

Information session



1. Preparatory process for the 4th High Level Meeting on NCDs -the Road to 2025: Accelerating progress on NCDs in SIDS and NCD and Emergency
2. Global oral health action plan (2023-2030) and the monitoring framework

Agenda

- 1 Welcome remarks
- 2 *Preparatory process leading to the 4th High Level Meeting on NCDs – the Road to 2025*
 - Accelerating progress on NCDs in SIDS
- 3 - NCDs and Emergency
- 4 - Aligning agendas
- 5 Moderated discussion with Member States
- 6 *Global oral health action plan (2023-2030) and the monitoring framework*
- 7 Moderated discussion with Member States
- 8 Wrap up and end of session

Prof. Jérôme Salomon, ADG/UCN, WHO
Dr Maria Neira, ADG a.i./HEP, WHO

Dr Bente Mikkelsen, Director, NCD/HQ
Dr Devora Kestel, Director, MSD/HQ

On behalf of Dr Bente Mikkelsen, Director, NCD/HQ
Dr Slim Slama, Unit Head, NCD/HQ

On behalf of Mr Altaf Musani, Director, HEI/HQ,
Dr Adelheid Marschang

On behalf of Dr Asmus Hammerich, Director NMH/EMRO
Dr Hicham El Berri

Dr Bente Mikkelsen, Director, NCD/HQ
Dr Ruediger Krech, Director, HPD/HQ
Dr Devora Kestel, Director, MSD/HQ
Dr Francesco Branca, Director, NFS/HQ
Dr Maria Neira, ADG a.i./HEP, WHO
Dr Svetlana Akselrod, Director, GNP HQ

Dr Bente Mikkelsen, Director, NCD/HQ

Dr Bente Mikkelsen, Director, NCD/HQ



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Opening Remarks

Prof Jérôme Salomon

Assistant Director-General,
Division of Universal Health Coverage,
Communicable and Noncommunicable
Diseases



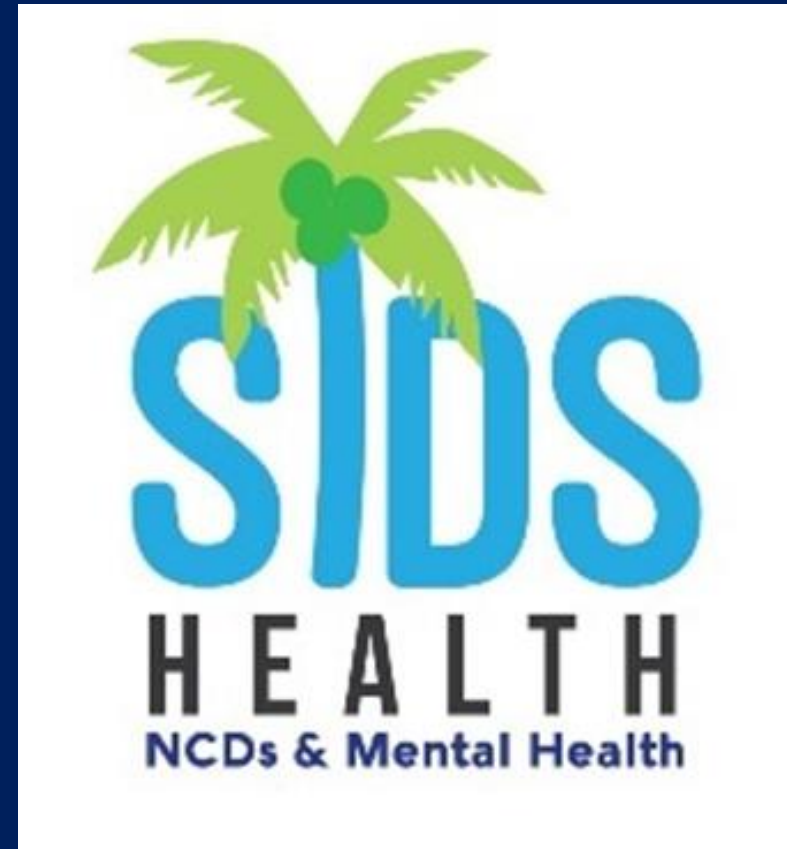
Dr Maria Neira

Assistant Director-General (a.i.),
Division of Universal Health
Coverage/Healthier Populations



Preparatory process leading to the 4th High Level Meeting on NCDs The Road to 2025

Accelerating progress on
NCDs and Mental Health in SIDS



Preparatory process for the 4th High Level Meeting on NCDs, 2025

A75/10 Add.5 (Annex 11)

Outlined in document A75/10 Add.5 (Annex 11) submitted for and noted by WHA75

- ❑ UNGA resolution on the **scope, purpose and modalities** of the 4th HLM, to be negotiated by Member States with the support of 2 co-facilitators appointed by the President of the United Nations General Assembly
- ❑ **Outcome document** to be adopted at the 4th HLM will be also negotiated by Member States under the auspices of the same two co-facilitators
- ❑ **The preparatory process** includes meetings and consultations co-sponsored by WHO and relevant partners, which may serve as:
 - input into the negotiations among Member States on the “modalities” resolution and the outcome document
 - contribute to the development of recommendations that may be included in the 2024 progress report of the United Nations Secretary-General to the United Nations General Assembly on the prevention and control of NCDs.



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A75/10 Add.5

ANNEX 11

PREPARATORY PROCESS LEADING TO THE FOURTH HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY ON THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES IN 2025

Mandate

1. Paragraph 50 of the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases requests “the United Nations Secretary-General in consultation with Member States, and in collaboration with the World Health Organization and relevant funds, programmes and specialized agencies of the United Nations system, to submit to the General Assembly, by the end of 2024, for consideration by Member States, a report on the progress achieved in the implementation of the present political declaration, in preparation for a high-level meeting on a comprehensive review, in 2025, of the progress achieved in the prevention and control of non-communicable diseases and the promotion of mental health and well-being”.¹
2. The preparatory process leading to the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases was first set out in paragraph 44 of document A74/10 Rev.1, which was noted by Member States at the Seventy-fourth World Health Assembly.
3. The purpose of this Annex is to provide an update on that preparatory process.

Scope, purpose and modalities

4. Premature deaths caused by NCDs can be prevented when countries take legislative and regulatory measures and implement policies to respond to the needs of people living with or at risk of cardiovascular diseases, cancers, diabetes, chronic respiratory diseases or mental health conditions, including preventive, curative, palliative and specialized care. Some 85% of all premature deaths occurs in low- and middle-income countries. A large proportion of the global population live in low- and middle-income countries where the social, economic and physical environments afford lower levels of protection from the risks of NCDs, such as tobacco use, the harmful use of alcohol, unhealthy diets, physical inactivity and air pollution. In addition, during the COVID-19 pandemic, NCDs and mental health services have been the most commonly disrupted among all essential health services.
5. Many countries are still lacking the capacity to fulfil the commitment, as set out in paragraph 17 of United Nations General Assembly resolution 73/2, to provide strategic leadership for the prevention and control of NCDs by promoting greater policy coherence and coordination through whole-of-government and Health in All Policies approaches and by engaging stakeholders in appropriate, coordinated, comprehensive, integrated and bold whole-of-society action and response.
6. Engagement between governments and non-State actors for the prevention and control of NCDs has proven to be challenging in the context of non-State actor compliance with public health policies and regulations, particularly in finding common ground to optimize the complementary expertise and

¹ United Nations General Assembly resolution 73/2.

Preparatory process for the 4th High Level Meeting on NCDs, 2025



- International Strategic Dialogue on NCD and SDGs, April in Ghana
- First Gathering of Global Group of Heads of State and Government on NCD, September in New York
- Global and East Mediterranean Regional technical meeting on NCDs and Emergencies, Cairo, December 2022

- SIDS High Level Technical Meeting on NCDs and Mental Health, Barbados, January 2023
- SIDS Ministerial Conference on NCDs and Mental Health, Barbados, June 2023
- 2nd High-level Meeting of the UNGA on UHC
- 2.gathering of the Heads of States and Government group during UNGA
- 10th session of the COP to the WHO FCTC (COP10)
- Global meeting on NCDs an emergencies and humanitarian crises 14-16 November 2023

- Second WHO global dialogue on financing national NCD responses
- Regional consultations
- Informal consultations with Member States to finalize the recommendations
- Third WHO global Ministerial Conference on the Prevention and Control of NCDs





2024
Progress report of the
United Nations
Secretary-General

Chapter 1

Introduction

Chapter 3

Progress made in
fulfilling the
assignments given to
WHO

Chapter 6

Recommendations for
consideration by Member
States during the negotiations
on the 2025 political
declaration on NCDs

Chapter 4

Progress made in
fulfilling the
commitments made by
Member States

Annex

Individual county data on the
10 progress indicators set out in
the technical note published by
WHO on 1 May 2017.

Chapter 2

Progress towards
internationally-agreed
targets: Where do we
stand? (advances and
challenges)

Chapter 5

Progress made in
strengthening
international
cooperation

The 4th high-level meeting on NCD in 2025 will be a time to

CELEBRATE accelerated action at country level to achieve NCD GAP targets and SDG 3.4

ADOPT a new, ambitious and achievable Political Declaration on NCDs towards 2050.

ADVANCE and accelerate the global NCD response between 2025 and 2030, and place countries on a sustainable path into the next decades.



International Strategic Dialogue on NCD and SDG

14 April 2022, Accra, Ghana

Co-hosted by

- President of Ghana,
- Prime Minister of Norway,
- DG WHO



Objective

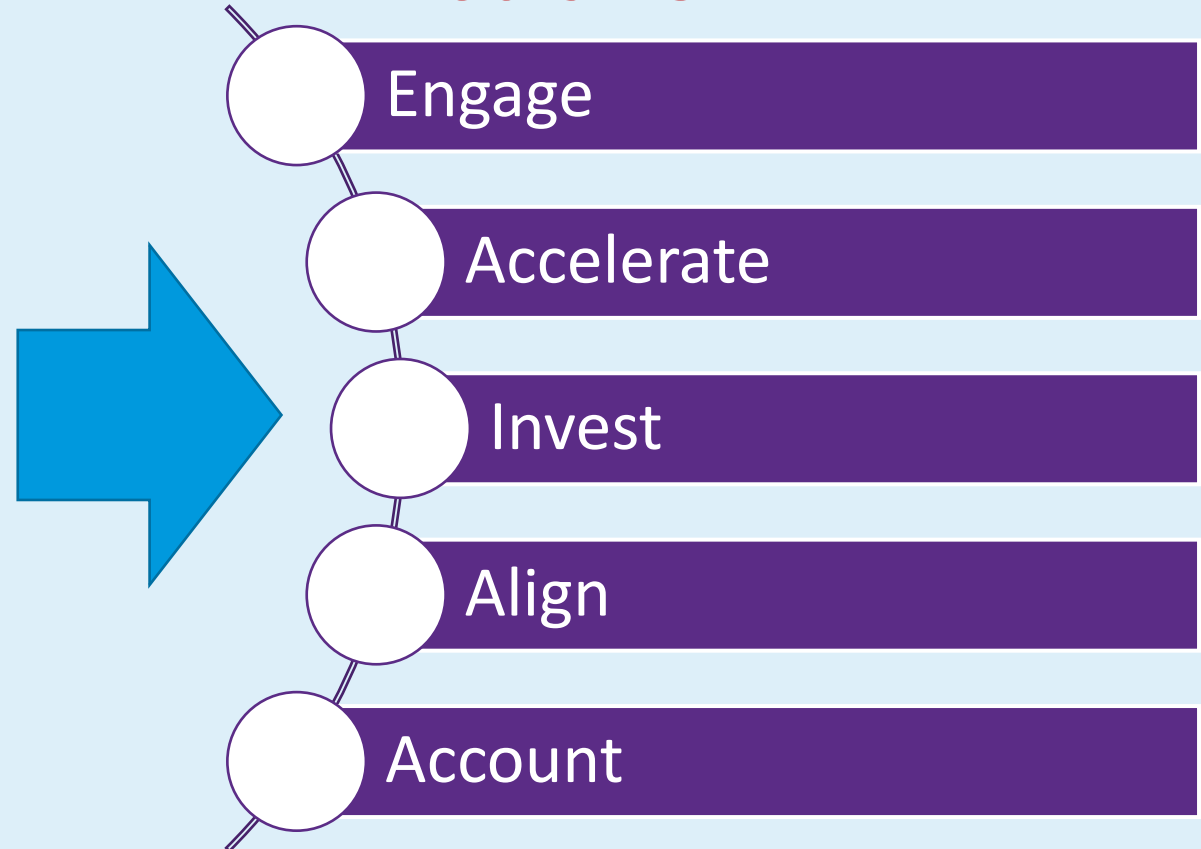
- **To raise the priority** on NCDs
- **To bring together national and international actors and partners** to exchange knowledge and ideas on what would it take globally for LMICs to achieve SDG 3.
- **To raise the political visibility** of Heads of State and Government who are providing a strategic leadership role in the prevention and control of NCDs to a global level.

Global NCD Compact 2020-2030

Five Commitments

1. Save lives of 50 million people from dying prematurely of NCDs.	3. Cover all people with quality essential health services and medicines and health products for NCD prevention and control by integrating NCDs into PHC and UHC.
2. Protect lives of 1.7 billion people living with NCDs during humanitarian emergencies , through preparedness and health emergency risk management.	4. Cover all countries with comprehensive NCD surveillance and monitoring actions.
	5. Meaningfully engage 1.7 billion people living with NCDs and mental health conditions to encourage Governments to develop more ambitious national NCD responses.

Actions



Second Gathering of Global Group of HoSG for NCD

Objective

To convene members of the Global Group of Heads of State and Government to:

Raise the priority accorded to the prevention and control of NCDs within the national and international SDG response

Deliberate on the Global NCD Compact 2020-2030 and showcase national and international actions on NCD and the SDGs

Celebrate new members of the Global Group of Heads of State and Government

Discuss on how to leverage the collective to inspire and support global action on NCDs and the SDGs

Event details

- 78th UNGA in New York
- Venue: UN building
- September 2023



Invisible numbers

The true extent of **noncommunicable diseases**
and what to do about them

Read the report

[https://www.who.int/publications/
item/9789240057661](https://www.who.int/publications/item/9789240057661)

Access the NCD Data Portal

<https://ncdportal.org/>

Data portal on NCDs

Noncommunicable Diseases Data Portal

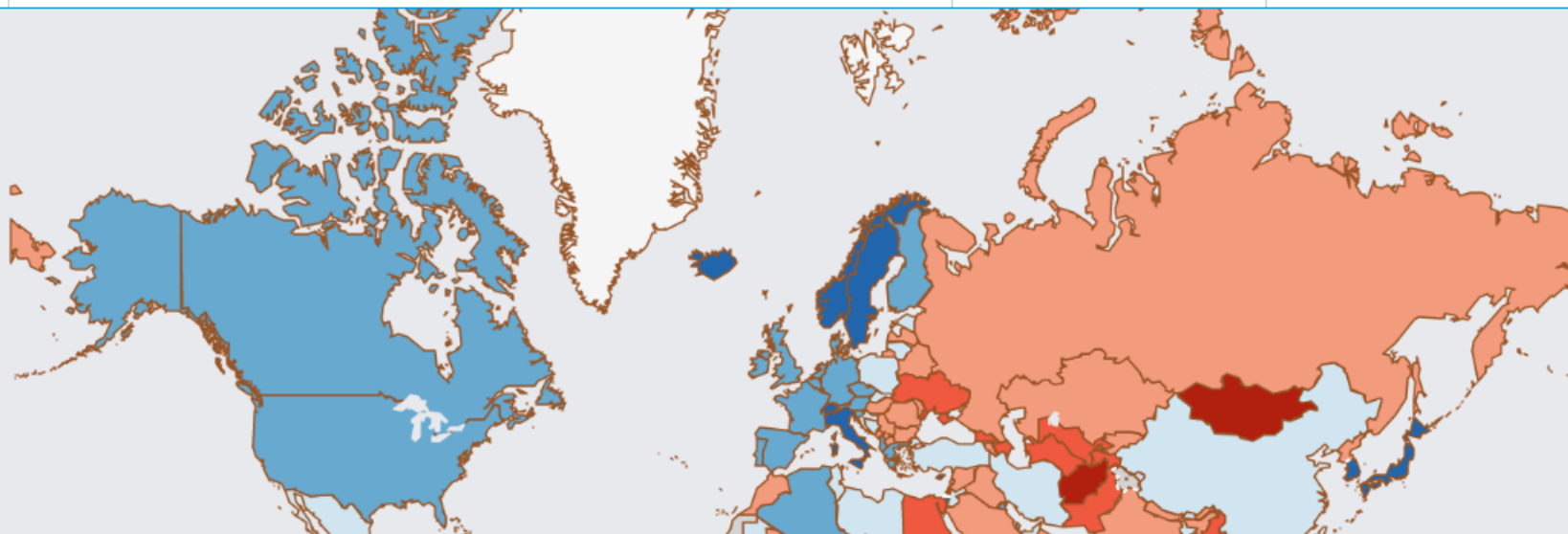
Noncommunicable diseases (NCDs) – chief among them, cardiovascular diseases (heart disease and stroke), cancer, diabetes and chronic respiratory diseases – cause nearly three-quarters of deaths in the world. Their drivers are social, environmental, commercial and genetic, and their presence is global. Every year 17 million people under the age of 70 die of NCDs, and 86% of them live in low- and middle-income countries.

Users can explore the data below by country, accessing detailed information on noncommunicable diseases and their key risk factors:

Noncommunicable Diseases & Key Risk Factors

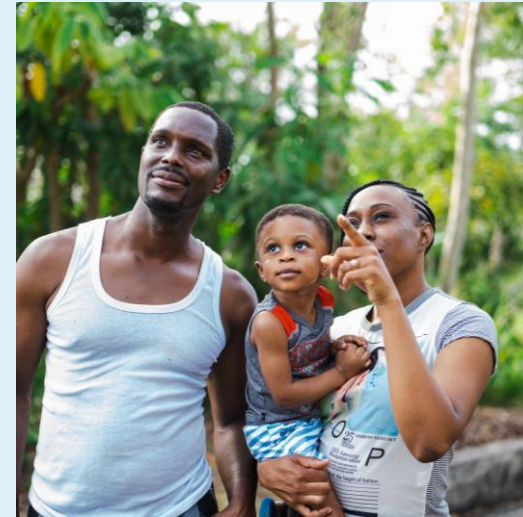
-  Cancer
-  Cardiovascular diseases (CVDs)
-  Chronic respiratory diseases (CRDs)
-  Diabetes
-  Harmful alcohol use
-  Obesity / Unhealthy diet
-  Physical inactivity
-  Tobacco use

Diseases & Risk Factors								Gender			Indicators	
 NCDs	 Alcohol	 Cancer	 CRDs	 CVDs	 Diabetes	 Obesity / Diet	 Physical Inactivity	 Tobacco	 Total	 Males	 Females	Probability of premature mortality ... ▾
Search country <input type="text"/>												



Review of the **SIDS High Level Technical Meeting on NCDs and Mental Health**, 17-18 January 2023, and Overview of the **SIDS Ministerial Conference on NCDs and Mental Health**, 14-16 June 2023

Bridgetown, Barbados



For a **healthy resilient future** in Small Island Developing States

SIDS SUMMIT FOR HEALTH: 28-29 JUNE 2021



Aims:

- Support and promote **the voices of SIDS leaders and communities** on key these global health threats;
- Advance **SIDS health** strategies and partnerships
- Galvanize support for **innovations and solutions** to speed up SIDS **progress towards universal health coverage, health security and healthier populations.**

Outcomes:

- Increased **targeted financing** for key ongoing SIDS health priorities and initiatives;
- **Partnerships** to improve speed of implementation and access to innovations;
- **A joint statement** of priority short-term actions to help drive results at the
 - UN Food Systems Summit in September 2021,
 - 26th Climate Change Conference in November 2021,
 - Nutrition for Growth Summit in December 2021, and key meetings in 2022, including on NCDs
- **Format:**
 - One leaders' dialogue, and four ministerial/partner panels over 28-29 June, including one evening (CEST) panel to maximize engagement in time zones that work for Ministers, and closing.




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Follow-up to SIDS SUMMIT FOR HEALTH

Preparation, May and June



SIDS SUMMIT FOR HEALTH:
For a healthy and resilient future
in Small Island Developing States



World Health Organization
28-29 June 2021

POLICY BRIEF
Noncommunicable Diseases and Mental Health Conditions in SIDS

The Challenge

As a group, Small Island Developing States (SIDS) share a disproportionately high burden of the risk factors, morbidity and premature mortality caused by non-communicable diseases (NCDs) and mental health conditions and their determinants.

- NCDs are a leading cause of premature mortality, with 52% of people with NCDs in SIDS dying prematurely (aged 30-69 years). In the Pacific, NCDs account for approximately 70% of mortalities.
- Mental health conditions are common in SIDS. According to the latest Global Burden of Disease (GBD) 2019 estimates, 15.2% of the Caribbean population has a mental disorder; this is an estimated 11.2% in the Pacific.
- Suicide rates are high in SIDS, with Kiribati and Micronesia (Federated States) having the 5th and 6th highest age standardized suicide rates globally.
- The risk factors for NCDs and mental health in SIDS are strikingly high: 28% of adults aged 18 years and above do not engage in enough physical activity, 23% smoke tobacco, 56% are overweight with half of them obese.
- Unhealthy diets and physical inactivity mean Pacific island countries and territories (PICTs) account for eight of the world's ten most obese nations, and seven of the ten with the highest rates of diabetes.
- SIDS have some of the highest rates of tobacco use in the world. Five Pacific SIDS are among the top 10 countries in the world for smoking prevalence. Alcohol consumption in many SIDS is high. In eight Pacific island countries, over 50% of the population reported using alcohol.¹
- Gender inequality and violence are risk factors for mental health. In some SIDS, the rate of violence against women is high. In some SIDS, the rate of intimate partner violence is high. In some SIDS, the rate of violence against women is high. In some SIDS, the rate of intimate partner violence is high.



Global/Regional Events

Aug-Oct	Sep	Nov	Dec
2021	2021	2021	2021
-AFRO, SEARO, AMRO/ PAHO, WPRO	<u>UN Food Systems Summit</u>	<u>UNFCCC COP26</u>	<u>Nutrition for Growth Summit</u>
<u>Regional Committees and Subregional Bodies (PIF, CARICOM etc.)</u>			

Jan 2023
SIDS Technical Meeting on NCDs and Mental health

June 2023
SIDS Ministerial Conference on NCDs and Mental health

Building on strong leadership

Port of Spain Declaration and SAMOA pathway



SIDS HIGH-LEVEL TECHNICAL MEETING ON NCDS AND MENTAL HEALTH

TUESDAY 17 JANUARY – WEDNESDAY 18 JANUARY 2023
BRIDGETOWN, BARBADOS



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SIDS remain a special case for sustainable development with specific vulnerabilities and challenges

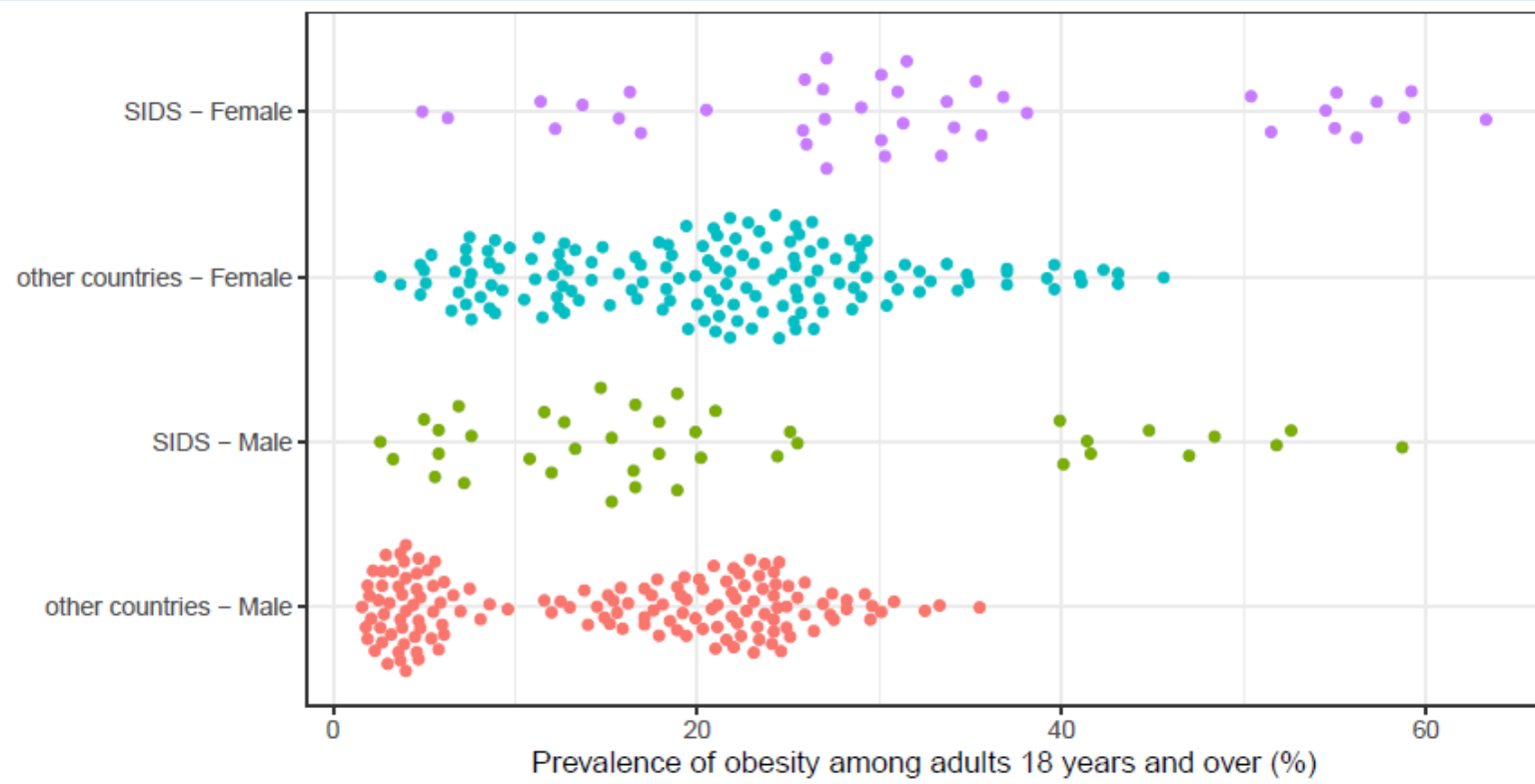


- **Geographical** remoteness, small **domestic markets** and undiversified **economies**
- Aggravated effects of **climate change and natural disasters** affecting livelihoods, culture heritage, security, and health and wellbeing
- Highly dependent on **international relationships and trade** (e.g., as primarily net food-importers; high transactional costs)
- High burdens of **nutrition-related conditions** and greater risk of food insecurity
- Negative impact of **commercial determinants of health** (e.g., leading to unhealthy environments and contributing to inequality and exclusion)
- **Limited health system capacity** (e.g., workforce)
- All vulnerabilities further exacerbated by **COVID-19 pandemic**

SIDS are overrepresented among countries with the highest likelihood of dying prematurely from NCDs



The highest obesity rates worldwide are found in SIDS



The 10 countries with the highest obesity prevalence worldwide are SIDS all exceeding 45% (both sexes combined)

Mental health - the global context in numbers



1 in 8

people live with a mental disorder

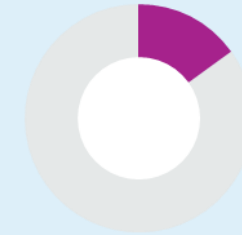


1 in 100

deaths are suicides

58%

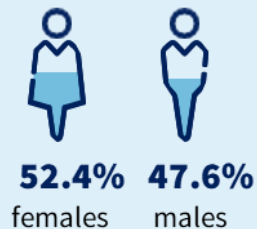
suicides happen before the age of 50



1 in 6

years lived with disability are attributable to mental disorders

Mental disorders account for **129 million** DALYs



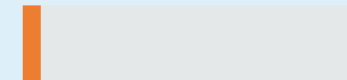
14% of the world's adolescents



People with severe mental health conditions die

10 to 20 years

earlier than the general population



or **5.1%** of the global burden

Mental health: Key Gaps

INFORMATION GAP



- Data and research on mental health are **lacking**

GOVERNANCE GAP



- Few countries' implement plans that comply with **human rights**

RESOURCES GAP



- On average 2% of countries' **health budgets** goes to mental health

SERVICES GAP



- Most people with mental health conditions go **untreated**



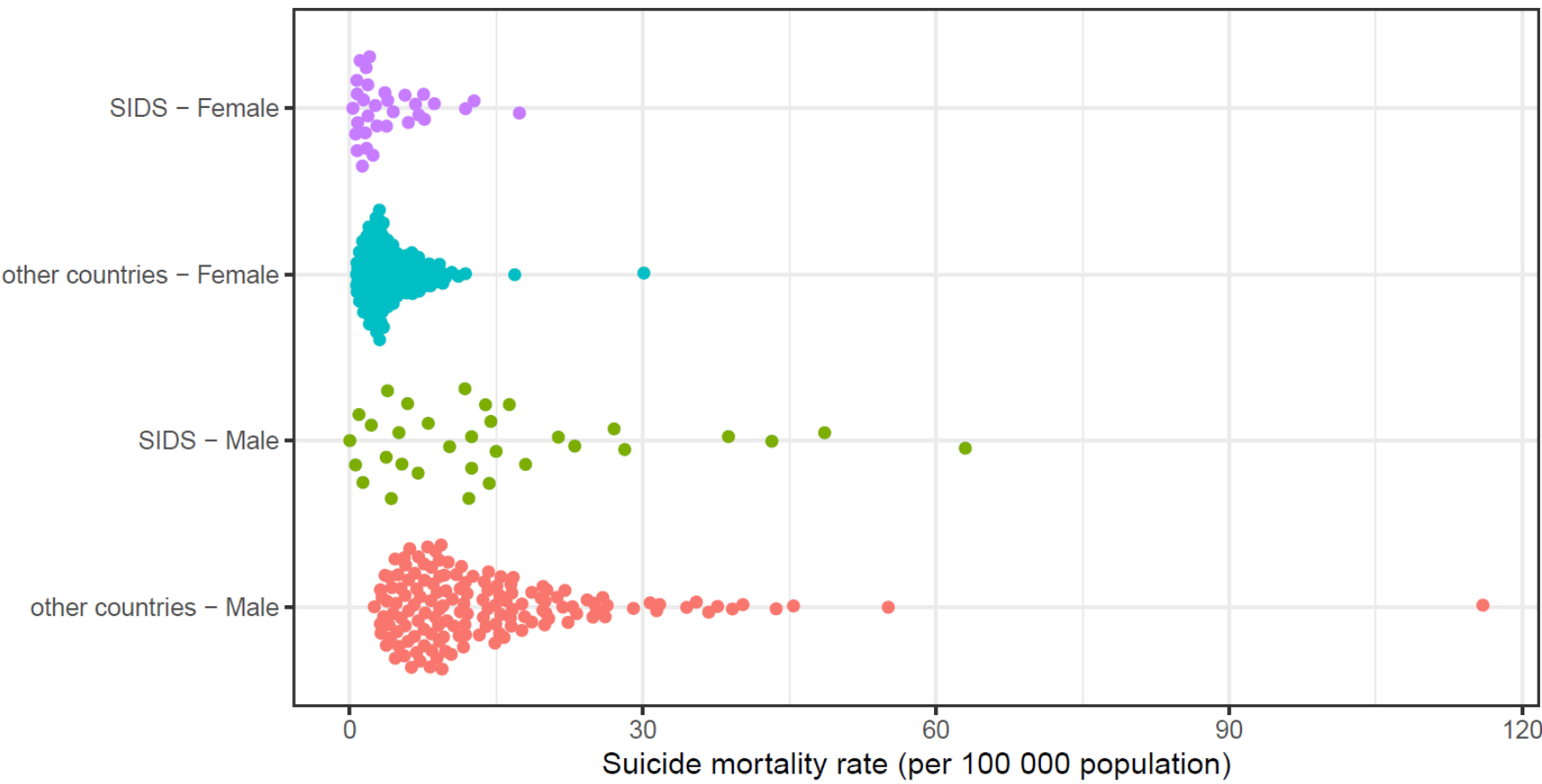
World Health Organization



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Mental health in SIDS

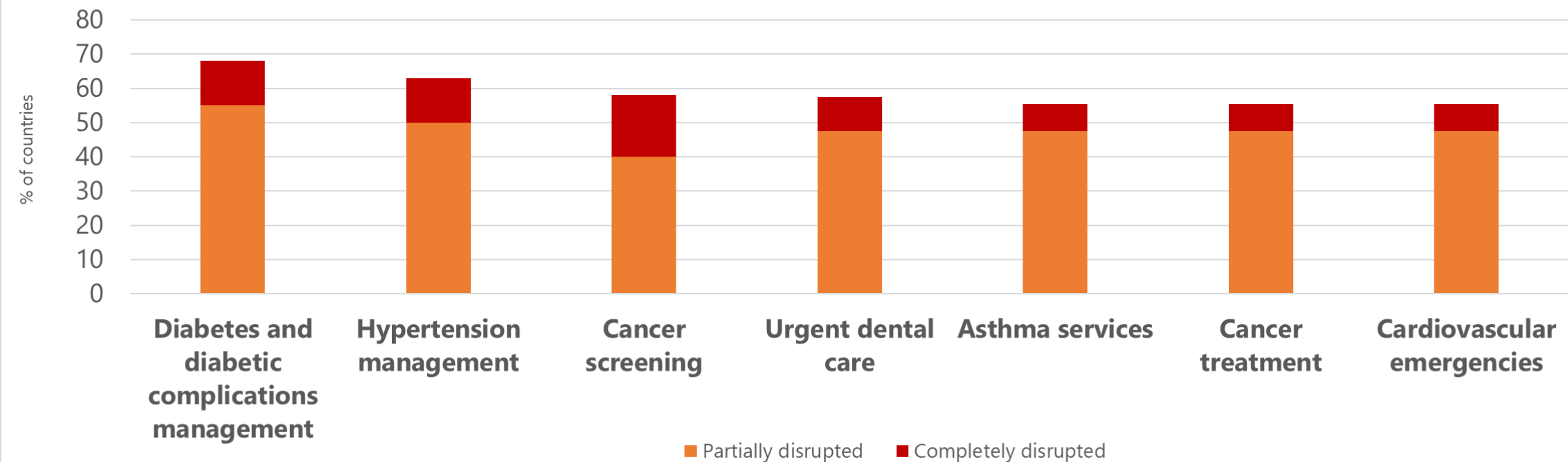
Suicide mortality is SDG indicator 3.4.1 for mental health



Suicide mortality is under-recorded in many countries due to stigma or legal reasons

NCD services were disrupted by COVID-19 in SIDS

SIDS Countries: NCD services disrupted due to COVID-19



SIDS HIGH-LEVEL TECHNICAL MEETING ON NCDs AND MENTAL HEALTH

Outcomes

Meeting report summarizing key deliberations and SIDS successes, challenges and lessons learned in the prevention and management of NCDs and mental health in SIDS

A set of key recommendations organized around 4 areas:

- 1. Sustainable and innovative financing for NCDs and mental health**
- 2. Impact of climate change on NCDs and mental health in SIDS and integration in emergency preparedness and response**
 - a) Mitigating the health impacts of climate change, preserving ecosystems and biodiversity for health
 - b) Integration of NCDs and mental health into health emergency preparedness and responses
- 3. Strengthening multisectoral engagement and policy coherence for NCDs and mental health in SIDS**
- 4. Commercial determinants of health and addressing conflicts of interest**



SIDS HIGH-LEVEL TECHNICAL MEETING ON NCDS AND MENTAL HEALTH

TUESDAY 17 JANUARY – WEDNESDAY 18 JANUARY 2023

BRIDGETOWN, BARBADOS

- approximately **260 registrants**, with at least 130 in-person and 130 online participants from **44 countries and territories**
- **33 non-governmental organisations (NGOs)**, including individuals with lived experience of NCDs and MH conditions
- **4 regional political integration entities**
- partner governments and agencies; international financing institutions; the WHO and PAHO secretariats; and representatives of other **UN agencies**



SIDS NCD Data Portal

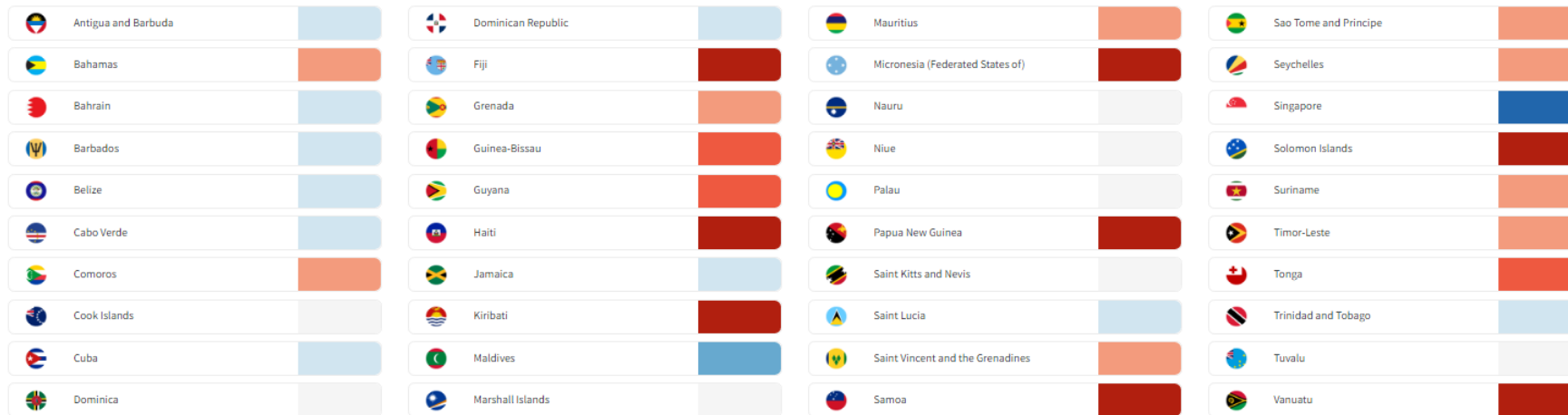
Small Island Developing States Data Portal

Small island developing states (SIDS) are a set of islands and coastal states that share similar sustainable development challenges as a result of their size, geography and vulnerability to climate change. Forty WHO Member States are classified as SIDS. These countries are disproportionately among those with the highest risk of dying prematurely from any of the four main noncommunicable diseases (NCDs) – namely cardiovascular diseases (heart disease and stroke), cancer, diabetes and chronic respiratory diseases. This site allows users to explore the burden of NCDs in these 40 SIDS, providing detail on the morbidity and mortality of the main NCDs as well as the prevalence of their key underlying risk factors and information on the actions these countries have or have not taken to address NCDs.

Noncommunicable Diseases & Key Risk Factors

- Cancer
- Cardiovascular diseases (CVDs)
- Chronic respiratory diseases (CRDs)
- Diabetes
- Harmful alcohol use
- Obesity / Unhealthy diet
- Physical inactivity
- Tobacco use

Diseases & Risk Factors								Gender			Indicators	
												Probability of premature mortality from NCDs
Search country												



Sort by value

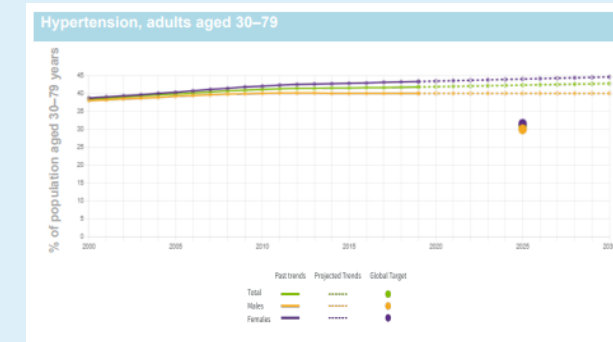
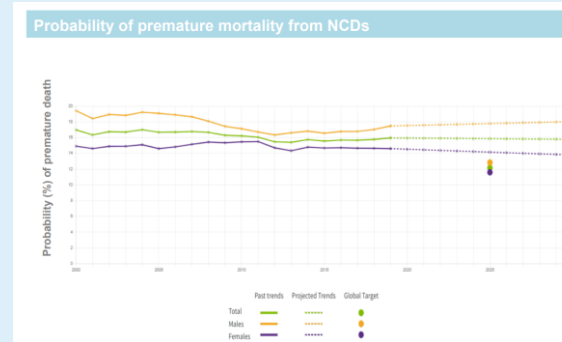
Probability of premature mortality from NCDs (%)

- <10
- ≥10 & <15
- ≥15 & <20
- ≥20 & <25
- ≥25 & <30
- ≥30
- Data not available
- Not applicable

<https://sids.ncdportal.org>



SIDS NCD Data Portal Country profiles



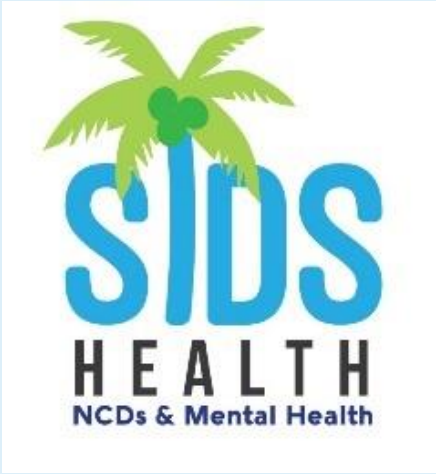
Indicator name	Year	Total	Males	Females
Total alcohol per capita consumption	2019	10.4 litres	16.9 litres	4.3 litres
Current tobacco use, adults aged 15+	2019	9 %	15 %	2 %
Mean population salt intake, adults aged 25+	2019	7 g/day	7 g/day	6 g/day
Physical inactivity, adults aged 18+	2016	43 %	29 %	55 %
Physical inactivity, adolescents aged 11-17	2016	82 %	77 %	87 %
Hypertension, adults aged 30-79	2019	42 %	40 %	43 %
Diagnosed hypertension, adults aged 30-79 with hypertension	2019	71 %	62 %	78 %
Treated hypertension, adults aged 30-79 with hypertension	2019	61 %	51 %	68 %
Controlled hypertension, adults aged 30-79 with hypertension	2019	34 %	29 %	38 %
Obesity, adults aged 18+	2016	23 %	15 %	31 %
Obesity, adolescents aged 10-19	2016	11 %	11 %	11 %
Raised fasting blood glucose, adults aged 18+	2014	12 %	11 %	14 %
Mean total cholesterol, adults aged 18+	2018	4.4 mmol/l	4.2 mmol/l	4.5 mmol/l

Country response/Progress monitor

Indicator name	Year	Value
National NCD targets	2022	Fully Achieved
Mortality data	2022	Partially Achieved
Risk factor surveys	2022	Partially Achieved
National integrated NCD policy/strategy/action plan	2022	Fully Achieved
Tobacco demand-reduction measures		
Increased excise taxes and prices	2022	No Response
Smoke-free policies	2022	Fully Achieved
Large graphic health warnings/plain packaging	2022	Fully Achieved
Bans on advertising, promotion and sponsorship	2022	Not Achieved
Mass media campaigns	2022	Not Achieved
Harmful use of alcohol reduction measures		

Country profiles for 40 SIDS, providing detail on the morbidity and mortality of the main NCDs as well as the prevalence of their key underlying risk factors and information on the actions these countries have or have not taken to address NCDs.

<https://sids.ncdportal.org>



SIDS MINISTERIAL CONFERENCE ON NCDs AND MENTAL HEALTH

JUNE 2023

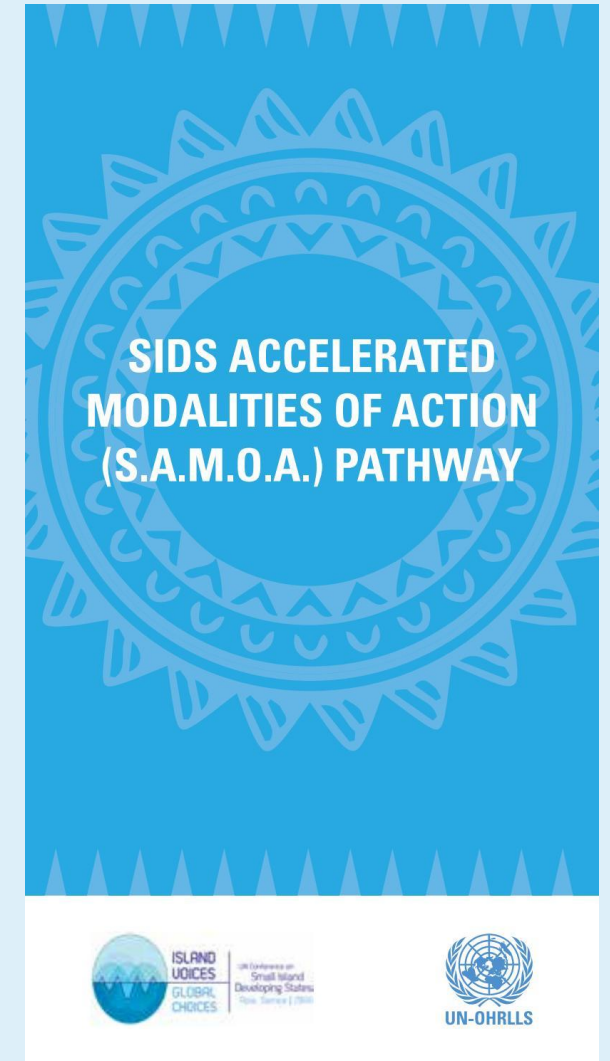
HILTON HOTEL, BRIDGETOWN, BARBADOS



SIDS Ministerial Conference on NCDs and Mental health

(Tentative: 14-15 June 2023)

- paragraph 75(e) of resolution A/RES/69/15 (SIDS Accelerated Modalities of Action (SAMOA) Pathway, which includes a commitment to **“enable cooperation among Small Island Developing States on diseases by using existing international and regional forums to convene joint biennial meetings of ministers of health and other relevant sectors to respond in particular to NCDs”**.



Purpose

The Ministerial Conference will be informed by the SIDS High-level Technical Meeting on NCDs and Mental Health.

The Ministerial Conference will set out an ambitious agenda to transform the capability of SIDS countries to proactively respond and effectively deliver health outcomes in relation to NCDs and mental health, and so become a vital partner for reaching SDG target 3.4.

Meeting Objectives

- **The ministerial conference in June 2023 will be organized in response to** paragraph 75(e) of resolution A/RES/69/15 (SAMOA Pathway), which includes a commitment to “enable cooperation among Small Island Developing States on diseases by using existing international and regional forums to convene joint biennial meetings of ministers of health and other relevant sectors to respond in particular to NCDs.
- **Participating Heads of State and Government and Ministers from SIDS will present the** Outcome Document which will serve as an input into the preparatory process leading to the fourth High-level meeting of the United Nations General Assembly on NCDs in 2025 and to future global summits on mental health.
- **Participating Heads of State and Government and Ministers from SIDS** will present commitments to accelerate national actions that will contribute to the achievements of the NCDs Global targets and the SDGs before 2025 and 2030

6 sessions



Address



High – level segment Ministerial panel



Commentary on relevant sections in the Outcome document

- **Session 1:** Pathways to accelerate national NCD and mental health responses in SIDS
- **Session 2:** Impact of climate change on NCDs and mental health in SIDS
- **Session 3:** Emergency preparedness and response in relation to NCDs and mental health
- **Session 4:** Reorienting health systems with a focus on primary health care for NCDs and mental health
- **Session 5:** Mental health
- **Session 6:** Multisector collaboration for nutrition, physical activity and obesity prevention
- **Concluding Session:** Adoption of Outcome Document



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SIDS Technical Meeting and Ministerial Conference on NCDs and Mental Health

On the Road to 2025



Next steps

- Development of an **Outcome Document of the Ministerial Conference** to feed into the preparatory process for both the Second High-level Meeting (HLM) of the UN General Assembly (UNGA) on UHC, scheduled for September 2023, and the Fourth HLM of the UNGA on the Prevention and Control of NCDs
- Co-chairs of the process: Ambassadors, Permanent Missions of Barbados and Fiji
- The Outcome Document should be focused, bold and forward-thinking, drawing from key policy options aligning with key recommendations from SIDS Technical meeting, 4 pages max.
- Negotiation process will be **SIDS-specific, i.e., negotiated by and for SIDS.**
- Negotiation process between SIDS should be short: **between February and May 2023**
- WHO Secretariat and a SIDS High level Policy Expert Group will support across the process

NCDs in Emergencies

Dr Bente Mikkelsen, Director
NCD Department/WHO HQ



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Effectively manage noncommunicable diseases in emergencies by integrating care for these conditions in emergency preparedness and response

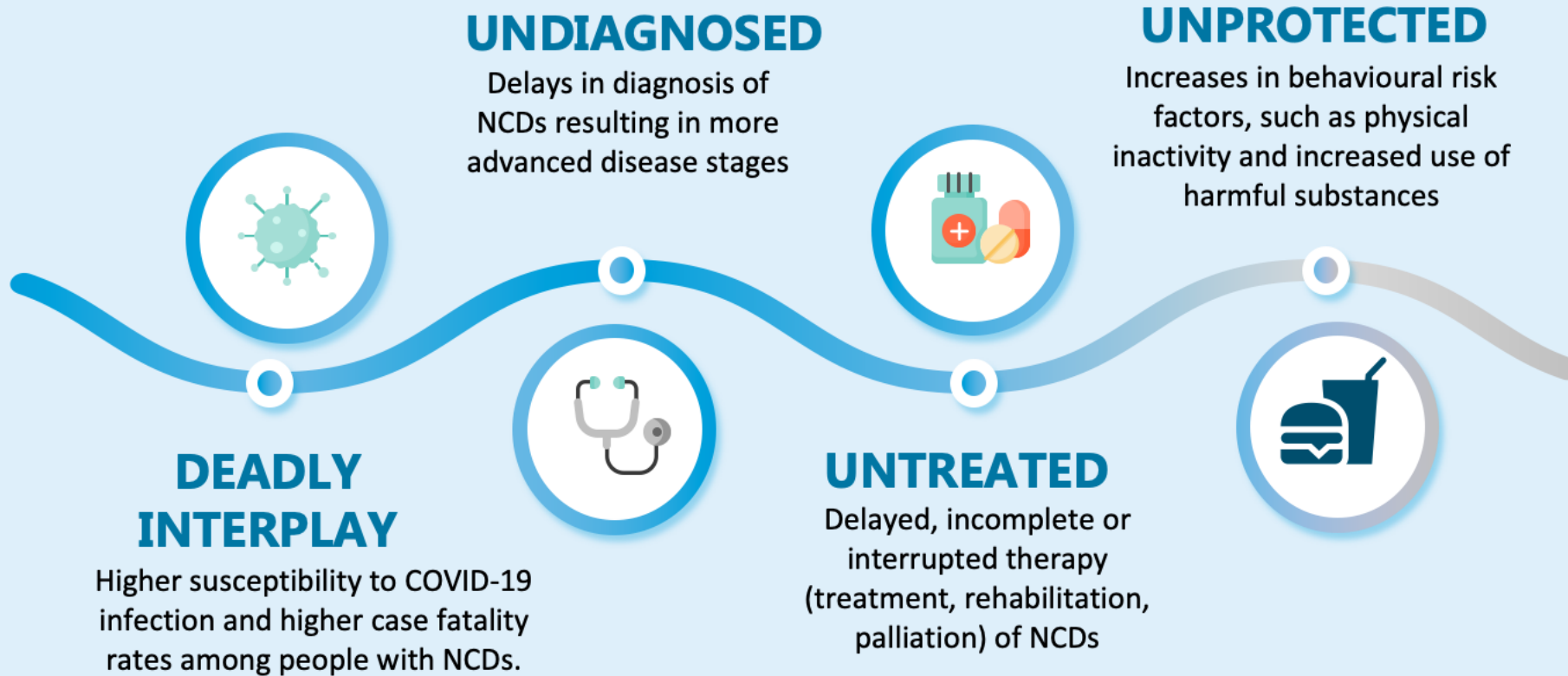


Reorient and strengthen health systems to address noncommunicable diseases

Policy context



COVID-19 has severely impacted the lives of people living with or affected by NCDs

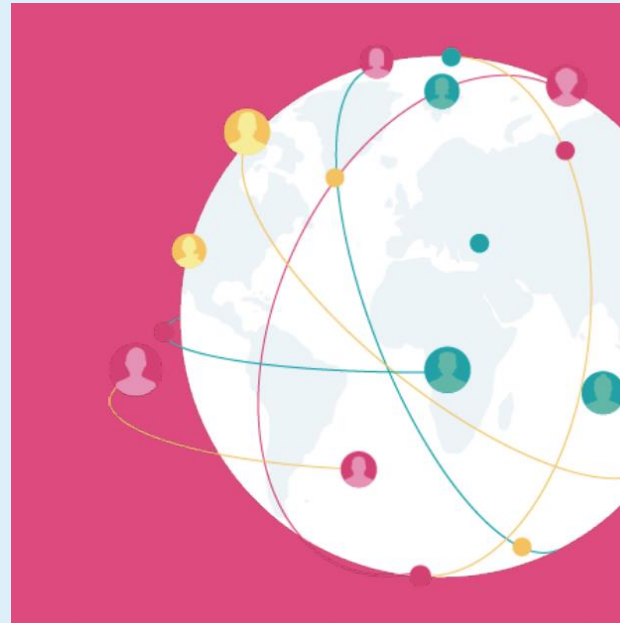


COVID-19 caused severe service disruption

Global pulse survey on continuity of essential health services during the COVID-19 pandemic

92%

(117 of 127) countries reported some extent of disruptions in at least one essential health service



Third round of the global pulse survey on continuity of essential health services during the COVID-19 pandemic: November–December 2021

Interim report

7 FEBRUARY 2022



COUNTRIES AFFECTED



ON AVERAGE
45% OF TRACER SERVICES
ARE DISRUPTED IN COUNTRY

53%

Primary care

38%

Emergency, critical
and operative care

59%

Elective
surgeries

52%

Rehabilitative
services

54%

Community care



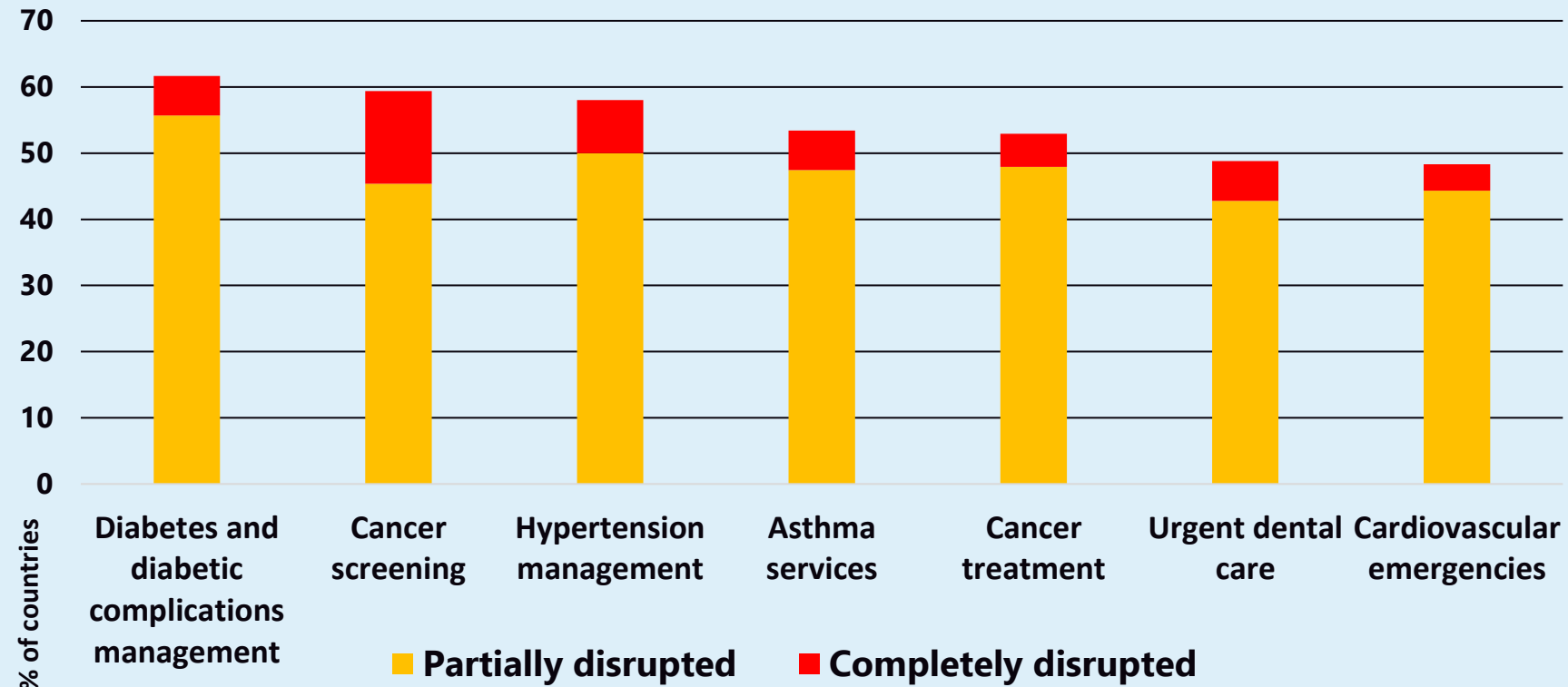
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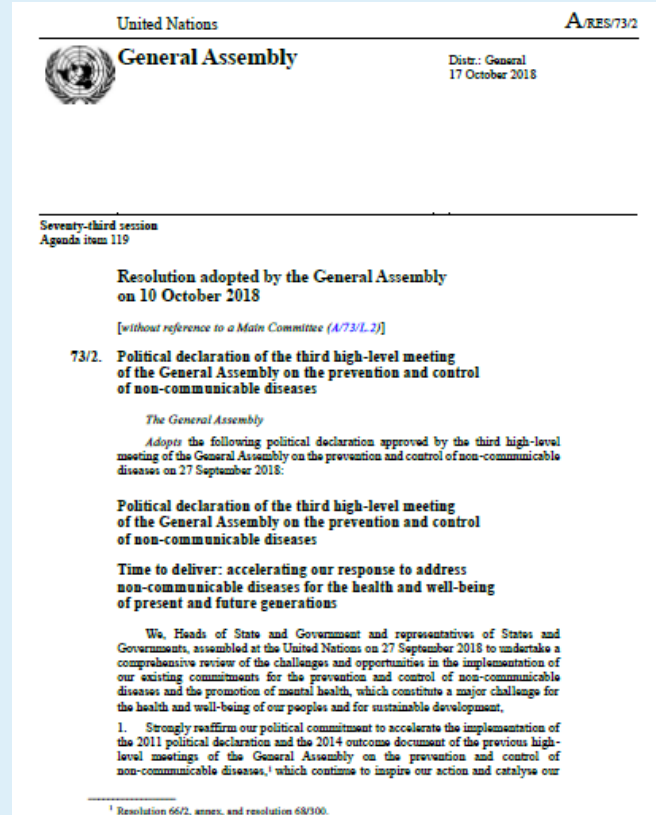
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Assessment of NCDs service disruption

136 countries reported that NCD services were disrupted during COVID-19 pandemic



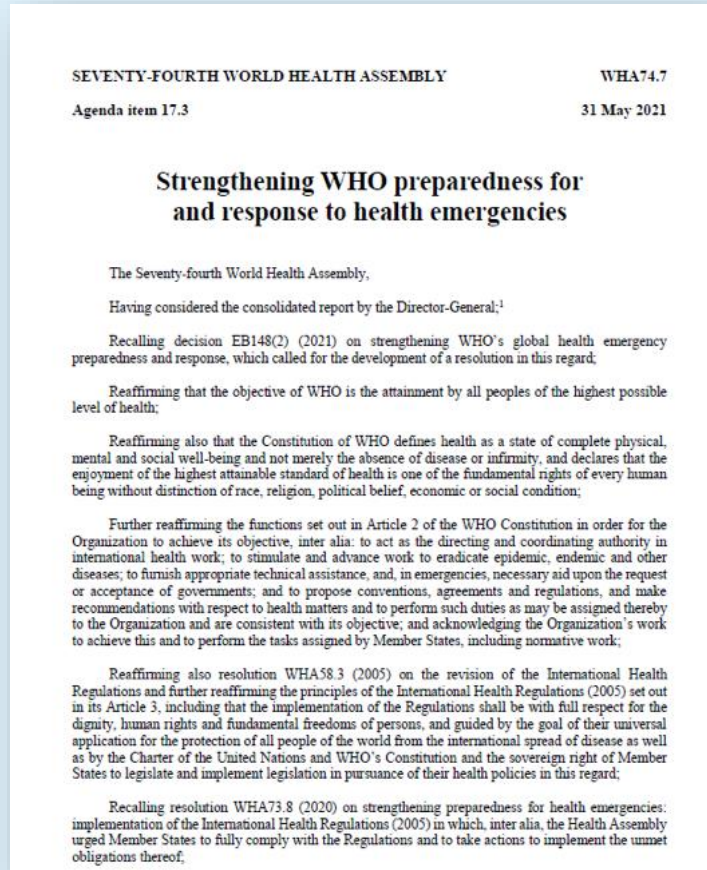
Mandate given to act



Resolution A/RES/73/2

- **Political Declaration of the third High-level Meeting of the General Assembly on the prevention and control of non-communicable diseases**
- **OP40 “Strengthen the design and implementation of policies, including for resilient health systems and health services and infrastructure to treat people living with non-communicable diseases and prevent and control their risk factors in humanitarian emergencies, including before, during and after natural disasters, with a particular focus on countries most vulnerable to the impact of climate change and extreme weather events”**

Mandate given to act



- Resolution WHA 74.7
- Strengthening WHO preparedness for and response to health emergencies
- (8) to work towards achieving strong and **resilient health systems and universal health coverage, as an essential foundation for effective preparedness and response to public health emergencies**, and adopt an equitable approach to preparedness and response activities, including to mitigate the risk that health emergencies exacerbate existing inequalities in access to services, including for immunization and nutrition, chronic infectious diseases **and noncommunicable diseases**, mental health, maternal and child health, sexual and reproductive health care services, rehabilitation and long-term care services

Mandate given to act

SEVENTY-FOURTH WORLD HEALTH ASSEMBLY

WHA74.4

Agenda item 13.2

31 May 2021

Reducing the burden of noncommunicable diseases through strengthening prevention and control of diabetes

The Seventy-fourth World Health Assembly,

Having considered the consolidated report by the Director-General;¹

Recalling WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030 and the following five voluntary global diabetes-related targets for 2025: a 25% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases; halt the rise in diabetes and obesity; at least 50% of eligible people receive medicinal treatment (including glycaemic control) and counselling to prevent heart attacks and strokes; an 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases (including diabetes) in both public and private facilities; and a 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years;

Recalling also the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases (United Nations General Assembly resolution 66/2 (2011), which recognizes the primary role and responsibility of Governments in responding to the challenge of noncommunicable diseases by developing adequate national multisectoral responses for their prevention and control;

Also recalling resolution WHA66.10 (2013) on the endorsement of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2020 and decision WHA72(11) (2019), which extended the global action plan until 2030;

Reaffirming the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health;

Recalling the United Nations General Assembly resolution 70/1 (2015), which adopted the 2030 Agenda for Sustainable Development and defined the Sustainable Development Goals, as well as the associated target 3.4 of reducing the risk of premature mortality from diabetes and other major noncommunicable diseases by one third by 2030;

Having considered Annex 11 of the report of the Director-General in document A74/10 Rev.1 on major obstacles to achieving the diabetes-related targets in the WHO global action plan for the prevention and control of noncommunicable diseases, including that halting the rising prevalence of

Resolution WHA 74.4

- Reducing the burden of noncommunicable diseases through strengthening prevention and control of diabetes
- OP 4 “ to provide concrete guidance to Member States for uninterrupted treatment of people living with diabetes in humanitarian emergencies”



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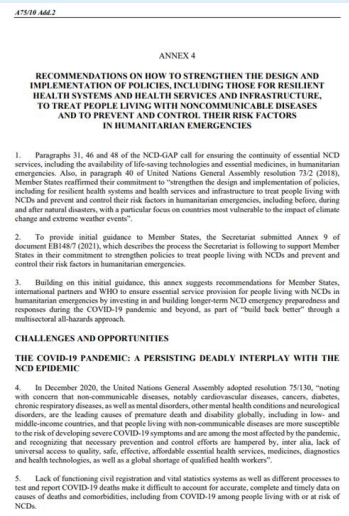
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https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R4-en.pdf

Annex 4 of document A75/10 Add2 endorsed by WHA decision 75/11

Recommendations on how to strengthen the design and implementation of policies, to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies

- **Inclusion** of NCDs and their modifiable risk factors in policies, programmes and services as part of a **multisectoral all-hazards approach to health emergency preparedness and responses**
- **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
- **Procurement, repositioning and deployment of essential, safe, affordable, quality and effective NCD medicines and supplies**, including **WHO standard NCD kits** or other essential bulk items
- **Strengthen core public health capacities and workforces** for the provision of NCD services in humanitarian settings, including through digital health solutions
- **Document countries experiences** and promote **research** on NCD in humanitarian settings




https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_10Add2-en.pdf

WHO's work on NCD in humanitarian emergencies

- Global leadership and advocacy prioritizing NCDs across humanitarian cycle and beyond
- Documenting and building on countries' experiences
- Normative guidance, technical products and tools
- Shaping the research agenda
- Establishing strategic partnerships



Documenting and building on countries' experiences

 **World Health Organization Bangladesh**


INTERNATIONAL WEBINAR
Strengthening Noncommunicable Disease Prevention & Management in Humanitarian Settings
- Reviewing the Cox's Bazar approach


Tuesday, 14 September 2021
2.30 pm - 4.30 pm, Bangladesh Time (UTC +6)


Addressing the burden of Noncommunicable diseases (NCDs) among refugees and migrants remains a major challenge in humanitarian settings. Since the onset of the Rohingya refugee crisis in 2017, WHO is supporting Government health authorities and humanitarian partners to better integrate NCD services in primary health care of refugee camps and immediate host communities, and thus prevent premature deaths among the refugee population. Various efforts to support the NCD response have taken place through coordination, capacity building, health education, provision of emergency medicines and supplies, and monitoring/supportive supervision, which have continued despite the constraints imposed by the COVID-19 pandemic.


This international webinar seeks to discuss the NCD programme in the Rohingya refugee camps, highlighting collaborative efforts with partners to deliver care and reflecting practical lessons from its implementation.


Join us for the live webinar on:
<https://who.zoom.us/j/91627212904>
password: Non@2021!



 The Government of the People's Republic of Bangladesh

 HEALTH SECTOR COX'S BAZAR

 UNHCR

 Rtm

 Save the Children

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Home / News / Feature Stories / Detail / WHO Provides NCD Kits to Timor-Leste to Prevent Risk of Comorbidity Amidst COVID-19 Pandemic



WHO Provides NCD Kits to Timor-Leste to Prevent Risk of Comorbidity Amidst COVID-19 Pandemic

22 June 2020

Deploying Emergency Kits for Noncommunicable Diseases, Following the Volcano Eruption in Saint Vincent and the Grenadines

21 Jun 2022



NCD Emergency Kit Products

PAHO
Working Together to Achieve Good Health

PAHO/WHO
OPS/PAHO
PAHO

Noncommunicable diseases

Afghanistan's successful deployment of the NCD emergency kit shows the importance of integrating NCD services into primary health care to save lives



NCD emergency kit revision 2022

New kit will be available to procure in Q3 2023

- Developed by WHO in 2016 after extensive consultations with MS and humanitarian organizations.
- Since introduction to April 2021, **over 7,500 kits delivered equivalent to over \$27M USD**
- **Purpose:** focus primarily on most common NCD amenable to PHC management: hypertension/CVD, Diabetes, Chronic respiratory diseases plus selected mental health and neurological conditions
- **Target:** covers a population of 10'000/ 3months
- Intended use for primary health care setting only



<https://www.who.int/emergencies/emergency-health-kits/non-communicable-diseases-kit-2022#>

Kit content

Basic module medicines : medicines to treat diabetes, hypertension, cardiovascular disease, and chronic respiratory diseases, also some drugs for mental health and epilepsies

Cold chain medicines: 3 types of insulin (long, rapid and mix 70/30), Glucagon hypo kit, Insulin syringes

Equipment: glucometer, stethoscope, otoscope, ophthalmoscope, peak flow meter, thermometer, blood strips

Technical products and tools

For all NCDs

- Global Landscape review on WHO's support to member states for noncommunicable diseases in humanitarian emergencies (2022)
- Contribution to the High-priority package of Health services in Humanitarian settings (H3 package) (2021)
- Operational Manual on NCD in Humanitarian settings (2023)
- NCD emergency kit revision (2021) and training modules (2023)
- NCD and COVIDs briefs, impact modelling (diabetes, cancer)

For diabetes

- Clinical guidance for insulin therapy in adults with type 1 diabetes (T1D) within resource-limited and/or humanitarian settings
- Review of insulin thermostability – recommendations for manufacturers

Technical products and tools

High-Priority Package of Health Services in Humanitarian settings (H3 Package)



- Adapted **from WHO UHC Compendium** and to be customize to different humanitarian and health systems' context with the UHC Service Package Delivery & Implementation (SPDI) Tool
- Contribution of WHO NCD department to the expert validation process to develop a high-priority package of health services in humanitarian settings with linkages to **WHO NCD Technical Packages**
- The H3 Package defines **a set of prioritized health interventions that can feasibly be delivered to populations affected by humanitarian crises during protracted emergencies**. It has been designed to promote accountability of humanitarian partners to affected populations and assist with linkages to national service packages.
- The H3 Package is a starting point and **should be adapted to fit the local burden of disease, service delivery platforms, and existing health system capacity**.

Shaping the Research Agenda



The study highlighted important gaps in diabetes care that must be addressed ranging from service delivery, access to essential medicines and diagnostics monitoring and data collection.

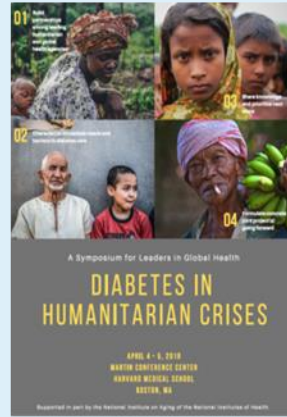
WHO commissioned a review on NCD in humanitarian settings to feed into a research prioritization exercise commissioned by Elrha Research for Health Humanitarian Crises (R2HC)

More than 700 publications reviewed on NCD interventions during humanitarian settings, publication to be available Q3 2023



Strategic partnerships with WHO Global NCD Initiatives-Global Diabetes Compact

iada | International Alliance for Diabetes Action



3RD ANNUAL SYMPOSIUM ON
DIABETES IN HUMANITARIAN CRISES
OCTOBER 20-21, 2022
KRAKOW, POLAND

RSVP AT
<https://bit.ly/IADA2022>

CONTACT: ANNA.NAKAYAMA@IADADIABETES.ORG

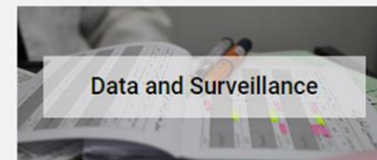
Diabetes in humanitarian crises: the Boston Declaration

Nearly three out of every four deaths worldwide in 2017 were caused by non-communicable diseases (NCDs).¹ Many countries have made progress reducing risk factors for NCDs such as tobacco use, hyperlipidaemia, and hypertension, but no countries have successfully reversed the increasing trends in diabetes prevalence and mortality from diabetes.¹ This situation represents a massive global health failure, since type 2 diabetes is largely preventable with lifestyle modification and cost-effective treatments exist for both type 2 and type 1 diabetes.² Type 1 diabetes is of particular concern, since it is fatal in the absence of insulin treatment.

In parallel, forced migration has reached a record high, with 68.5 million people displaced from their homes around the world—85% of whom are being hosted in low-income or middle-income countries such as Uganda, Lebanon, and Pakistan—and 65% occurring in protracted refugee situations.³ Additionally, there are

only in humanitarian crises, and that many other NCDs (eg, cardiovascular disease, chronic obstructive pulmonary disease, and asthma) are also prevalent globally and inadequately addressed in humanitarian settings,⁴ we chose to prioritise efforts on diabetes in humanitarian crises for several reasons. First, because people with type 1 diabetes who cannot access insulin and continuity of care in a crisis are at acute risk of death. The principles of the Humanitarian Charter and UN Universal Declaration of Human Rights include the right to life with dignity.^{5,6} The human rights violations of people with diabetes that we have witnessed, including the most basic right to life, which is threatened by the barriers to accessing insulin and follow-up, are unacceptable and incompatible with these principles. Second, the management of diabetes requires an uninterrupted supply of essential medicines, field-based laboratory diagnostics, continuity of care,

Lancet Diabetes Endocrinol 2019
Published Online
June 6, 2019
[http://dx.doi.org/10.1016/S2213-8587\(19\)30197-4](http://dx.doi.org/10.1016/S2213-8587(19)30197-4)



Strategic partnerships

Informal Inter Agency group on Non-Communicable Diseases in humanitarian settings in Humanitarian Emergencies

- Established since 2015, 17 meetings to date
- Co-lead by UNHCR and WHO with more than 10 humanitarian organizations (ICRC, IFRC, IRC, MSF...)
- Forum to share information, operational updates/guidance/tools, develop common understanding and align strategic approach to NCD in emergencies

Strategic partnerships

WHE-NCD Departments Joint workplan

- A **2 years workplan jointly developed** with HQ/WRE/HEI/FCV with a focus on NCD in emergencies
- 1st ever **funding** for this area of work from the government of Norway
- **Secondment** from Government of Denmark posted at HQ/WRE/HEI/FCV to support the implementation of to support this joint workplan
- Increased collaboration on **IMST Health Operation Pillar** (Ukraine, Turkey-Syria Earthquake) and high priority responses (Afghanistan, Syria, Yemen)



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WHO priority areas of work as part of the joint NCD-WHE workplan

- 1. Support to WHO regional offices and countries WHE and technical teams to operationalize the recommendations of Annex 4, building on the findings of the landscaping review and country experiences**
 - global and regional workshops (preparatory process for the UN 2025 high level meeting)
- 2. Refining the WHO strategic approach to addressing NCDs in humanitarian emergencies, through the regional consultation process**
 - Advocacy within health systems/humanitarian communities at global meetings and other platforms.
- 3. Operational manual on NCDs in emergencies (as well as other normative tools):**
 - Clinical guidance for insulin therapy in adults with type 1 diabetes (T1D) within resource-limited and/or humanitarian settings (collaboration with IADA)
 - Finalize the NCD component of a High Priority Health Services Package for Humanitarian Settings, being developed in collaboration with the Global Health Cluster.
 - Updating protocols and clinical guidance to accompany the revised NCD kit.
- 4. Within WHE mainstream the NCD approach throughout the Emergency management cycle**

WHO priority areas of work as part of the joint NCD-WHE workplan

Refining WHO strategic approach to addressing NCDs in humanitarian emergencies, through regional consultation processes

1. Continue to develop the **strategic approach** for better NCD integration in emergencies through lessons emerging through regional consultation processes
2. Conduct at least **2 Joint Operational Reviews focusing on NCDs** (e.g. Ukraine, Yemen), to build on lessons learnt and develop the technical approaches in the emergency response further.
3. **Develop a WHO NCD in Emergencies Communication Plan** including a webpage (linking to the health cluster site), to host key strategy and policy documents, tools and comms products related to NCDs in emergencies
4. Provide **high level advocacy on NCDs in humanitarian emergencies**, input to key events (e.g. Global Refugee Forum), and in WHO / external platforms (e.g. PHC and UHC, FCV nexus).



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On the Road to 2025

- The **preparatory process leading to the 4th High-level Meeting** includes meetings co-sponsored by WHO which may result in recommendations that, in turn, may serve as an input into the development of chapter 6 (Recommendations) of the 2024 progress report of the United Nations Secretary-General, as well as the preparatory process and the fourth High-level Meeting itself
- **Regional and global meetings on NCDs in emergencies** are part of these meetings



Global and Regional meetings/consultations on NCD in emergencies

Objectives

- present **WHO efforts to strengthen the integration of NCDs as part of emergency and preparedness response**
- review current NCD- related responses in countries during COVID-19 pandemic and other emergencies (findings of **global landscape review** covering 30+ countries with graded emergencies)
- **recommend a strategic approach** to improve WHO technical assistance to countries across preparedness, response, and recovery phases and agree on **practical steps to operationalize the NCD in emergencies approach in various the WHO Regions**

Global kick-off and 1st regional technical meeting for the Eastern Mediterranean Region 13-15 December 2022, Cairo, Egypt



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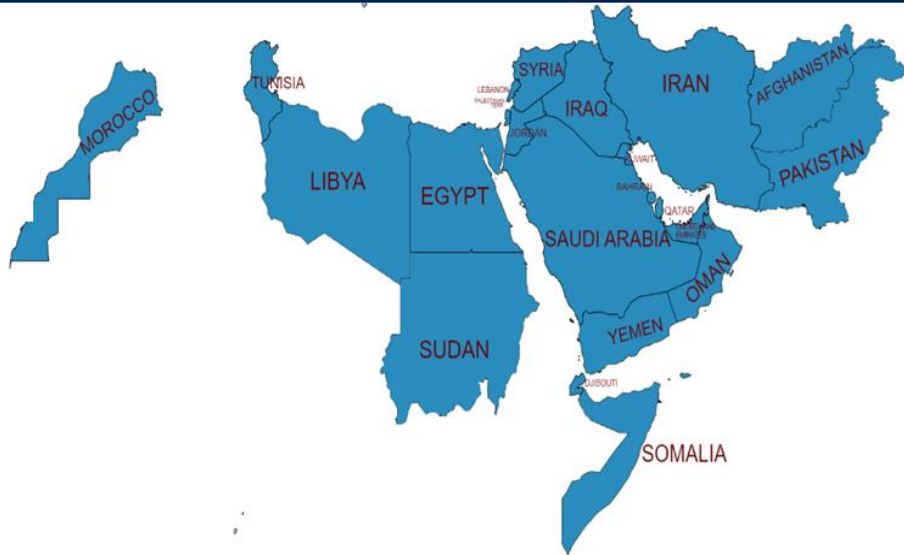
Home / Newsroom / Events / Detail / WHO Global and Regional technical meeting on addressing NCDs in emergencies



WHO Global and Regional technical meeting on addressing NCDs in emergencies

- More than 100 participants (in presence/virtual)
- 3 levels of WHO across NCD/WHE/UHC HS clusters with representatives from other WHO regional offices
- MOH representatives (Regional segments)
- UN agencies
- NSA active in humanitarian responses
- Academia
- PLWNCDs
- Donors/implementing partners

Supporting countries addressing NCDs in Emergencies



Emergencies are frequent

- Several ongoing emergencies (conflict, natural disasters, economic crisis)
- 102m people in need (34% of global need)
- Source of >60% of the world's refugees

Invest in the Noncommunicable Disease Kit to ensure rapid access to essential medicines and medical devices to care for 10 000 people for three months



Reorient and strengthen health systems to address noncommunicable diseases



Adapt noncommunicable disease service delivery models to reach people living with noncommunicable diseases in emergency settings



Reorient and strengthen health systems to address noncommunicable diseases



Following the Regional Meeting

- Resolution on addressing NCDs in FCV settings .. for consideration at the 70th session of the Regional Committee, in October 2023
- Regional Framework for Action on NCD in emergencies
- Technical paper

Other regional meetings/consultations and developments

EURO:

- Emergency and refugees meeting for Ukraine and neighboring countries in Slovakia, on 18-19 April 2023, with a session on NCD in emergencies
- Specific NCD in emergencies meeting in July 2023

SEARO:

- NCD in emergencies, as part of a Regional NCD Implementation Roadmap, planned in Bangladesh, in July 2023

Dates for the regional meetings in AFRO/PAHO/WPRO to be confirmed

Global High Level Technical Meeting on NCD in Humanitarian Settings: Building resilient health systems, leaving no one behind

14-16 November 2023, Copenhagen, Denmark

- Expression of interest from the Government of Denmark to host the meeting in Copenhagen (co-host country ?)
- Expanded scope to both **NCDs prevention and control across emergency cycle** included in **protracted crises** and **refugee health**
- Technical Collaboration with **UNHCR** and **WHO Health and Migration Programme**
- **Inputs from all the regional consultations** to feed into the programme with representatives from all 6 WHO Regions to be invited (**200-300 participants**)
- Just before the 2023 Global Refugee Forum (GRF), to be held in Geneva, 13-15 December 2023

Global High Level Technical Meeting on NCD in Humanitarian Settings: Building resilient health systems, leaving no one behind

14-16 November 2023, Copenhagen, Denmark

Meeting Objectives

1. Present efforts to strengthen the integration of **NCDs as part of emergency and preparedness response** and **refugee health**;
2. **Review current NCD- related responses** in countries during COVID-19 pandemic and other emergencies and humanitarian crises, **across WHO Regions**;
3. **Convene** governments, UN agencies, multilateral and bilateral agencies, international organizations, humanitarian agencies, civil society groups, people affected by NCDs and humanitarian crisis, academia, philanthropies and foundations, and the private sector as appropriate, and thereby seeking **to advance a convergence of the humanitarian response agenda**
4. **Recommend a strategic approach** to improve technical assistance to countries across preparedness, response, and recovery phases and agree on practical steps **to better address NCD in acute and protracted emergencies, and refugee health** and **inform the report to the UN Secretary General before the UN HLM on NCDs in 2025**

Expected outcomes

WHO

- Strengthened **WHO preparedness for and response** to health emergencies and reinforcing its **leadership and coordination and cooperation** within WHO, with UN agencies, humanitarian organizations, civil society, and people living with NCDs
- Strengthened **WHO's normative role and technical capacity** to develop and disseminate normative products, technical guidance, tools, data and scientific evidence
- Improved **WHO's technical assistance to countries** across humanitarian cycle

Member States

- **Strengthened policies, programmes and services** to treat people living with NCDs and prevent and control their risk factors into country COVID-19 and other emergencies response and recovery plans, through a **multisectoral all-hazards approach**
- Improvement in access to essential, safe, affordable, quality and effective **NCD medicines and supplies in as part of emergency procurements, pre-positionings and deployments**
- Increase in the percentage of functional health care facilities offering **NCDs essential services to affected populations**, at various levels of care, considering national humanitarian and health system contexts

UN HLM on NCD

- **Stronger language** on the need to strengthen policies, programmes and services for the prevention and control of NCDs and their modifiable risk factors as part of national and subnational **efforts to strengthen health systems to better prepare for, respond to and recover from health emergencies, through a multisectoral all-hazards approach**

Thank you



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ALIGNING AGENDAS

**Mental Health, Obesity, Environment and
Climate change, Health Promotion and
Wellbeing, and UN System support**

Implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030

STRATEGIC DIRECTIONS

1

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

2

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

3

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



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ALIGN

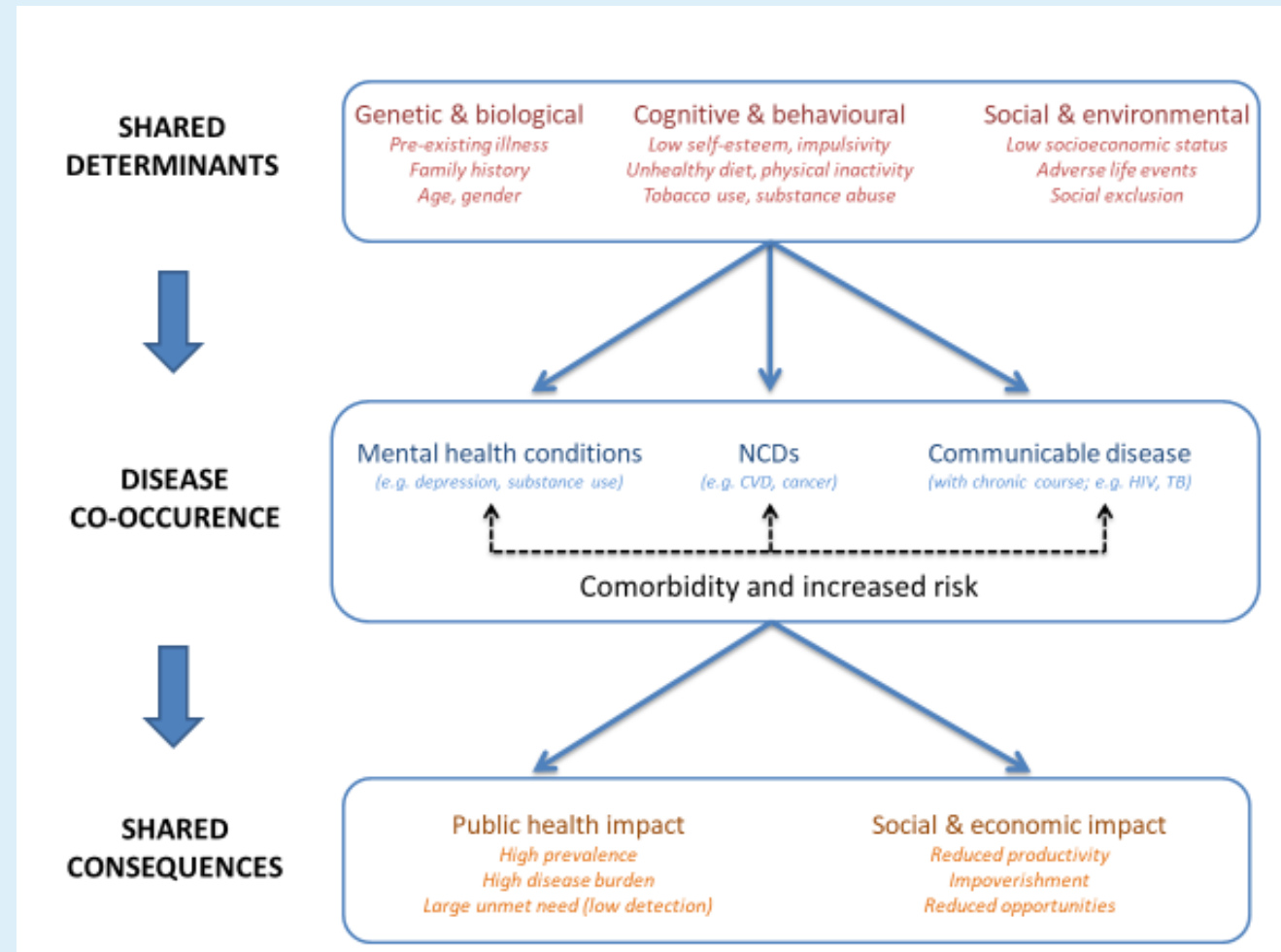
Integrating the response to NCDs, mental health and other conditions with an enduring course

Why?

- Shared determinants, impacts and person-centred care needs

How?

- Integrated service delivery (training, assessment, management, follow-up)
- System strengthening (planning, resourcing, monitoring, etc.)



ALIGN

Current examples of integrated work: NCDs, mental health, communicable diseases

Engagement	WHO Framework for Meaningful Engagement of People Living with NCDs and Mental Health conditions
Inter-country exchange	Small Island Developing States high-level meetings on NCDs and mental health
Guidance	Integration of mental health and HIV interventions Guide for integration of perinatal mental health in maternal and child health services
Country support	Integrated service delivery and system strengthening (e.g. NORAD support in Nepal and Ghana)
Surveillance	Development of mental health module in STEPS

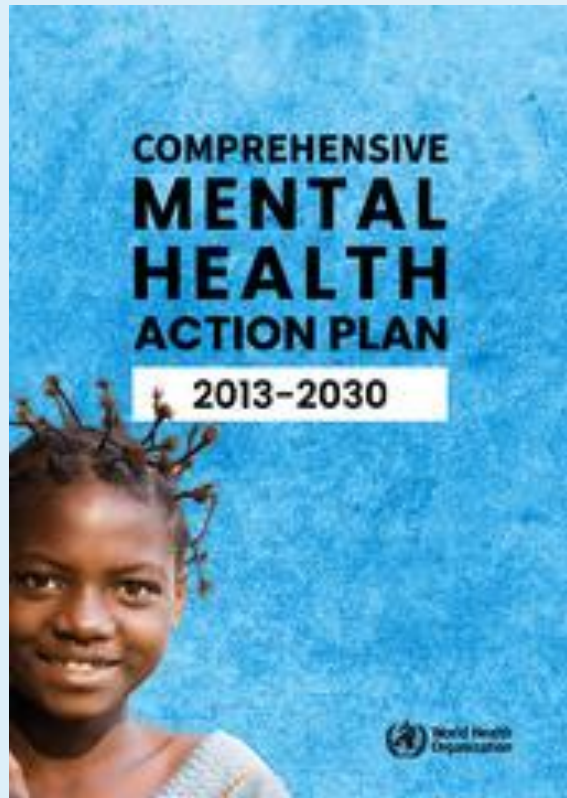
ALIGN with mental health

Alignment across Action Plans and implementation support tools



ALIGN

Key messages from World Mental Health Report



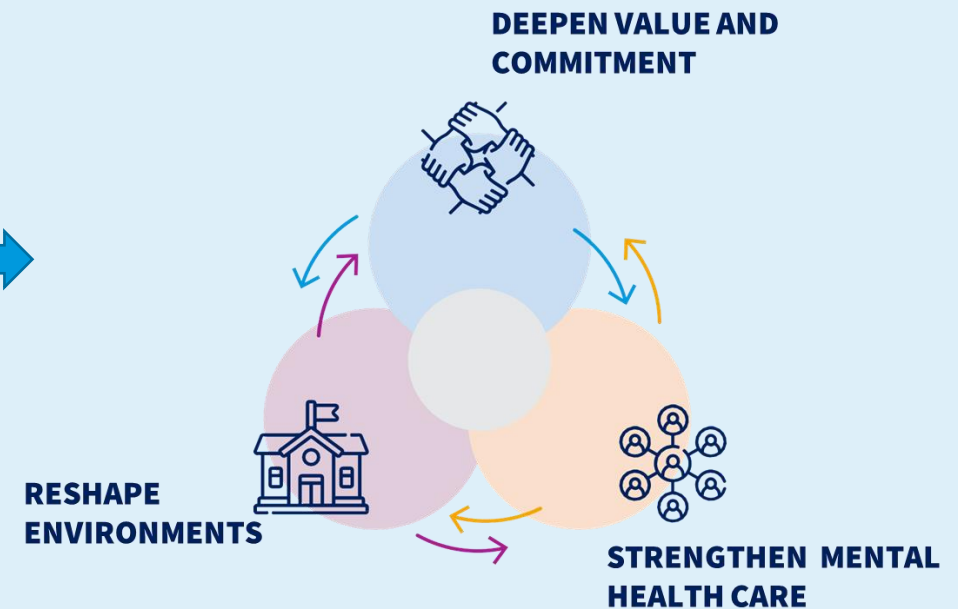
[Comprehensive Mental Health Action Plan 2013-2030 \(who.int\)](#)



[World Mental Health Report](#)



Paths to transformation



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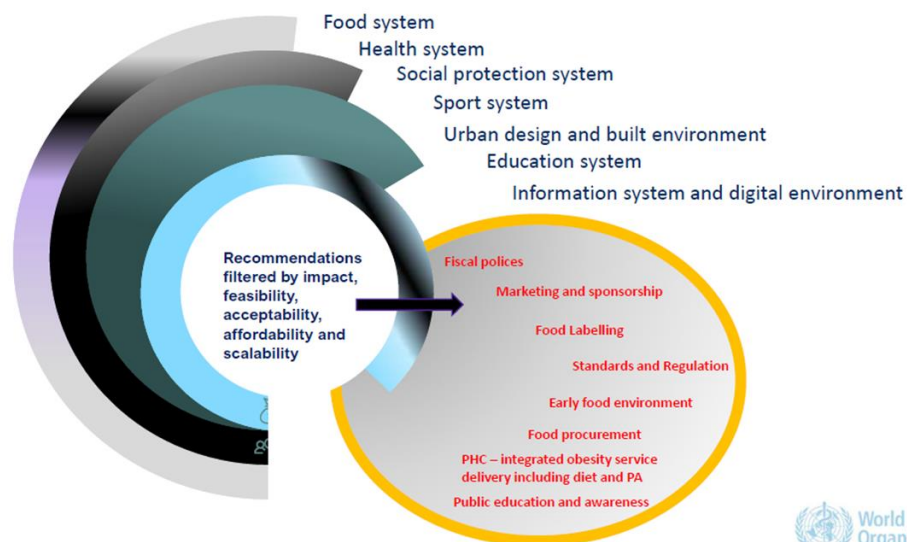
ACCELERATE

Using window of opportunity
Accelerating action to stop obesity

Package of prioritized interventions addressing healthy diet and physical activity through programs and policy across multiple settings

WHO Guidelines in progress

- Policies to restrict marketing to children
- Fiscal and pricing policies
- Nutrition labelling policies
- School food and nutrition policies
- Management of obesity in children and adolescents



Outcome targets

Halt the rise of obesity in children under 5, adolescents and adults by the year 2025
Ending all forms of malnutrition by the year 2030
Overweight in children under 5 is an indicator for SDG target 2.2

by 2030



Intermediate targets

Free sugars to less than 10% of total energy intake
Breastfeeding in first 6 months up to at least 50%
15% relative reduction in the global prevalence of physical inactivity

by 2030



Process targets

Increase coverage of PHC services with diagnosis and management of obesity
Increase density of nutrition professionals to a min level of 10/100,000
Increase countries with controls on marketing of foods and non-alcoholic beverages to children
Increase countries with good-quality physical education in schools of all grades

by 2030



Achieving well-being: a global framework for integrating well-being into public health utilizing a health promotion approach

Dr Rüdiger Krech,

Director

WHO Department of Health Promotion

Strategic Directions

Nurture planet Earth and its ecosystems

1

Design social protection and welfare systems based on equity, inclusion and solidarity

2

Design and support implementation for equitable economies that serve human development

3

Promote equitable universal health coverage through primary health care, health promotion and preventive services

4

Promote equitable digital systems that serve as public utilities, contribute to social cohesion and are free of commercial interest

5

Measuring and monitoring well-being

6

Vision: Societal well-being that enables all people to flourish and achieve their full physical and mental health potential throughout their lives and across generations

Goal: To promote, strengthen and support Member States in their efforts to create sustainable well-being societies through transformative change, committed to achieving equitable health now and for future generations.

NCDs & Mental health: Impediments to progress and way forward

Economic

- Economic interests
- Trade interests
- Industry interference

Social

- Poverty
- Unequal access to quality health services
- Lack of access to quality, affordable medicines and vaccines
- Poor health literacy

Environment

- Climate change and extreme weather conditions

4th report to the UN Secretary-General indicated that to deliver on the promise to meet SDG target 3.4, we need:

New development pathways

Innovations

Partnerships and inclusiveness

The well-being framework calls for a societal **paradigm shift towards health and well-being** to prevent diseases (such as NCDs) and for us to thrive --

Social, economic and environmental considerations need to be balanced in political and societal decision-making to improve our human, social, economic and environmental capitals.

Effective partnerships, bold actions and transformative approaches are needed to protect our **environment and ecosystems**, to provide **social protection**, to have **economic systems** that serve human development, and to promote **universal health coverage**.

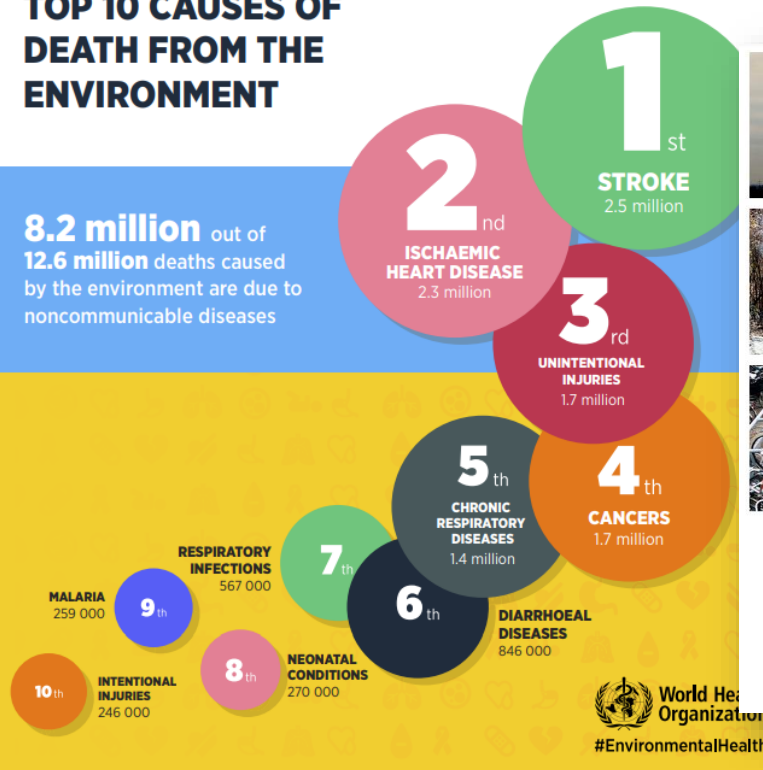
E.g. reorient investments towards health-promoting industries, tax unhealthy products, govern the innovation ecosystem in public interest, eliminate financial barriers that restrict access to health services.

ALIGN

Linkages between NCDs and environment, climate change and biodiversity

TOP 10 CAUSES OF DEATH FROM THE ENVIRONMENT

8.2 million out of 12.6 million deaths caused by the environment are due to noncommunicable diseases



PREVENTING NONCOMMUNICABLE DISEASES (NCDs) BY REDUCING ENVIRONMENTAL RISK FACTORS



Compendium of WHO and other UN guidance on health and environment

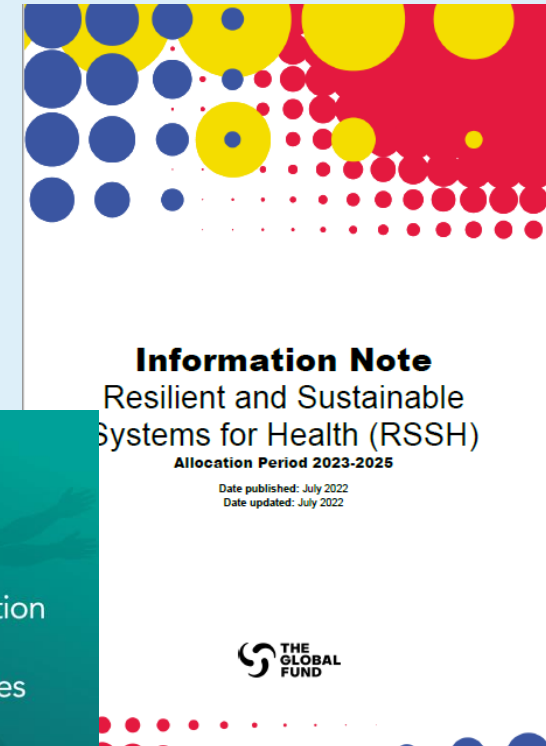
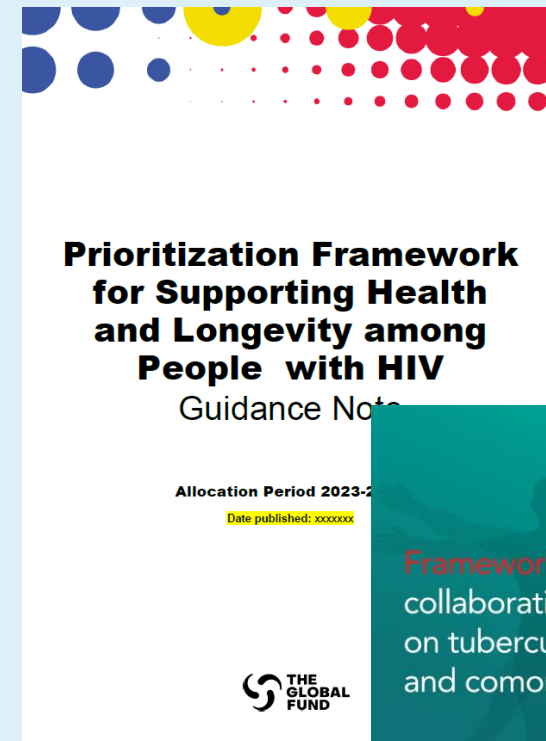


ALIGN

Opportunities to link NCD/HIV/TB programmes, and efforts to integrate NCDs within the Global Fund.

2015: Member States and stakeholders agree at The Global Fund Board to address the co-morbidities between HIV and cancer

- Active support from WHO in providing **inputs to the GFTAM set of updated application materials** for the 2023-2025 funding cycle (modular framework, information notes) with a focus on how to better align the scope of interventions for Global Fund Investments with the management of existing NCD conditions and co-morbidities.
- Establishment of a **new UNIATF WG on NCDs and comorbidities**



Framework for collaborative action on tuberculosis and comorbidities

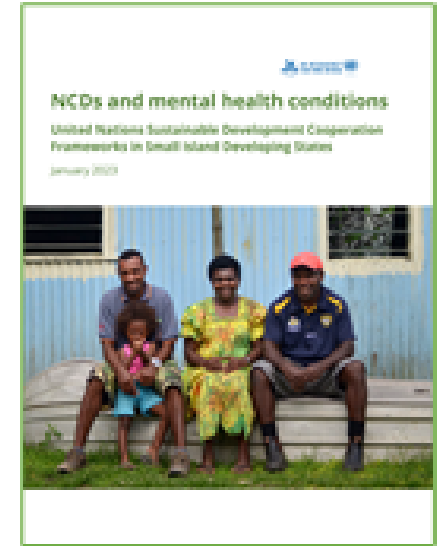
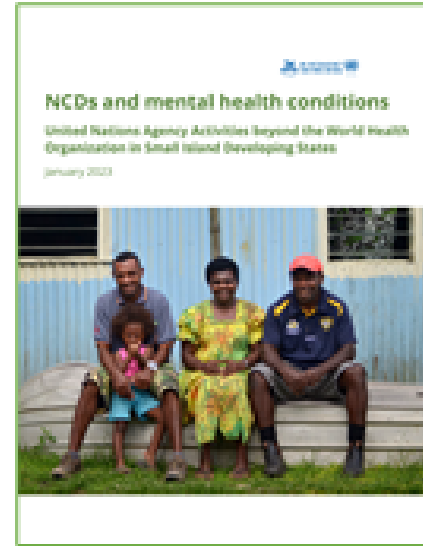
Title of the presentation

- Advocates for whole-of-government, whole-of-society action
- Provides context-specific assistance to countries
- Mobilizes political, financial and technical resources to support governments build strong, sustained responses
- Forges multi-stakeholder partnerships

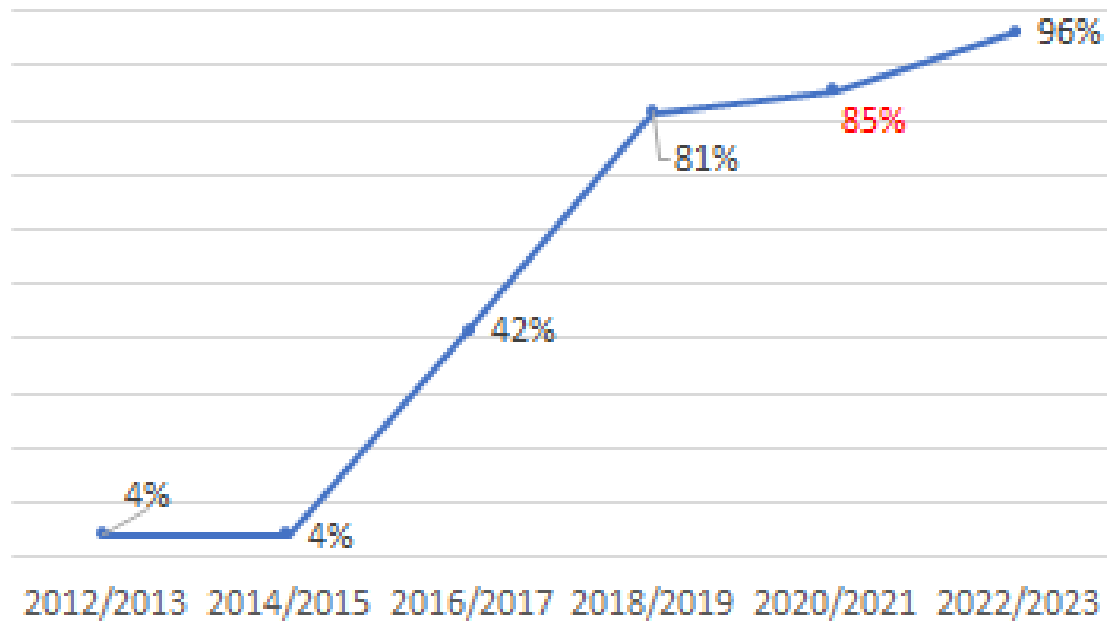


SIDS High-Level Technical Meeting on NCDs and Mental Health, 17–18 January 2023

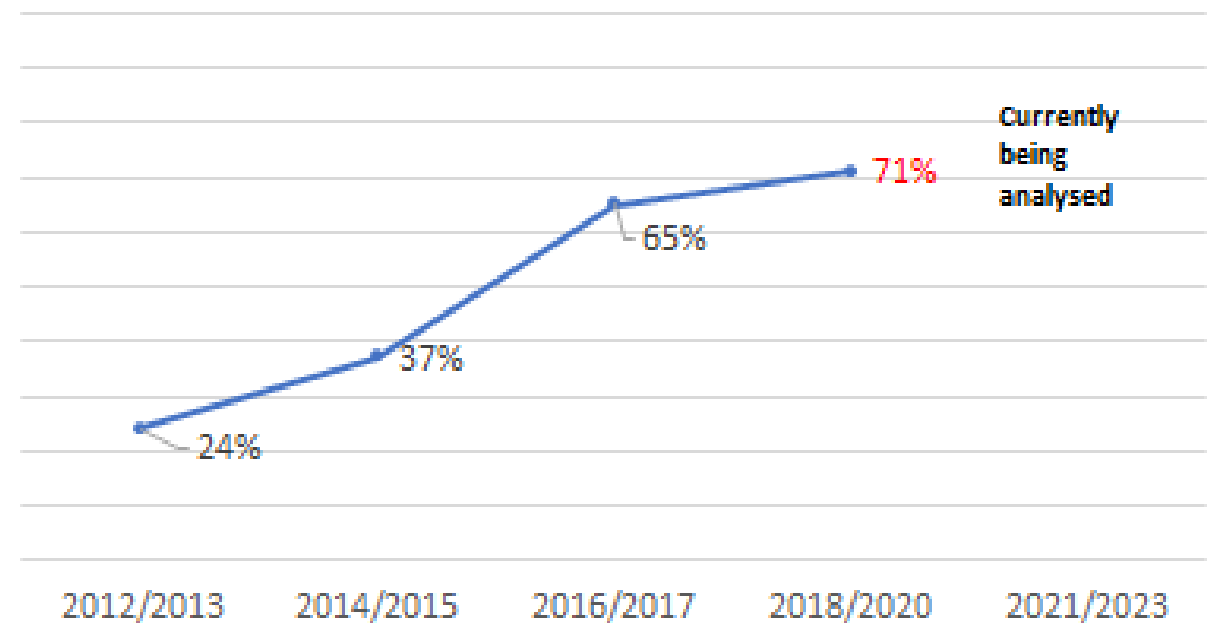
Side event: A coherent UN-system response to support SIDS countries scale up action on NCDs and mental health



Percent UNSDCFs that include NCDs: **SIDS**



Percent UNSDCFs that include NCDs: **all countries**



Emerging conclusions from the analysis of UN Sustainable Development Cooperation Frameworks (UNSDCFs) in SIDS

1. Overall, NCDs and mental health are being included in UNSDCFs, but **further efforts are required to include mental health** as a strategic priority.
2. **UNSDCF need to build on the best in class, i.e.**
 - ✓ describing the country/regional burden of NCDs and mental health conditions and clearly define them as strategic priorities;
 - ✓ including indicators that are sufficiently SMART and be cognisant of the full range of NCDs and mental health conditions;
 - ✓ detailing progress in evaluation reports.
1. **Inclusion of NCDs and mental health in UNSDCF is necessary but not sufficient.** Commitments need to be turned into action. This requires:
 - sufficient resources to ensure that SIDS countries receive necessary support from the UN system
 - SIDS to be making the demand from the UN system and holding it accountable for delivering action.

Side event: A coherent UN-system response to support SIDS countries scale up action on NCDs and mental health

Recommendations emerging

1. The Task Force needs to support countries developed ever stronger cooperation frameworks.
2. The Task Force and its members to determine ways of scaling up support to SIDS countries for the prevention and control of NCDs and mental health conditions across the life-course, with particulate attention to children.
3. The Task Force and its members to identify ways to support SIDS in unlocking additional funding for action to prevent and control NCDs and mental health conditions.
4. The Task Force and its members to consider how to support SIDS in coherent data collection, analytics and use.

Global oral health action plan (2023-2030) and the monitoring framework

Dr Bente Mikkelsen, Director
NCD Department/WHO HQ

Overview of the policy development agenda

Resolution on oral health requests that oral health be embedded within the NCD and UHC agendas

WHO Resolution on Oral Health WHA74.5 (2021)



“Oral Health has been overlooked for too long in the global health agenda.”

Global Strategy on Oral Health WHA75.10 Add.1 (2022)



Six Strategic Objectives

Draft Global Oral Health Action Plan (2023-2030)



- 11 Global targets
- 100 actions with responsibility spread across WHO Member States, the WHO Secretariat, International Partners, Civil Society & Private Sectors

Global oral health status report

Towards universal health coverage for oral health by 2030



FEATURED PUBLICATION |
6th NOVEMBER 2022

Global oral health status report: towards universal...

Download

Read More

Country profiles

Country profiles present selected data, statistics and information to provide national health profiles at given points in time.

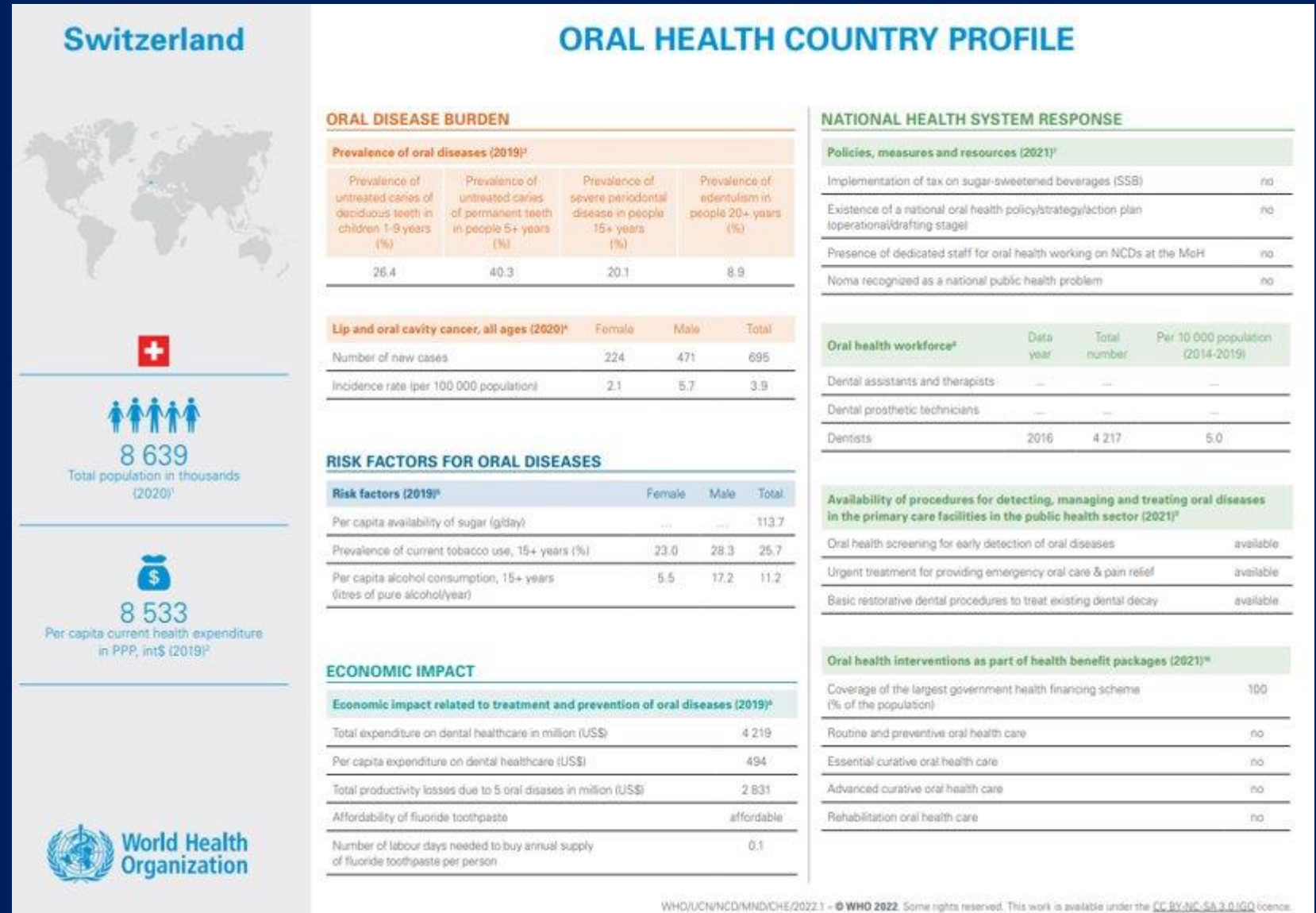
Choose a country



GO

<https://www.who.int/team/noncommunicable-diseases/global-status-report-on-oral-health-2022>


It includes data profiles for 194 countries, giving unique insights into key areas and markers of oral health that are relevant for decision-makers.



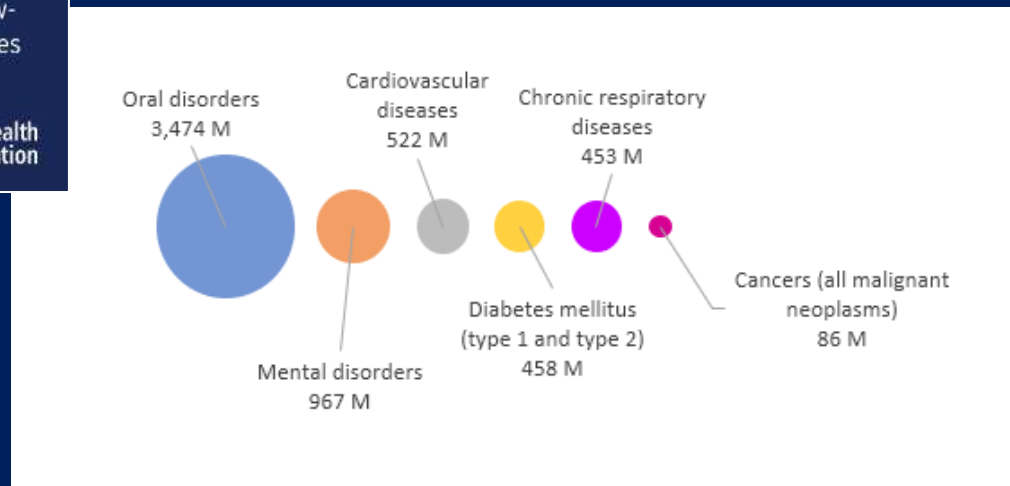
Key messages from the WHO Global oral health status report

Nearly **3.5 billion** people worldwide affected by oral diseases

3 out of 4 people affected living in low- and middle-income countries



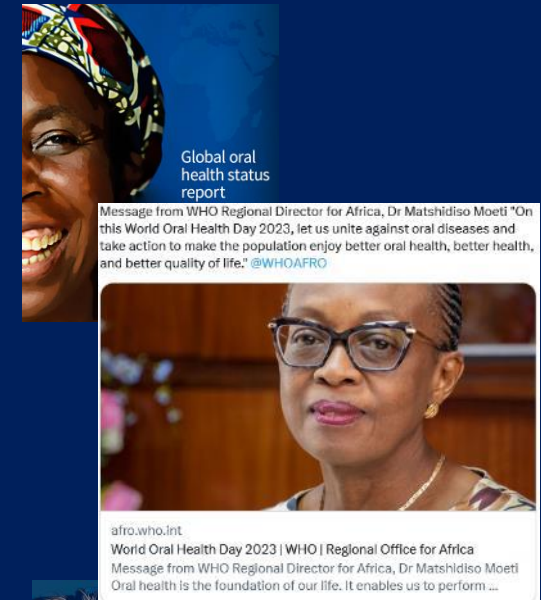
"Oral diseases are among the most common NCDs worldwide, The state of oral health globally is alarming and requires urgent action by governments"



"Opportunities exist for improving oral health"

1. Addressing common NCD risk factors through promoting a well-balanced diet low in sugars, stopping use of all forms of tobacco, reducing alcohol consumption and improving access to optimal level of fluoride
2. Integration of oral health services in primary health care as part of NCD services
3. Redefining oral health workforce models and expanding competencies of non-dental healthcare workers to expand oral health service coverage
4. Strengthening information systems by collecting and integrating oral health data into national health monitoring systems

From WHO Oral Health Resolution to the Regional Summaries



The draft Global Oral Health Action Plan (2023-2030) in a nutshell

11

Global targets

6

Strategic objectives

100

Proposed actions

11

Core indicators

1

Monitoring framework

Pillar 1: One billion more people benefiting from universal health coverage - EB / 152nd session

Political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases, Report by the Director-General

Draft Global Oral Health Action Plan (2023–2030)

BACKGROUND

Setting the scene

1. In the Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases (2011), the United Nations General Assembly recognized that oral diseases are major global health burdens and share common risk factors with other noncommunicable diseases (NCDs). In the Political Declaration of the High-Level Meeting on Universal Health Coverage (2019), the General Assembly reaffirmed its strong commitment to the prevention and control of NCDs, including strengthening and scaling up efforts to address oral health as part of universal health coverage (UHC).
2. Oral health is the state of the mouth, teeth and orofacial structures that enables individuals to perform essential functions, such as eating, breathing and speaking, and encompasses psychosocial dimensions, such as self-confidence, well-being and the ability to socialize and work without pain, discomfort and embarrassment. Oral health varies over the life course from early life to old age, is integral to general health and supports individuals in participating in society and achieving their potential.
3. Oral health encompasses a range of diseases and conditions. Those with highest public health relevance include dental caries, severe periodontal (gum) disease, complete tooth loss (edentulism), oral cancer, oro-dental trauma, noma and congenital malformations such as cleft lip and palate, most of which are preventable. The main oral diseases and conditions are estimated to affect close to 3.5 billion people worldwide.¹ These conditions combined have an estimated global prevalence of 45%, which is higher than the prevalence of any other NCD.¹
4. The global burden of oral diseases and conditions is an urgent public health challenge with social, economic and environmental impacts.² Oral diseases and conditions disproportionately affect poor, vulnerable and/or marginalized members of societies, often including people who are on low incomes; people living with disability; older people living alone or in care homes; people who are refugees, in prison or living in remote and rural communities; and people from minority and/or other socially marginalized groups. There is a strong and consistent association between socioeconomic status and the prevalence and severity of oral diseases and conditions.¹ Public and private expenditures for oral health care have reached an estimated 387 billion US dollars globally, with very unequal distribution across regions and countries.¹
5. Oral diseases and conditions share risk factors common to the leading NCDs, including all forms of tobacco use, harmful alcohol use, high intake of free sugars and lack of exclusive breastfeeding. Other risk factors include insufficient oral hygiene for dental caries and severe periodontal diseases; human papillomavirus for oropharyngeal cancers; traffic accidents, interpersonal

¹ Global oral health status report: towards universal health coverage for oral health by 2030. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.

² Seventy-fifth World Health Assembly, Provisional agenda item 14.1, 27 April 2022, https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_10AAdd1-en.pdf.

11 Global targets to be achieved by 2030



OVERARCHING GLOBAL TARGET A

UHC for oral health

By 2030, 80% of the global population are entitled to essential oral health care services



OVERARCHING GLOBAL TARGET B

Reduce oral disease burden

By 2030, the combined global prevalence of the main oral diseases and conditions over the life course shows a relative reduction of 10%



1. Oral Health Governance

By 2030, 80% of countries have an operational national oral health policy, strategy or action plan and dedicated staff for oral health at the MoH or other national gov. health agency

By 2030, 90% of countries have implemented measures to phasedown the use of dental amalgam as stipulated in the Minamata Convention on Mercury or have phased it out



2. Oral Health Promotion and Oral Disease Prevention

By 2030, 50% of countries implement policy measures aiming to reduce free sugars intake

By 2030, 50% of countries have national guidance on optimal fluoride delivery for oral health of the population



3. Health Workforce

By 2030, 50% of countries have an operational national health workforce policy, plan or strategy that includes workforce trained to respond to population oral health needs



4. Oral Health Care

By 2030, 80% of countries have oral health care services generally available in primary health care facilities

By 2030, 50% of countries include dental preparations listed in the WHO Model Lists of Essential Medicines in their national essential medicines list



5. Oral Health Information Systems

By 2030, 80% of countries have a monitoring framework for the national oral health policy, strategy or action plan



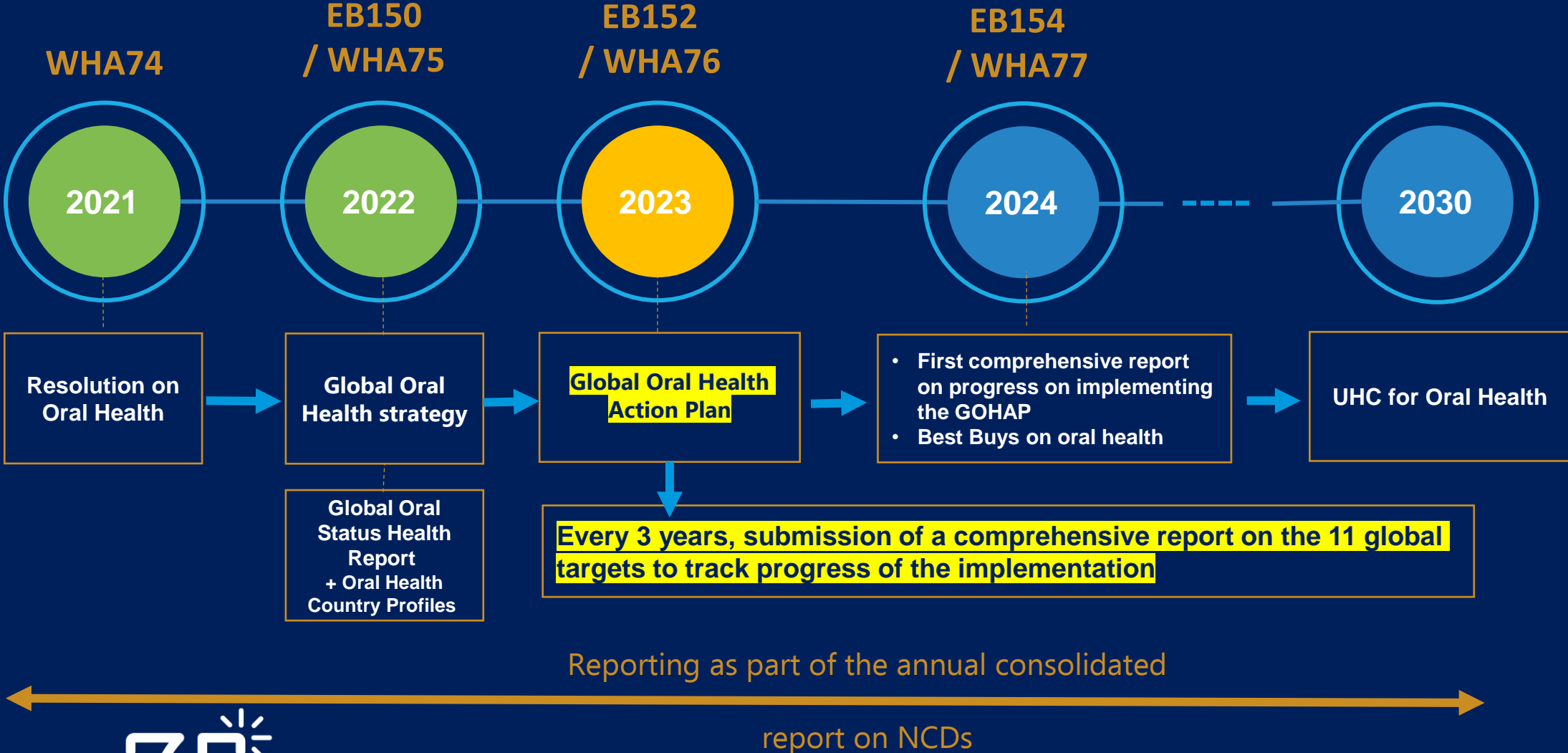
6. Oral Health Research Agendas

By 2030, 50% of countries have a national oral health research agenda focused on public health and population-based interventions

The way forward (after the 76th WHA)

- ❑ As a priority, data on the core indicators related to the 11 global targets should be collected in all countries using existing NCD Surveillance tools and/or new resources.
- ❑ WHO will provide technical guidance (available in July 2023) to support countries with collecting and reporting data for the monitoring framework indicators.
- ❑ Based on MS input, every 3 years (starting in 2024 EB154), WHO will submit a comprehensive report on progress on implementing the Global Oral Health Action Plan.
- ❑ In addition, annually, WHO will report back to the WHA on progress and results of the Global Oral Health Action Plan as part of the consolidated report on NCDs, in accordance with paragraph 3(e) of decision WHA72.

Mandate & timeline of the implementation



Thank you

