer than 5, including 4 that have implemented none;
- No countries are on track to achieve all the nine voluntary global targets for 2025 set by the World Health Assembly in 2013 against a baseline in 2010;
- 14 countries are on track to achieve the global SDG target 3.4.1 for 2030 set by the United Nations General Assembly in 2015 against a 2015 baseline

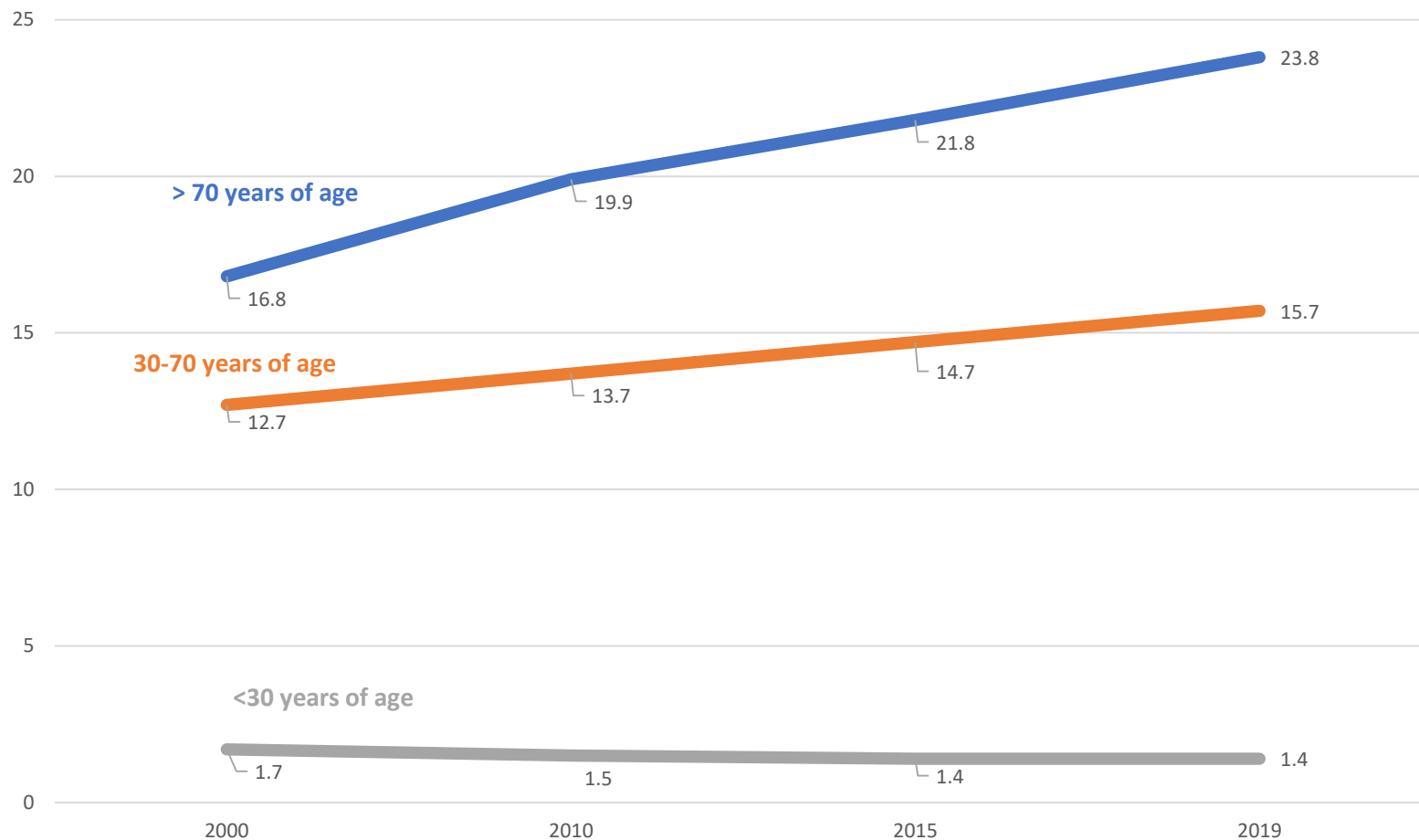
The global burden of NCDs and risk factors during the past 20 years

National capacity for NCD prevention and control

COVID-19 and NCDs

Annex 6: Progress achieved in the prevention and control of noncommunicable diseases and mental health

Trends in global deaths (in millions) from NCDs during the last two decades



Annex 6: Action required by EB150



EB150 is invited to note the Annex 6, including its component on the prevention and control of NCDs

Agenda



Update on Annex 6

- Dr Rüdiger Krech, Director, Health Promotion Department, WHO

6 Progress achieved in the **prevention of noncommunicable diseases**

Agenda



Update on Annexes 6 to 8:

- Dr Dèvora Kestel, Director, Department for Mental Health and Substance Use, WHO
- 6 Progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health
 - 7 Draft intersectoral global action plan on epilepsy and other neurological disorders in support of universal health coverage
 - 8 Draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority

Annex 6: Progress in mental health

Summary of mental health component of Annex 6 in report to EB150.

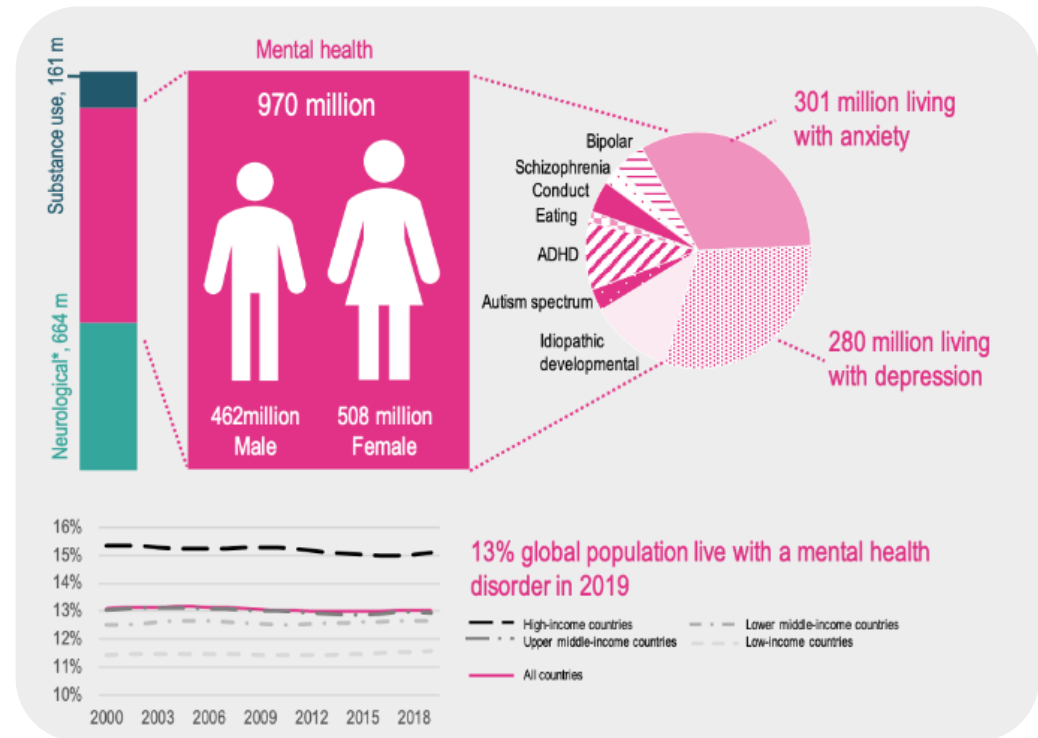
Report documents progress on implementing Comprehensive Mental Health Action Plan 2013-2030

1. Updated data on progress of implementation, based on Mental Health Atlas 2020 (just released!)
2. WHO Secretariat activities in response to COVID-19 (as requested in relevant EB148 decision)
3. Updates on:
 - Special Initiative for Mental Health and country support
 - Key leadership activities and products by the Department
 - (announcing) a World Mental Health Report in 2022



Annex 6: Progress in mental health

- The global situation for mental health remains challenging
- Close to 1 billion people experienced a mental disorder in 2019
- More than 1 of every 100 deaths is due to suicide
- US\$ 1 trillion is lost in economic productivity annually to depression and anxiety alone



Annex 6: Progress in mental health

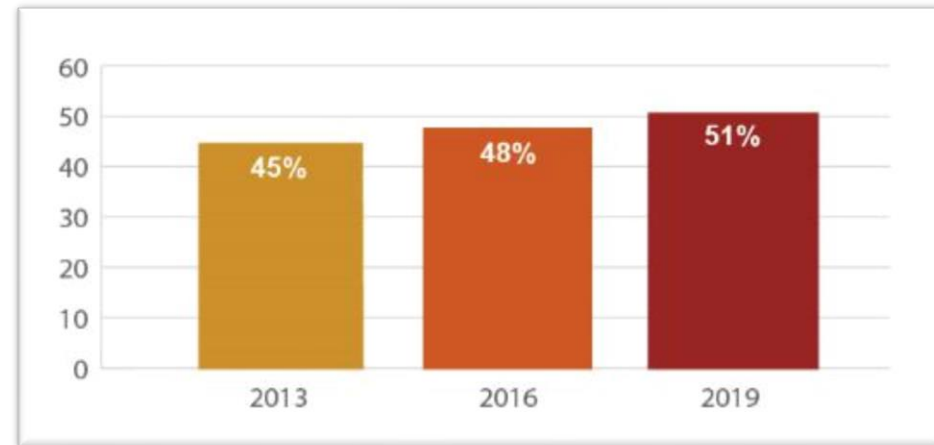
- Global Burden of Disease (GBD) 2020 data indicate significant impacts of COVID-19:
 - Increase of anxiety disorders by 25.6% since 2019 (76.2 million new cases)
 - Increase of depression by 27.6% since 2019 (53.2 million new cases)
 - Women and young people more affected
- Mental health services were most frequently disrupted essential health service reported by Member States



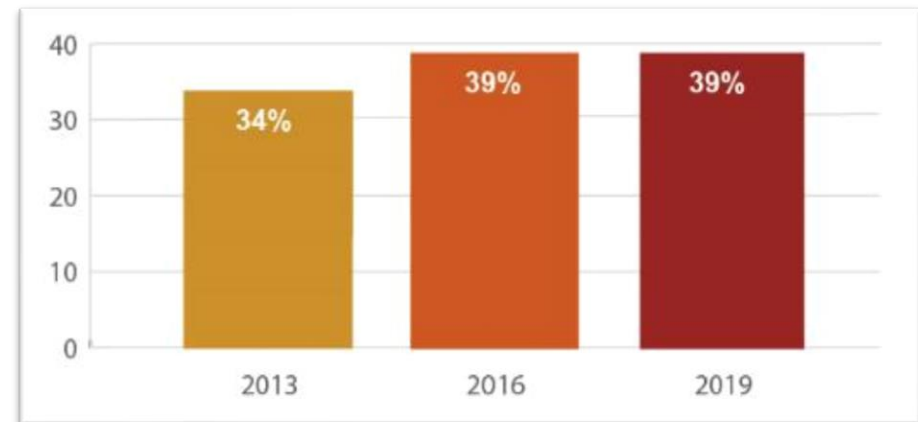
Annex 6: Progress in mental health

- 171 (88%) of Member States completed the Mental Health Atlas 2020 Questionnaire
- Just over 2% of spending on health is for mental health, 66% of which goes to psychiatric hospitals
- Only 25% of Member states report the integration of mental health in primary health care
- Progress on aligning MH policies, plans and legislation with human rights instruments remains limited

Policies & plans



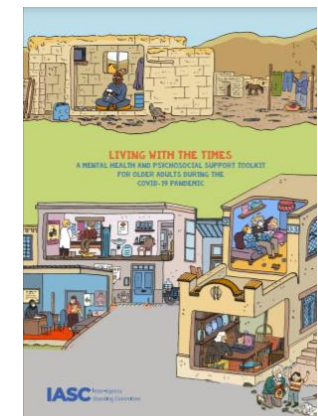
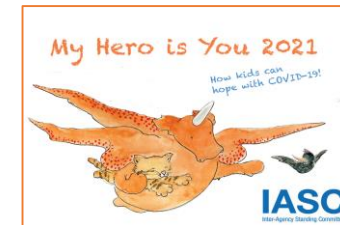
Legislation



Annex 6: Progress in mental health

Opportunities

- With COVID-19, interest in mental health is higher than ever before
- A wide range of resources, tools and materials (incl. for COVID-19) have been developed and disseminated
- 90% of Member States report mental health integration in COVID-19 response plans
- The Special Initiative for Mental Health progressed to 8 countries in 2021
- Many regional mental health initiatives are underway, including development or updating of regional strategies and plans
- As requested by EB148, WHO's capacity for emergency mental health is being strengthened (through courses for WHE and other staff)



Annex 6: Progress in mental health

Actions required by the EB150

**EB150 is invited to note the Annex 6,
including its component of mental health**



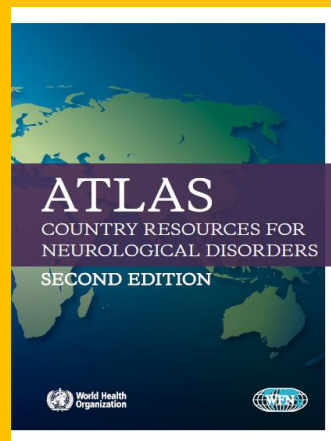
Annex 7: Draft Intersectoral Global Action Plan on Epilepsy and other Neurological Disorders

BURDEN AND CHALLENGES

In adults, neurological disorders are **the leading cause of disability-adjusted-life-years** and the **second leading cause of death (9 million deaths per year)**.

The largest contributors of global neurological DALYs in 2016:

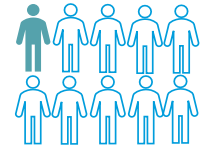
1. Stroke (42.2%)
2. Migraine (16.3%)
3. Dementia (10.4%)
4. Meningitis (7.9%)
5. Epilepsy (5%)



RESOURCES AND GAPS

Access to services and support including essential cost-effective medicines for neurological disorders is insufficient, esp. in **low- and middle-income countries**

Only **1 in 10** people with **dementia** receive a diagnosis in LMICs



Only **1 in 4** people with **epilepsy** receive treatment in LIC

There is shortage of workforce and distribution of the **neurological workforce** is grossly uneven: 7.1/100K population in HIC; 0.1/100K population in LIC



Lack of knowledge, stigmatization and discrimination hinder presentation to health care facilities for initial or follow-up assessments and adherence to medications

Annex 7: Draft Intersectoral Global Action Plan on Epilepsy and other Neurological Disorders



Vision of a world in which...

- brain health is valued, promoted and protected across the life course;
- neurological disorders are prevented, diagnosed and treated, and premature mortality and morbidity are avoided;
- people affected by neurological disorders and their carers attain the highest possible level of health with equal rights, opportunities, respect and autonomy.



Goals

- to reduce the stigma, impact and burden of neurological disorders, including associated mortality, morbidity and disability, and to improve the quality of life of people with neurological disorders, their carers and families, and
- strengthen the prevention, treatment and care of epilepsy and other neurological disorders, wherever possible, utilizing entry points and synergies to achieve the best results for all.



Guiding principles

- People-centered PHC & UHC
- Integrated approach to care across the life course
- Evidence-informed policy and practice
- Intersectoral action
- Empowerment and involvement of persons with neurological disorders and their carers
- Gender, equity and human rights

Annex 7: Draft Intersectoral Global Action Plan on Epilepsy and other Neurological Disorders

Strategic Objectives and Action Areas

Proposed actions for:

*Member States,
WHO Secretariat,
International and
National Partners*

1. Prioritization and governance

- Advocacy
- Policy, plans and legislation
- Financing

2. Diagnosis, treatment and care

- Care pathways
- Medicines, diagnostics and other health products
- Health workers' capacity, training and support
- Carer support

3. Promotion and prevention

- Promoting healthy behaviour across the life course
- Infectious disease control
- Preventing head/spinal trauma
- Reducing environmental risks
- Promotion of optimal brain development in children and adolescents

4. Research, innovation and information systems

- Investment in research
- Data and information systems

5. Public health approach to epilepsy

- Access to services for epilepsy
- Engagement and support for people with epilepsy
- Epilepsy as an entry point

Global targets

Prioritization
and governance

- 1.1:** 75% of countries will have adapted or updated existing national policies, strategies, plans or frameworks to include neurological disorders by 2031
- 1.2:** 100% of countries will have at least one functioning awareness campaign or advocacy programme for neurological disorders by 2031

Diagnosis,
treatment and
care

- 2.1:** 75% of countries will have neurological disorders within universal health coverage benefits package by 2031
- 2.2:** 80% of countries will provide essential medicines and basic technologies required to manage neurological disorders in primary care by 2031

Promotion and
prevention

- 3.1:** 80% of countries will have at least one functioning intersectoral programme for brain health promotion and the prevention of neurological disorders across the life course by 2031
- 3.2:** The global targets relevant for prevention of neurological disorders are achieved, as defined in:

 - NCD 2013-2030
 - Every newborn
 - Defeating meningitis

Research,
innovation and
information
systems

- 4.1:** 80% of countries routinely collect and report on a core set of indicators for neurological disorders through their national health data and information systems at least every three years by 2031
- 4.2:** The output of global research on neurological disorders doubles by 2031

Public health
approach to
epilepsy

- 5.1:** By 2031, countries will have increased service coverage for epilepsy by 50%.
- 5.2:** 80% of countries will have developed or updated their legislation with a view to promote and protect the human rights of people with epilepsy by 2031

Actions required by the EB150

(OP1) ENDORSES the Intersectoral global action plan on epilepsy and other neurological disorders 2022–2031;

(OP2) URGES Member States to develop national responses to the overall implementation of the Intersectoral global action plan on epilepsy and other neurological disorders 2022–2031;

(OP3) REQUESTS the Director-General to submit a report on progress made in implementing this decision to the World Health Assembly in 2025, 2028 and 2031



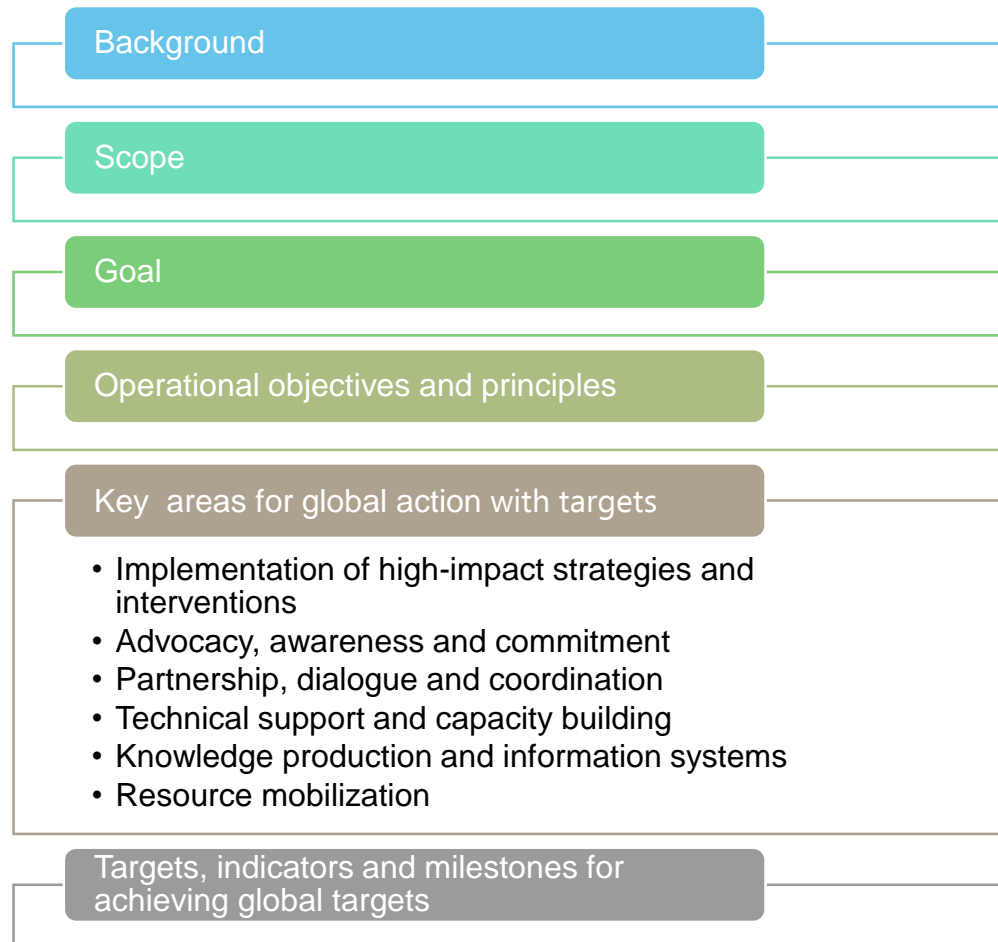
Process of consultations on the first and second drafts of an action plan (2022-2030) to effectively implement the Global strategy to reduce the harmful use of alcohol

- **27 July- 3 (10) September 2021:** Web-based consultation on the first draft of the action plan open to Member States, UN organizations and other intergovernmental organizations, and non-State actors
- **31 August 2021:** Informal consultation with Member States on the first draft
- **10th - 4th October 2021:** Development of the second draft of the action plan
- **8 October 2021:** Informal consultation with MS on the second draft with extension of a deadline for submission **till 18th October 2021.**

Annex 8: Structure of the document

- **Introductory information** with the latest WHO estimates of alcohol consumption and alcohol-attributable disease burden with trends observed since 2010 (endorsement of the Global strategy) till 2016-2019
- **Mandate** provided by the Executive Board Decision 146(14) for development of an action plan (2022-2030) to effectively implement the Global strategy to reduce the harmful use of alcohol
- **Process** of development of an action plan
- **Appendix 1:** Draft of an action plan (2022-2030) to effectively implement the Global strategy to reduce the harmful use of alcohol

Annex 8: Structure of Appendix 1 (= the action plan itself)



Annex 8: Action required by EB150



The Executive Board is invited to consider the draft action plan to effectively implement the global strategy to reduce the harmful use of alcohol and recommend its endorsement at the 75th World Health Assembly.

Agenda



Update on Annex 9:

- Dr Francesco Branca, Director, Department for Nutrition and Food Safety, WHO

9 Draft recommendations for the prevention and management of **obesity** over the life course, including potential targets

Annex 9: Draft recommendations for the prevention and management of obesity over the life course, including potential targets

Comments from informal consultation with Member States, non-State actors and web-based consultation

Overarching, key analysis, general principles	How WHO addressed it
More emphasis on the interdependency between healthy nutrition and healthy environment	Reviewed language on regulation of food and beverage reformulation
Address the social and economic environments and behaviours related to obesity and facilitate prevention.	Reviewed language on education and counselling, and facilitating access to and availability of healthy diets and environments supporting physical activity
Address needs of vulnerable populations	Stressed the specific need of vulnerable population throughout the paper and emphasized importance of social protection programs
BMI as an imperfect marker of obesity that does not address individual and ethnic variations.	BMI maintained as a population indicator. Complementary indicators for risk assessment considered in obesity management
Need for additional data on the impact of interventions on obesity reduction	WHO is working on impact modelling studies for individual and aggregated obesity prevention and management interventions
<ul style="list-style-type: none"> • Need of more emphasis on <ul style="list-style-type: none"> ○ primary prevention ○ maternal health and breastfeeding in determining childhood health ○ linkages between early stunted linear growth and increased risk for NCDs morbidity later in life ○ environmental determinants of obesity ○ mental health and disability as an important co-condition of obesity ○ family-focused management ○ interventions in high-risk populations ○ relationship with food industry 	All those issues were better clarified and explained throughout the paper

Annex 9: Draft recommendations for the prevention and management of obesity over the life course, including potential targets

Comments from informal consultation with Member States, non-State actors and web-based consultation

Recommendations	How WHO addressed it
More emphasis on exclusive breastfeeding as essential measure of obesity prevention	Recommendation revised to strengthen the need to support and facilitate breastfeeding. It is now also included in the targets
More emphasis on need to address link with mental health	Recommendation revised to strengthen the need to have multidisciplinary teams properly trained to address co-morbidities including mental health
More emphasis on agricultural and food policies to enable production and availability of healthy food and concomitantly limiting production and availability of unhealthy food and beverages. This also include the need for control of food marketing through a government-led mandatory legislative response	Recommendation revised to strengthen and articulate the dual need requiring legislative and regulatory support
Market regulation should include breastmilk substitutes and toddler milks and marketing control should be through a government-led mandatory legislative response	Recommendation includes now a sub-action on these items
More emphasis on M&E of policy and program implementation	Recommendations include more details on these issues
More emphasis on generation of new evidence on innovative interventions and impact	Recommendations include more details on these issues
More emphasis on WHO actions in relation to development of guidelines, operational tools	Recommendations include more details on these issues
More emphasis on role of WHO engaging other UN partners and agencies	Recommendation better articulated
More emphasis on capacity building of health care professionals	Recommendation include details on the specific needs of holistic training of healthcare professionals

Annex 9: Draft recommendations for the prevention and management of obesity over the life course, including potential targets

Comments from informal consultation with Member States, non-State actors and web-based consultation

Targets	How WHO addressed it
<p>Outcomes targets</p> <p>Halt the rise of obesity in children more realistic than reducing obesity</p>	<p>Halting the rise is the 2025 target and an initial reduction envisaged for 2030</p>
<p>Intermediate outcome targets</p> <p>Children and adults reduce the intake of free sugars to < 10% of total energy intake</p>	<p>Included</p>
<p>Process targets</p> <p>Include increasing the availability of healthy food in school</p>	<p>This proposal requires operationalization and evaluation of data availability</p>
<p>Increasing the coverage of primary health care services that include the diagnosis and management of obesity in children and adolescents.</p>	<p>This will be specified in the operationalization of the target measurement</p>
<p>Increasing the adoption of regulations to control marketing of foods and non-alcoholic beverages</p>	<p>Included : Increasing the adoption of regulations to control marketing of foods and non alcoholic beverages to which children are exposed. Indicator collected through the Global Nutrition Policy Review and NCD Country Capacity Survey. Baseline : 47 countries (Global database on the Implementation of Nutrition Action).</p>
<p>Refining and expanding target on physical activity</p>	<p>Target modified :</p> <ul style="list-style-type: none"> • All countries implement national public education communication campaigns on physical activity (aligned with use within NCD progress Monitoring and recommended NCD Best Buys in 2018) • All countries have a national protocol for assessing and counselling on physical activity in primary care (aligned with use within NCD progress Monitoring and recommended NCD Good Buys in 2018)

Annex 9: Action required by EB150



- The Executive Board is invited to adopt the recommendations for governments, other societal actors and WHO (paragraphs 18 to 47), as well as the proposed targets (paragraphs 48 to 51) and recommend their endorsement at the 75th World Health Assembly.

Agenda

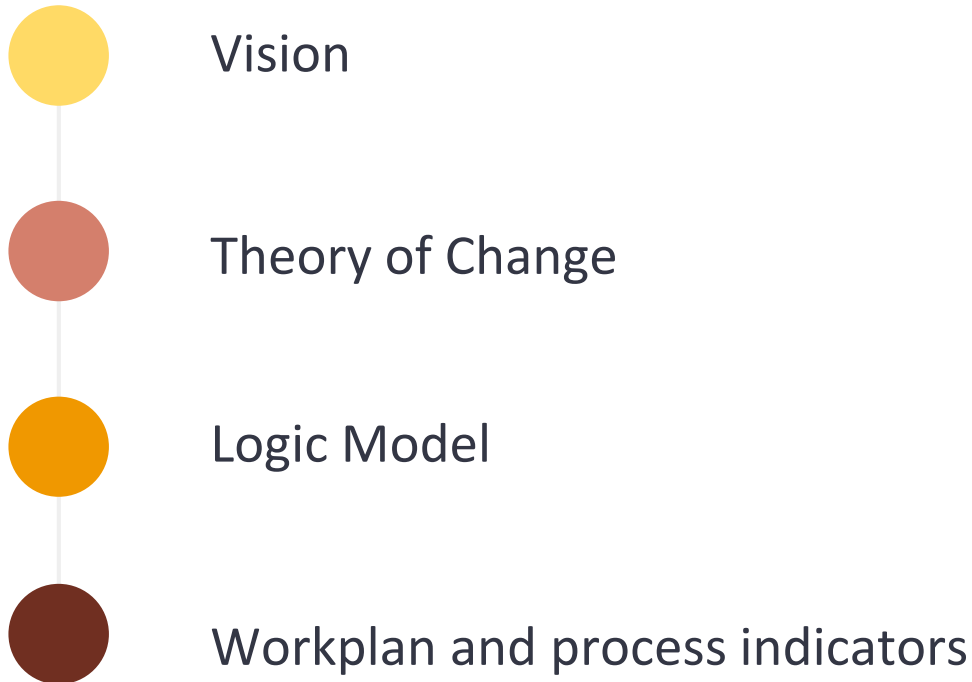


Update on Annex 10:

- Dr Svetlana Akselrod, Director, Global NCD Platform, WHO

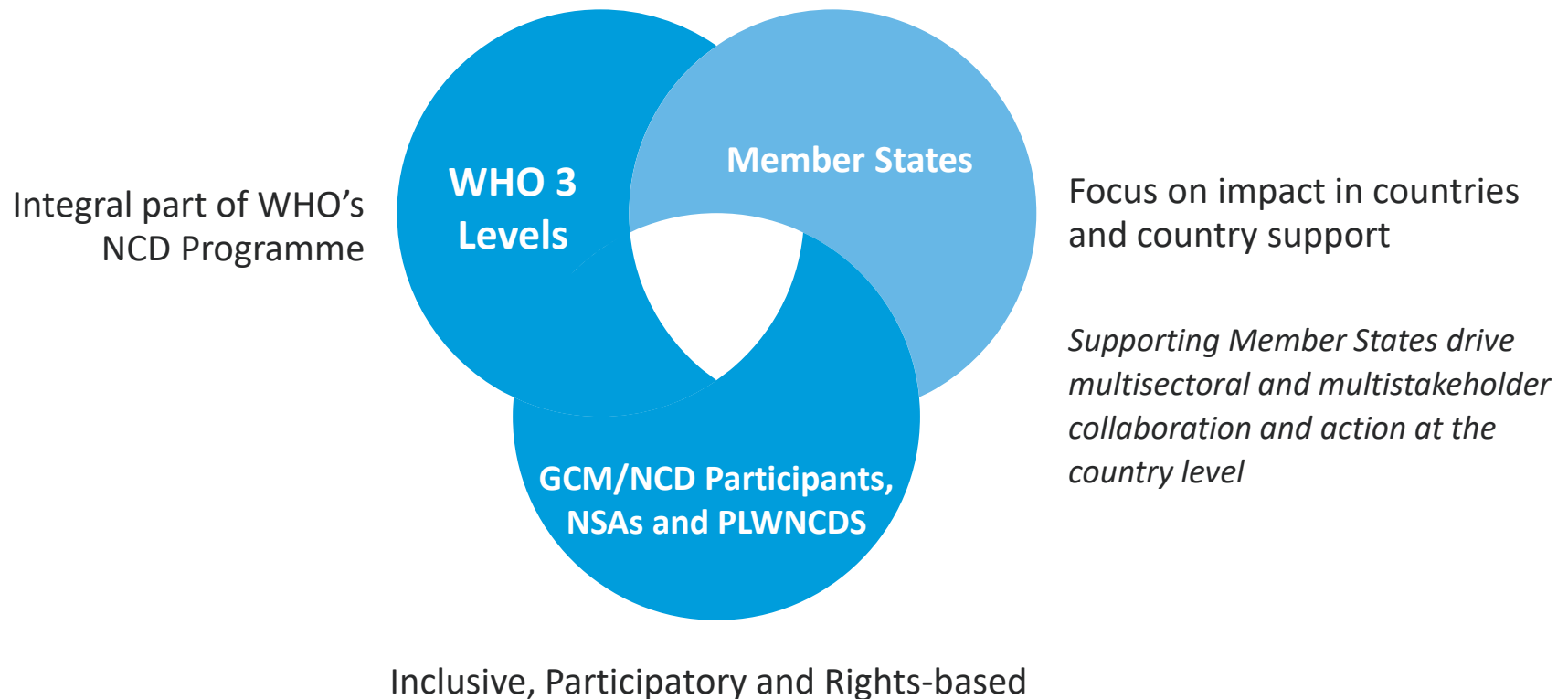
10 Draft workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases

Elements of the draft GCM/NCD Workplan 2022-2025



GCM/NCD Collaborative Approach

Mobilizing the global/regional/national/subnational public NCD-related community for strengthened national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of NCDs



Annex 10: Draft workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases

GCM/NCD Workplan Supporting Countries

The role of the GCM/NCD across 4 of the 5 WHO Country-support functions

Assists in partnership-building both at national and local levels; assists in convening partners; supporting organizational development/change

Institutional building

Building technical capabilities for effective national multisectoral and multistakeholder responses;

Capacity building

Assists in implementation and dissemination of evidence-based interventions, best practices; supports innovation scale-up technical advice, technology transfer, assist in developing/adopting norms and standards;

Technical assistance

Assists in policy dialogue, policy reviews; assists in advocating for policies within governments (national or local)

Policy

Annex 10: Draft workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases

GCM/NCD Theory of Change

Our Vision	United and inclusive action towards a world free from premature mortality from NCDs and mental health conditions				
Higher Order Outcome	Effective and inclusive policies, programmes, and services to reduce the prevalence of NCDs, mental health conditions and their risk factors and to end preventable mortality and morbidity from NCDs				
Long term goal	Collaborative and effective multisectoral and multistakeholder actions at global, regional, national and sub-national levels to address NCD prevention and control and sustain the meaningful involvement of people living with NCDs and mental health conditions in the NCD response.				
Strategic Pillars	Leverage WHO expertise	Engage Non-State Actors	Elevate Voices of PLWNCDs and mental health conditions	Inform the NCD response	Align with NCD and health related strategic priorities
Priority areas	Knowledge collaboration and the dissemination of innovative multistakeholder responses	Support to Member States on engagement with non-State actors	Convener of civil society, including people living with NCDs	Facilitator for the strengthened capacity of Member States and civil society to develop national multistakeholder responses	Global stocktaking of multistakeholder action

Five priority areas provided to the GCM/NCD by the Member-States through Decision WHA74(11)

- ❖ an operational backbone for **knowledge collaboration and the dissemination of innovative multistakeholder responses** at country level, by raising awareness and promoting knowledge collaboration among Member States and non-State actors and by co-creating, enhancing and disseminating evidence-based information to support governments on effective multisectoral and multistakeholder approaches;
- ❖ an enabler for the **global stocktaking of multistakeholder action** at country level and for co-designing and scaling up innovative approaches, solutions or initiatives to strengthen effective multisectoral and multistakeholder action;
- ❖ providing and updating **guidance to Member States on engagement with non-State actors**, including on the prevention and management of potential risks;
- ❖ a global **facilitator for the strengthened capacity of Member States and civil society to develop national multistakeholder responses** for the prevention and control of noncommunicable diseases;
- ❖ a **convener of civil society, including people living with noncommunicable diseases**, to raise awareness and build capacity for their meaningful participation in national noncommunicable diseases responses

Structure of draft GCM/NCD Workplan 2022-2025

GCM/NCD Priority Area 1 to 5

ACTION 1.1

Activity 1.1.1

Expected Outcome
Performance measures

Activity 1.1.2

Expected Outcome
Performance measures

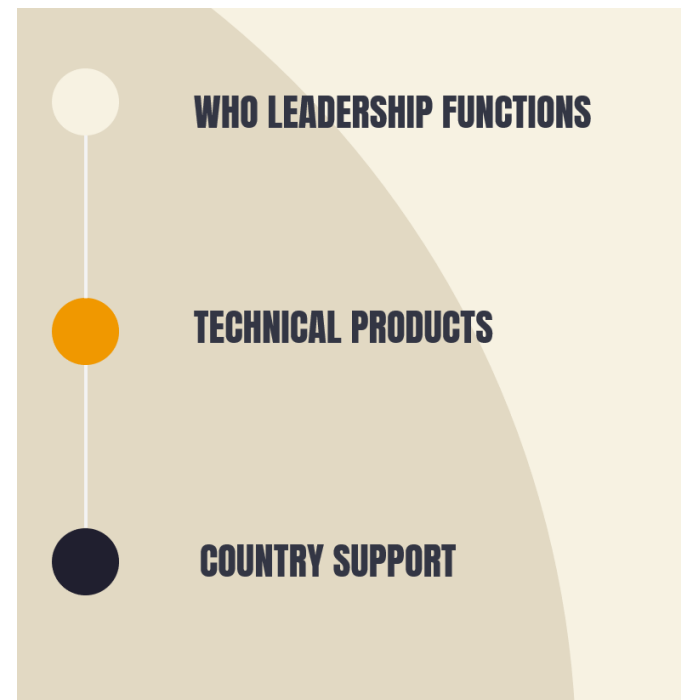
ACTION 1.2

Activity 1.2.1

Expected Outcome
Performance measures

Activity 1.2.2

Expected Outcome
Performance measures



Annex 10: Action required by EB150



The Executive Board is invited to request the 75th World Health Assembly to take note of the work plan

Thank you

