

Provisional summary record of the second meeting

**WHO headquarters, Geneva
Monday, 2 February 2026, scheduled at 14:30**

Chair: Mr B. Comley (Australia)

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Second meeting

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Chair: Mr B. Comley (Australia)

1. Report of the regional committees to the Executive Board: Item 3 of the agenda (document EB158/3) (continued)

The representative of the RUSSIAN FEDERATION¹ welcomed the development of the Second European Programme of Work, 2026–2030, led by the Regional Director for Europe. He expressed appreciation to the Regional Director for the Eastern Mediterranean and her team for their support of civilians in crisis situations.

The representative of CHINA¹ expressed appreciation for the work done by the Regional Committee for the Western Pacific to ensure equitable distribution of seats on the Executive Board among Member States in the Region. His Government was ready to support the work of the informal working group established for that purpose and looked forward to working with all Member States in the Region to achieve a reasonable distribution of seats based on consensus. He urged the Chair to remind Member States to refrain from making statements that were not technical in nature.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that the Regional Committee for the Eastern Mediterranean had met in a challenging context of declining health financing and increasing need. The Regional Committee had adopted resolutions on urgent public health priorities, including on the immunization of zero-dose children, health system recovery in fragile and conflict-affected settings, access to quality palliative care, laboratory biosafety and biosecurity, and a regional framework on climate change and health. Member States had called for stronger domestic health financing, enhanced integrated disease surveillance and accelerated regional action on cholera and meningitis. All decisions were aligned with the Strategic Operational Plan for the Eastern Mediterranean Region 2025–2028, which focused on strengthening essential service delivery, improving access to medical products, investing in health workforce development and training, and tackling substance use. There was a clear link between health and peace, which was keenly felt in her Region; in that regard, she highlighted poliomyelitis eradication efforts in Afghanistan and the Gaza Strip and noted that health interventions could serve as an important tool for enhancing peace and security.

The REGIONAL DIRECTOR FOR THE AMERICAS said that, at its 77th session, the WHO Regional Committee for the Americas had reviewed the progress made in consolidating the lessons learned from the coronavirus disease (COVID-19) pandemic into lasting public health capacities. Additionally, progress had been noted across the Region's flagship initiatives on disease elimination, noncommunicable diseases, primary healthcare and digital health. He noted that the PAHO Revolving Fund for Access to Vaccines had been used to expand regional manufacturing of vaccines and health technologies, and that systems had been modernized through PAHO Forward. While acknowledging the rationale for the reduced WHO budget, Member States had reaffirmed their call for an equitable distribution of resources across all WHO regions. They had highlighted

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

the importance of the future annex to the WHO Pandemic Agreement on the WHO Pathogen Access and Benefit-Sharing System in promoting equitable access to essential health products in future emergencies, and they had welcomed the entry into force of the 2024 amendments to the International Health Regulations (2005).

Member States had adopted the Strategic Plan of the Pan American Health Organization 2026–2031, which sought to accelerate progress, promote innovation and strengthen health systems. PAHO's budget for 2026–2027 had also been adopted, which was 7% lower than the preceding biennium. Thus, he called on the Secretariat to continue to provide assistance in key areas. He highlighted the adoption of the Region's Plan of Action on Noncommunicable Disease Prevention and Control 2025–2030 and its Policy for Expanding Equitable Access to High-cost and High-price Health Technologies.

The REGIONAL DIRECTOR FOR AFRICA said that, in his Region, Member States were resolved to retain health gains despite the complex context. He highlighted the roll-out of malaria vaccines, childhood immunization programmes, digital innovation, and initiatives in the areas of mental health, nutrition and neglected tropical diseases. Targeted strategies had been adopted on oral health, rehabilitation, blood safety, malaria and women's, children's and adolescents' health, which were aimed at strengthening integrated primary healthcare. With a view to building resilient systems, the Regional Committee had also endorsed health emergency prevention, preparedness, response and surveillance initiatives. In the light of a 14% reduction in the Region's base budget for 2026–2027, the Region would focus on efficiency and accountability. Furthermore, Member States had reaffirmed their commitment to the eradication of poliomyelitis. He called on the international community to partner with his Region to mitigate the impact of financial constraints.

The REGIONAL DIRECTOR FOR EUROPE highlighted the unanimous approval of the Second European Programme of Work 2026–2030, which would serve as a blueprint for the stronger, leaner and financially sustainable future of his Region. It represented a new business model – including staffing reductions, strategic relocations and retention of younger talent – that would ensure that the Region could continue to work for its Member States. Its implementation would also be driven by the Strategy on harnessing innovation for public health in the WHO European Region 2025–2030. The Regional Office remained committed to supporting the people of Ukraine, alongside other key initiatives on child health and disease prevention and control. He commended all WHO staff in the Region for navigating the transformation.

The OFFICER-IN-CHARGE OF THE SOUTH-EAST ASIA REGION highlighted the adoption of the Colombo Declaration on Healthy ageing through strengthened primary healthcare, which would promote expansion of long-term care services. Member States had acknowledged the need to strengthen financial protection through health financing reforms in order to achieve universal health coverage. The Regional Committee had adopted updated policies relating to the South-East Asia Regional Health Emergency Fund, a request for a comprehensive partnership and resource mobilization strategy, and a regional road map on antimicrobial resistance. The Regional Strategic Framework for combating smokeless tobacco, novel nicotine products and areca nut in the WHO South-East Asia Region had also been endorsed. The Regional Committee had reviewed the Programme Budget 2026–2027 and information on regional restructuring, and had amended the Rules of Procedure and the Regional Director nomination process to enhance governance. She noted the launch of the WHO South-East Asia Region Youth Council. In December 2025, the new Regional Office building had been inaugurated in New Delhi, India.

The REGIONAL DIRECTOR FOR THE WESTERN PACIFIC noted the importance of holding the 76th session of the Regional Committee for the Western Pacific in Fiji, a Pacific island country. The Regional Committee had reaffirmed its commitment to translating the regional vision into tangible country-level action to improve health in families, communities and societies. The Regional Committee had endorsed regional strategies on climate change and health; operationalizing the amendments to the International Health Regulations (2005) and preparing for the future implementation of the WHO Pandemic Agreement; the integration of oral health services in primary healthcare; and the strengthening of alcohol policies. Member States had celebrated the elimination of trachoma in two countries, rubella in one country, and measles and rubella in 21 Pacific island countries – successes that had only been achieved through determined and collective action.

The Board noted the report contained in document EB158/3.

2. Report of the Programme, Budget and Administration Committee of the Executive Board:
Item 4 of the agenda (document EB158/4)

The CHAIR drew attention to the report of the Programme, Budget and Administration Committee of the Executive Board and invited comment on paragraphs 6–13. The recommendations set out in the rest of the report would be discussed under the corresponding items of the Board's agenda.

The representative of ZIMBABWE, speaking in his capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, acknowledged the challenges facing WHO, which included fiscal pressures, competing global priorities and higher expectations of accountability. Expressing appreciation to WHO's staff, particularly in the light of the strategic realignment exercise being undertaken, he said that the Committee supported WHO's mandate, normative leadership and convening role in global health. Discussions during the forty-third meeting had been substantive and constructive and had benefited from the participation of Member States not currently represented on the Committee. He highlighted the Committee's recommendations, in particular those on which the Board was required to act, and noted the various draft decisions and resolutions before the Board on Member State-led governance reform, engagement with non-State actors, global health architecture reform, the external auditor selection process and amendments to the WHO Staff Regulations and Staff Rules. On oversight, the Committee had welcomed the report of the Independent Expert Oversight Advisory Committee and had noted the importance of its work, in particular field visits. The Committee had urged the Secretariat to prioritize the filling of key vacancies in accountability and oversight and welcomed the progress made on implementation of the Advisory Committee's recommendations. In the context of the strategic realignment exercise, the Committee had emphasized the need to align funding and programmatic priorities and to ensure predictable and flexible funding.

The representative of QATAR, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed efforts to redefine priorities and engage in realignment exercises to preserve the Organization's essential functions and align human resources with outcomes. It would be important to avoid reducing services, including by merging and transferring posts where appropriate. Interventions must be grounded in equity, humanity and transparency; in that connection, he expressed gratitude to departing WHO staff for their dedication. He welcomed the decision to increase assessed contributions, which would strengthen the Organization's financial sustainability and stability. He encouraged donors and partners to step up

efforts to bridge the remaining funding gap for the Programme budget 2026–2027 to facilitate the full implementation of the Fourteenth General Programme of Work, 2025–2028. Expressing support for WHO's decision to focus on its core normative and technical mandate, he said that technical cooperation should be strengthened to support countries in providing essential healthcare in line with available resources.

The representative of ZIMBABWE, speaking on behalf of the Member States of the African Region, noted the Secretariat's efforts to strengthen WHO's core functions through prioritization, realignment and cost containment. He welcomed the early mobilization of approximately 5% of the Programme budget 2026–2027 but expressed concern regarding persistent imbalances in financing and pockets of underfunding at the regional and country levels. WHO's presence on the ground was fundamental to achieving its mandate; he therefore supported the call to protect country-level functions, especially in fragile, vulnerable and emergency-prone settings, and to safeguard WHO's normative, technical and emergency preparedness capacities at the country level. Flexible, predictable and sustainable financing was essential to addressing structural imbalances; in that regard, he emphasized the importance of assessed contributions, reduced earmarking and equitable allocation mechanisms such as a prioritization framework. He welcomed the progress made on governance reform and emphasized the need for clear, realistic and predictable processes to enable meaningful participation by smaller delegations. He expressed support for the proposed joint, inclusive, transparent, time-bound, resource-effective and efficient process, led by Member States, to align discussions on global health architecture and the UN80 Initiative.

The representative of the RUSSIAN FEDERATION² said that members of the Committee had not reached agreement on several aspects of governance reform. It was important to ensure that any reform still allowed for detailed examination of important items on the agenda. To that end, further steps should be taken to improve time management during governing body meetings.

The Board noted the report contained in document EB158/4.

3. Report of the Standing Committee on Health Emergency Prevention, Preparedness and Response: Item 5 of the agenda (document EB158/5)

The CHAIR OF THE STANDING COMMITTEE ON HEALTH EMERGENCY PREVENTION, PREPAREDNESS AND RESPONSE said that, at its seventh meeting, the Standing Committee had been briefed on the public health emergency of international concern caused by poliovirus. It had noted the importance of maintaining political and financial commitments, including at the national level, to ensure the availability of predictable resources and sustain gains. Countries should focus on optimizing surveillance, strengthening cross-border cooperation and improving and increasing vaccination, including in partnership with communities. The Secretariat and Member States must continue prioritizing polio eradication activities given the continued circulation of wild poliovirus.

While the increasing number of mpox cases was not a public health emergency of international concern, it remained a health emergency and required a sustained response. She praised the effective coordination efforts that had contained the outbreak and noted the importance of addressing the root causes of outbreaks, highlighting the benefit of a One Health approach to strengthening national health systems and enhancing preparedness. Communities

² Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

with the capacity and willingness to take action had contributed to containment and prevention, and countries had demonstrated high-level commitment in their response. The Standing Committee had also received updated information on the health situation in the occupied Palestinian territory, including east Jerusalem, and on the Ebola virus outbreak in the Democratic Republic of the Congo.

The Standing Committee had welcomed updated information on efforts to strengthen the global health architecture for health emergency preparedness and response, which constituted a useful framework for enhancing national health systems and promoting harmonization and efficiency. Financial constraints continued to threaten long-term sustainability, however, and Member States should strengthen their long-term political and financial commitments to health emergency preparedness, response and resilience. Documented attacks on healthcare infrastructure, workers and services remained a concern. Critical areas of the work of the WHO Health Emergencies Programme must be preserved within the ongoing strategic realignment exercise.

The representative of LESOTHO, speaking on behalf of the Member States of the African Region, acknowledged that health emergencies were increasing in number and complexity due to climate change, humanitarian crises and limited financing, threatening preparedness and responses capacities across her Region. She emphasized the need for predictable financing and strong country-level implementation of preparedness and response initiatives. Preparedness must be integrated into health systems, including through primary healthcare-linked surveillance, functional emergency referral systems and protection of health workers and infrastructure. She expressed support for WHO's focus on preparedness as a core health system function and called for appropriate investment to strengthen national capacities and long-term resilience.

The representative of BULGARIA acknowledged that global health security remained vulnerable and depended on effective, sustainable and well-coordinated epidemiological surveillance. Early detection and rapid response were key to preventing health crises. She highlighted the risk of resurgence of controlled or nearly eliminated diseases due to uneven vaccination coverage, recalling the lessons learned from the transnational impact of the coronavirus disease (COVID-19) pandemic. Surveillance must be considered a pillar of health security and receive due investment. It was regrettable that the report did not fully explore the growing threat of antimicrobial resistance, which undermined the treatment of infectious diseases and increased the risk of epidemics. Sustained political commitment to increasing vigilance regarding health threats was needed to protect global public health and prevent recurring epidemics.

The representative of JAPAN said that his Government remained committed to cooperating in the area of health emergency preparedness and response, including by donating mpox vaccines. Universal health coverage was vital to strengthening health emergency resilience. He expressed support for a comprehensive review and rationalization of governance mechanisms related to health emergencies, including the Standing Committee. WHO must pursue sustainable and coherent health emergency response mechanisms; he therefore requested the Secretariat to present specific proposals and a road map for rationalization to the Executive Board.

The representative of SAUDI ARABIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that his Region faced increasing numbers of disease outbreaks and worsening humanitarian crises, exacerbated by migration, conflict, displacement, attacks on healthcare institutions and reduced development assistance. The work of the Standing Committee in monitoring and advising on response to emerging threats in his Region was indispensable. He

acknowledged the Standing Committee's assessment of current challenges and welcomed its focus on community engagement and addressing root causes of epidemics. He called for enhanced cooperation between the Standing Committee and other relevant entities, as well as with Member States. Sustainable financing for health emergency preparedness was needed, with prioritized support given to countries facing severe and complex crises.

The representative of EL SALVADOR said that there was a need for fairer, more robust and interoperable systems, predictable financing mechanisms, updated legislative frameworks and resilient supply chains and governance models that fostered transparency, solidarity and shared accountability. The challenges facing global health required cooperation, scientific evidence and clear political commitment that transcended borders.

The representative of CHILE, drawing attention to the complexity of the current global health situation, highlighted the effectiveness of the response to mpox and Ebola virus disease outbreaks, noting the importance of a coordinated response and international solidarity in that regard, and called for continued efforts to eradicate poliomyelitis. Funding constraints and decreasing official development assistance undermined the sustainability of emergency response efforts and must not jeopardize gains made or the construction of resilient health systems. The critical areas of the work of the WHO Health Emergencies Programme must be preserved during the Organization's restructuring process, and WHO's normative function and emergency operations capacities must not be compromised. She advocated for a One Health approach in addressing root causes of outbreaks linked to climate change. She expressed her Government's full support for the rationalization of governance mechanisms for health emergencies to ensure coherence and she called for sustained financial and political commitment, predictable financing and inclusive cooperation to ensure a global health security.

The representative of EGYPT emphasized the role of the Standing Committee in strengthening the Board's oversight of effectiveness and responsiveness to health emergencies. Sustained political commitment and predictable financing were needed to support preparedness, prevention, and response capacities. In the context of global financial constraints, continued investment in resilience, national health systems, integrated surveillance and community-centred approaches remained essential to global health security. Healthcare infrastructure and workers must be protected, especially in emergency and humanitarian settings, and ensuring continuity of health services must remain a shared priority. He expressed deep concern at the catastrophic health and humanitarian situation in the occupied Palestinian territory, particularly in the Gaza Strip, and underscored the urgent need for conditions enabling the protection of civilians, health facilities and health workers and the safe, sustained and unimpeded delivery of humanitarian and medical assistance.

The representative of NEPAL acknowledged the role of the Standing Committee in coordinating the response to mpox. While streamlining governance was important, the increasing frequency and complexity of emergencies required sustained political oversight. He emphasized the importance of fully operationalizing the 2024 amendments to the International Health Regulations (2005), including new clauses on pandemic emergencies. He asked whether the existence of the Standing Committee had enabled faster alignment during uncertain and evolving situations and what lessons could be drawn from its work in that regard. Additionally, he asked the Secretariat to share information on how it planned to strengthen the interface between the Standing Committee and new mechanisms envisaged under the amended International Health Regulations (2005), including how duplication of work would be avoided.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA called for the optimization of national preparedness and response arrangements, improvements to cross-sectoral resource sharing and the leveraging of partnerships with other organizations. The Secretariat should identify sustainable models for emergency response to overcome challenges such as inadequate flexible funding and declining development assistance. The eradication of poliomyelitis should remain a priority. The health emergency prevention, preparedness, response and resilience framework would help to align Member States' obligations under the amended International Health Regulations (2005) and the WHO Pandemic Agreement and eliminate duplication of work. It would be useful to strengthen surveillance laboratory systems, as any single weak element would compromise overall emergency response capacity. WHO should further extend the mandate of the Standing Committee beyond the closure of the Seventy-ninth World Health Assembly in the light of increasingly frequent and complex global health emergencies driven by geopolitical instability, conflict, inequities, funding gaps, climate change and emerging diseases.

The representative of HAITI emphasized the essential nature of preparedness, noting that fragile health systems were most vulnerable to epidemics, natural disasters and instability and effects could quickly move beyond borders. Priorities such as national capacity-building would only be achieved through continued, sustainable and predictable financing, especially for vulnerable countries. She therefore called for investment in preparedness, immunization, epidemiological surveillance, laboratories and community engagement to ensure value for money. Preparedness must be integrated into efforts to strengthen health systems, the health workforce, primary healthcare and multisectoral coordination. International solidarity was vital to health security; she therefore encouraged the Board and the Secretariat to build a more coherent global health architecture centred on country needs and interventions on the ground.

The representative of NORWAY noted the call for a comprehensive review of the growing number of governance mechanisms, including the Standing Committee, as well as the need to streamline work and avoid the duplication of efforts. She requested the Secretariat to provide an update on the status of the requested report on the mandates and functions of the governance and oversight mechanisms for health emergencies, which had been scheduled for submission to the current session of the Board.

The representative of BRUNEI DARUSSALAM said that small and developing Member States faced challenges in sustaining preparedness capacities beyond crisis periods, as efforts to maintain a skilled workforce, access to medical countermeasures and functional surveillance and response systems competed with pressing routine health needs. Countries such as his were therefore working to strengthen surveillance system and response capacities, including event-based surveillance, laboratory capacity and closer integration of preparedness, into routine health system functions. There was a growing recognition of the importance of a whole-of-government and One Health approach, with community engagement, cross-sectoral collaboration and timely information sharing on effective prevention and response. WHO's technical leadership remained essential in helping Member States to translate global frameworks into practical context-appropriate implementation. Continued support from WHO in capacity-building, risk assessments and access to timely expertise and regional and global coordination mechanisms would help small and developing health systems to navigate a complex emergency landscape.

The representative of PANAMA emphasized the importance of addressing antimicrobial resistance in the light of increasing health emergencies and disease outbreaks. A One Health approach was needed, with strong, comprehensive, integrated surveillance systems that could

incorporate data and tools to facilitate analysis, alignment and evidence-based decision-making. Resources should be managed effectively to ensure that the topic was adequately funded and to support developing countries to build national capacities. She called for progress in negotiations on the future annex to the WHO Pandemic Agreement on the Pathogen Access and Benefit-Sharing System and for the full implementation of the amended International Health Regulations (2005).

The representative of TÜRKİYE³ highlighted the value of international cooperation in addressing global health risks and crises. She expressed concern regarding the severe humanitarian and health situation in the Gaza Strip, noting that needs largely remained unmet and that health facilities were operating under extreme strain. She called for the ceasefire to be strengthened to enable safe and unimpeded humanitarian and medical access.

The Observer of PALESTINE expressed appreciation for the inclusion in the report of the Standing Committee of an assessment of the public health implications of the catastrophic humanitarian crisis in the occupied Palestinian territory, including east Jerusalem, especially in the Gaza Strip. The international community must learn from past failures to improve emergency response, placing people at the centre of response interventions. He requested international support, solidarity and close collaboration to address the situation.

The representative of the UNITED REPUBLIC OF TANZANIA,³ highlighting steps taken to enhance emergency preparedness at the national level, expressed support for the implementation of the WHO Pandemic Agreement. She called for sustained political commitment and predictable financing for health emergency preparedness and response. Global commitments should be translated into action by strengthening country ownership, enhancing prioritization and reinforcing equity and solidarity.

The representative of CUBA³ said that the complexity of the global health landscape underscored the need to strengthen the capacity of the multilateral system to address health, with WHO at the centre, in order to better address existing and future disease threats. She expressed concern regarding the catastrophic health situation in the occupied Palestinian territory. Recognizing the need to strengthen national surveillance, preparedness and response capacities, she noted the importance of increasing international cooperation and financial and technical support, particularly for developing countries. She took note of the Standing Committee's recommendation to review all governance and oversight mechanisms in order to avoid duplication of work.

The representative of URUGUAY³ welcomed the comprehensive approach to addressing existing health emergencies as well as the structural elements of the preparedness and response architecture, its governance and financing. Building more resilient health systems would involve striking a balance between urgent operational initiatives and long-term capacity-building efforts. She called for universal health coverage systems to be strengthened as the foundation for response and highlighted the need to promote effective international cooperation to avoid duplication of work and ensure equitable participation of all Member States. She emphasized the need for a technical humanitarian focus in complex settings, focusing on access to health services and the protection of civilians.

³ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of CHINA⁴ noted that the mpox outbreak no longer constituted a public health emergency of international concern. He emphasized the importance of strengthening the global framework for health emergency preparedness, response and resilience. WHO should continue to play a leadership and coordinating role in global health governance. The Organization should strengthen multilateral and bilateral cooperation in health emergency prevention, preparedness and response and should support the timely exchange of information to combat cross-border threats.

The representative of the RUSSIAN FEDERATION⁴ said that the Standing Committee had been established as a mechanism for enhancing the Organization's transparency, countering misinformation and enabling effective emergency response. Its meetings were an important means of communicating with Member States on major health emergencies. The Standing Committee's coordinating role should be further strengthened, and its agenda could be considered in advance of its meetings by WHO's governing bodies.

The representative of the DOMINICAN REPUBLIC⁴ emphasized the need to balance immediate response with sustained investment in public health systems. She called for the implementation of a differentiated approach, strengthened regional cooperation, sustainable financing for WHO and strengthened multilateralism to enhance global health security. In the light of the prioritization and restructuring exercise, measures should be taken to retain staff working in critical areas of the WHO Health Emergencies Programme.

The representative of MEXICO⁴ highlighted his Government's experience in tackling vector-borne disease outbreaks. Concerning poliomyelitis, he said that increased immunization and strengthened epidemiological and environmental surveillance were essential while wild and vaccine-derived poliovirus continued to circulate and that sustained political and financial commitment were required to consolidate progress towards eradication. Despite the fact that mpox was no longer a public health emergency of international concern, preparedness and response capacities should continue to be strengthened. Comprehensive approaches, such as a One Health approach, and sustained international cooperation were needed to maintain prevention, preparedness and response.

The DIRECTOR a.i. (GOVERNING BODIES), responding to the question by the representative of Norway, said that the report on the mandates and functions of the governance and oversight mechanisms for health emergencies would be published imminently, following final preparation and translation.

The CHAIR said that the Secretariat would respond to Member States' comments over the course of the Board's session. He took it that the Board agreed to suspend discussion of the agenda item.

It was so agreed.

(For continuation of the discussion, see the summary record of the seventh meeting, section 2.)

⁴ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

Provide health

4. **Follow-up to the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases:** Item 6 of the agenda (documents EB158/6 and EB158/6 Add.1)

The CHAIR drew the Board's attention to the report contained in document EB158/6 and to the draft decision contained therein, which contained a draft decision to be submitted to the Seventy-ninth World Health Assembly, in which the Health Assembly would be invited to welcome the political declaration of the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases. The financial and administrative implications for the Secretariat of that draft decision were set out in document EB158/6 Add.1.

He also drew attention to a second draft decision, which contained a draft resolution to be submitted to the Seventy-ninth World Health Assembly, on global action to advance health equity for people with haemophilia and other bleeding disorders, proposed by Armenia, Bosnia and Herzegovina, Egypt, Georgia, Iraq, Latvia, Malta, Morocco, Nepal, Paraguay, Spain, Sri Lanka and Togo. The draft decision read:

The Executive Board, having considered the report by the Director-General,⁵

Decided to recommend to the Seventy-ninth World Health Assembly the adoption of the following resolution:

The Seventy-ninth World Health Assembly,

(PP1) Having considered the report by the Director-General;

(PP2) Noting that bleeding disorders, particularly inherited bleeding disorders, represent a group of disorders that are caused by absence or low levels of one or more proteins critical to the blood clotting process, and that they can affect both men and women;

(PP3) Noting also that the most common types of bleeding disorders are haemophilia and von Willebrand disease, and that other clotting factor deficiencies include factor I (fibrinogen), factor II (prothrombin), factor V, a combined deficiency of factors V and VIII, factor VII, factor X, factor XI and factor XIII, in addition to inherited platelet disorders;

(PP4) Recognizing the significant underdiagnosis of bleeding disorders, with only 34% of the expected number of people with haemophilia identified globally, and even greater disparities reported in diagnosis rates for people with von Willebrand disease, which has an estimated prevalence of 1 in 1000 individuals, and other bleeding disorders;

(PP5) Recognizing also that women and girls with bleeding disorders face even greater challenges in accessing care, including biases in symptom assessment, longer diagnostic delays, underrepresentation in clinical trials and research programmes, societal stigma and challenges in accessing treatment, negatively impacting their physical health and quality of life, as women and girls with bleeding disorders may experience heavy menstrual bleeding, increased risk of anaemia, iron deficiency, and bleeding during pregnancy and childbirth; and greater challenges in accessing sexual and reproductive healthcare services, and therefore emphasizing the need to introduce an inclusive approach, including mainstreaming gender-sensitive and age-appropriate measures into the prevention and treatment of haemophilia and other bleeding disorders to adequately address the specific health risks and needs of

⁵ Document EB158/6.

women and men of all ages, giving particular attention to the impact of haemophilia and other bleeding disorders on women in all settings;

(PP6) Recognizing further the shared clinical, diagnostic and health-system challenges faced by individuals living with inherited bleeding disorders and the need for integrated approaches that enhance equitable access to diagnosis, treatment and comprehensive care for all affected populations;

(PP7) Acknowledging that the internationally recognized standard of care for haemophilia is prophylaxis and home treatment to prevent bleeding and reduce negative impacts on physical and mental health; whereas if left untreated recurrent bleeding could result in musculoskeletal complications and permanent joint damage, disability and premature mortality, as well as an increased burden on health systems with greater need for hospitalizations and management of complications resulting from delayed treatment;

(PP8) Acknowledging also that despite significant innovations in treatment for haemophilia in recent years, over 70% of this population continues to have inadequate or no access to treatment globally, with disparities in diagnosis and care persisting across regions and resource settings, as well as by sex and type of bleeding disorder;

(PP9) Recognizing that people with haemophilia and other bleeding disorders and their caregivers can experience a negative psychosocial impact, including isolation, stigmatization or discrimination, and adverse economic impact, including reduced access to education and employment, overall resulting in a broader societal cost, and recognizing that these impacts are often intensified by the absence, limited scope or poor implementation of dedicated policies and social support;

(PP10) Reaffirming the importance of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030 for an integrated approach to the prevention and control of noncommunicable diseases;

(PP11) Recalling the United Nations Sustainable Development Goals, established pursuant to United Nations General Assembly resolution 66/288 (2012), specifically Goal 3 ("Ensure healthy lives and promote well-being for all at all ages"), target 3.4 ("By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being") and target 3.8 ("Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all"), and Goal 5 ("Achieve gender equality and empower all women and girls"), in particular target 5.6 ("Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences");

(PP12) Recalling also the United Nations political declaration of the high-level meeting on universal health coverage (2019), and the political declaration of the high-level meeting on universal health coverage (2023), reiterating the commitment to ensure that no one is left behind;

(PP13) Recalling further the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (2018), specifically paragraph 28, which reaffirmed "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health across the life course, in respecting human rights obligations and addressing the specific health needs of children, women, older persons, persons with disabilities and others who are more vulnerable to non-communicable diseases"; paragraph 35, calling to "strengthen health systems and reorient them towards the achievement of universal health coverage and improvement of health outcomes, and high-quality, integrated and people-centred primary and specialized

health services for the prevention, screening and control of non-communicable diseases”; and paragraph 36, calling to “promote increased access to affordable, safe, effective and quality medicines and diagnostics and other technologies”;

(PP14) Recalling United Nations General Assembly resolution 76/132 (2021) on addressing the challenges of persons living with a rare disease and their families, which paved the way for greater integration of rare diseases into the agenda and priorities of the United Nations system;

(PP15) Recalling also resolution WHA63.12 (2010) on availability, safety and quality of blood products and the recent inclusion of several medicines for haemophilia and von Willebrand disease treatment on the WHO Model List of Essential Medicines, recognizing access to these essential medicines as a public health priority;

(PP16) Recalling further resolution WHA76.5 (2023) on strengthening diagnostics capacity, which stressed the importance of diagnostics for healthcare service delivery, ranging from prevention to treatment;

(PP17) Recalling resolution WHA77.2 (2024) on social participation for universal health coverage, health and well-being, which called for regular and transparent social participation to ensure transparent healthcare decision-making across the policy cycle, at all levels of the system;

(PP18) Recalling also resolution WHA78.11 (2025), “Rare diseases: a global health priority for equity and inclusion”, which mandated WHO to develop a comprehensive 10-year global action plan on rare diseases, with measurable targets to guide progress towards equity, inclusion and access to care for all affected individuals;

(PP19) Recognizing the role of WHO to demonstrate leadership and coordination of effective global action to advance health equity for people with haemophilia and other bleeding disorders, as part of WHO’s larger public health impact and the strategic goal of providing health as outlined in the Fourteenth General Programme of Work, 2025–2028,

(OP)1. URGES Member States, taking into account national context and priorities and available resources and capacities:

- (1) to enhance, where relevant, within policies and responses related to national noncommunicable diseases, primary health, maternal and neonatal health, sexual and reproductive health and universal health coverage, the need for the management of haemophilia and other inherited bleeding disorders, including early gender-sensitive and evidence-based diagnosis, equitable access to safe, effective and affordable treatment, multidisciplinary care and the development of evidence-based national clinical guidelines;
- (2) to strengthen health systems to increase capacity in identification and diagnosis, and clinical management of haemophilia and other bleeding disorders, by including relevant competencies in education and lifelong learning of health workers, by training, as appropriate and in particular, non-specialist healthcare providers in primary healthcare settings on basic management of bleeding disorders, and ensuring timely referral to specialized haemophilia treatment centres; and, where feasible, by strengthening coordination among these specialized haemophilia treatment centres, already established in many Member States, with multidisciplinary teams providing comprehensive care services, with an efficient referral system in place;
- (3) to enhance equitable access to safe, effective and affordable medicines and to early treatment interventions, such as prophylaxis and home treatment programmes for people with haemophilia and other bleeding disorders, and to consider the inclusion of essential medicines for haemophilia and other bleeding disorders on national lists of essential medicines, as well as to promote predictable supply chains

- and explore financing mechanisms for these medicines, including factor concentrates, non-factor replacement therapies and other novel emerging therapies;
- (4) to strengthen national data collection systems to facilitate epidemiological, treatment and health outcomes surveillance, and monitoring and evaluation of existing haemophilia and other bleeding disorder programmes and responses, to better inform national policies and strategies and clinical practice;
 - (5) to implement effective programmes that promote mental health and psychosocial support, including for persons living with haemophilia and other bleeding disorders, as well as policies and initiatives that enhance the well-being of their families;
 - (6) to promote public awareness of and education about haemophilia and other bleeding disorders to foster greater understanding, promote global solidarity and reduce the misconceptions and stigmatization regarding bleeding disorders, including their impact on women and girls, that are widespread in certain regions;
 - (7) to empower people living with bleeding disorders, local communities and organizations that represent them, through engagement and consultative mechanisms in care planning and service delivery, and in policy and legislation development, programme implementation, advocacy, research, and monitoring and evaluation;
 - (8) to recognize World Haemophilia Day, celebrated on 17 April, as a day dedicated to haemophilia and all bleeding disorders, and to take appropriate measures within existing resources to continue to celebrate this day and raise awareness of bleeding disorders, in collaboration with local civil society actors and other relevant stakeholders;

(OP)2. REQUESTS the Director-General:

- (1) to assess and map existing WHO guidance and recommendations related to haemophilia and other bleeding disorders and develop, in collaboration with Member States, and in consultation with non-State actors, in line with the WHO Framework of Engagement with Non-State Actors, as applicable, and persons living with haemophilia and other bleeding disorders, recommendations for Member States on addressing gaps in strengthening the implementation of policies for haemophilia and other bleeding disorders, where relevant, within policies and responses related to national noncommunicable diseases, primary health, maternal and neonatal health and hygiene, menstrual health and universal health coverage, including early gender-sensitive and evidence-based diagnosis, enhancing equitable access to safe, effective and affordable treatment, and multidisciplinary care, taking into account adequate, predictable and sustainable domestic and international financing and national context and priorities, and to submit these recommendations to the Eighty-first World Health Assembly for its consideration in 2028, through the Executive Board at its 163rd session;
- (2) to recognize World Haemophilia Day, celebrated on 17 April, as a day dedicated to haemophilia and all bleeding disorders, and to support relevant initiatives, in line with the global agenda for the prevention and control of noncommunicable diseases, by Member States and relevant stakeholders to consider taking appropriate measures to continue celebrating this day;
- (3) to report biennially on the implementation of the present resolution to the Health Assembly, as part of the global agenda for the prevention and control of noncommunicable diseases.

The financial and administrative implications for the Secretariat of its adoption were:

A. Link to the approved Programme budget 2026–2027

- 1. Output(s) in the approved Programme budget 2026–2027 under which this draft decision would be implemented if adopted:**
 - 2.2.1. WHO develops norms, standards and technical packages to address risk factors for communicable and noncommunicable diseases, violence and injuries, prevent poor nutrition, strengthen food safety and reduce environmental health risks, and supports countries in their implementation, including in the monitoring and development of legislation and regulations
 - 3.1.3. WHO strengthens countries' national capacity to develop implementable national strategies for universal health coverage
 - 4.1.1. WHO develops evidence-based policies and supports the implementation, scale-up and measurement of best buys and other actions to strengthen person-centred prevention, control and management of noncommunicable diseases
- 2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2026–2027:**
Not applicable.
- 3. Any additional Secretariat work during the biennium 2026–2027 that cannot be accommodated within the approved Programme budget 2026–2027 ceiling:**
Not applicable.
- 4. Estimated time frame (in years or months) to implement the decision:**
Three years (2026–2028).

B. Budget and resource implications for the Secretariat for implementation of the decision

- 1. Total planned costs required to implement the decision, in US\$ millions:**
US\$1.80 million.
- 2.a. Estimated planned costs required that can be accommodated within the approved Programme budget 2026–2027 ceiling, in US\$ millions:**
US\$1.49 million.
- 2.b. Estimated planned costs required in addition to those already budgeted for in the approved Programme budget 2026–2027, in US\$ millions:**
Not applicable.
- 3. Estimated planned costs required to be budgeted for in the proposed programme budget for 2028–2029, in US\$ millions:**
US\$ 0.31 million.
- 4. Estimated planned costs required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:**
Not applicable.
- 5. Level of financial resources already available to fund the implementation of the decision in the current biennium, in US\$ millions**
 - **Financial resources available to fund the decision in the current biennium:**
US\$ 0.50 million.
 - **Remaining financing gap in the current biennium:**
US\$ 0.99 million.
 - **Estimated financial resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**
Discussions are under way with potential donors.

Table. Breakdown of estimated resource requirements (in US\$ millions)^a

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2026–2027 cost of resources already planned	Staff	0.13	0.14	0.10	0.13	0.10	0.10	0.42	1.12
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.37	0.37
	Total	0.13	0.14	0.10	0.13	0.10	0.10	0.78	1.49
B.2.b. 2026–2027 cost of additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2028–2029 cost of resources to be planned	Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.31	0.31
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.31	0.31
B.4. Future bienniums cost of resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.1. Total planned costs required to implement the decision									1.80

^a The row and column totals may not always add up, owing to rounding.

He noted that a draft resolution on steatotic liver disease was being prepared and would be circulated shortly.

The representative of SOLOMON ISLANDS, speaking on behalf of the Member States of the Western Pacific Region, said that global progress on the prevention and control of noncommunicable diseases had stagnated, a problem exacerbated by rapid population ageing and increasing healthcare costs. Universal health coverage should provide the foundation for the fight against noncommunicable diseases and mental health problems. The development of a seamless continuum of care should be accelerated, anchored in strong, high-quality, equitable and resilient primary healthcare and cost-effective interventions. He highlighted the importance of oral health as a cross-cutting issue and described actions taken in the Region to enhance oral health. Advancing noncommunicable diseases and mental health and well-being responses required sustained systems capable of delivering continuous care, based on sustainable and resilient health financing; he therefore welcomed initiatives such as the Universal Health Coverage Knowledge Hub. Collaboration between the health and finance sectors was urgently needed to improve the strategic allocation of limited resources to primary healthcare. He welcomed the adoption of the political declaration of the fourth high-level meeting of the United Nations General Assembly on the prevention and control of non-communicable diseases, highlighting the inclusion of mental health and the recognition of the needs of Indigenous Peoples.

The representative of NORWAY said that noncommunicable disease prevention and control interventions had yielded mixed results, with out-of-pocket expenses remaining a persistent barrier to progress in low-income countries. Integrating noncommunicable disease interventions into primary healthcare would improve services and reverse slowing progress. Improvements in physical activity would require better monitoring and wider use of objective measurements. She

highlighted the importance of following up on the commitments in the political declaration concerning mental health and investing in tobacco control and restrictions on marketing of unhealthy products; however, the political declaration could have been more ambitious. While urging caution when developing disease-specific governing body resolutions, since they could lead to fragmented activities and prioritization challenges, she expressed support for the approach taken in the draft decisions currently before the Board, which were connected to WHO's broader activities and reporting on noncommunicable diseases. WHO's normative work on noncommunicable diseases and common risk factors remained vital.

The representative of BARBADOS welcomed the political declaration, in particular its focus on equity, leadership and integrated action in addressing the growing noncommunicable disease burden and promoting mental health and well-being. She expressed appreciation for the recognition of the unique vulnerabilities of small island developing States and the need for adequate and sustainable financing. Highlighting national activities in that regard, she called on WHO and international partners to provide strategic and technical support to accelerate the implementation of best buy interventions. In order to meet the established targets by 2030, equitable access to diagnostics, medicines and appropriate technologies must be ensured.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA welcomed the political declaration and the targets contained therein. She highlighted efforts at the regional and national levels to prevent and control noncommunicable diseases, with particular reference to oral health, physical activity and strengthening primary healthcare. She underscored the importance of a whole-of-society approach to combating noncommunicable disease risk factors, including awareness-raising campaigns and mass events promoting physical activity. In that connection, she requested the Secretariat to support Member States in developing programmes based in schools and primary healthcare settings and implementing the Global strategy and action plan on oral health 2023–2030. Implementation of best buy interventions should be scaled up, as should primary healthcare delivery. Noting the launch of a WHO Academy course on behavioural counselling in primary healthcare, she urged the Secretariat to support the enrolment of healthcare providers in that course.

The representative of SWITZERLAND acknowledged WHO's contribution to the development of the political declaration, which would support efforts to attain target 3.4 of the Sustainable Development Goals on reducing premature mortality from noncommunicable diseases by one third through an integrated intersectoral approach. She welcomed the inclusion of mental health and the social determinants of health in the political declaration, as well as the willingness to include all stakeholders and civil society in responding to noncommunicable diseases. Although it had been adopted by vote, the political declaration reaffirmed the importance of multilateralism and international cooperation in addressing global health challenges. Existing expertise should be leveraged to avoid the duplication of efforts across different forums. The work of WHO and the United Nations should be in alignment and mutually reinforcing, as should the Organization's work at the global, regional and country levels. WHO should continue to play its key role in supporting Member States and providing guidance and regulatory frameworks.

The representative of NEPAL said that noncommunicable diseases had a disproportionate impact on resource-constrained countries. Noncommunicable diseases should be addressed through multisectoral actions addressing root causes, including diet, physical inactivity, tobacco and alcohol use and environmental hazards. The political declaration should be implemented using a whole-of-government and whole-of-society approach. To that end, WHO should accelerate cost-effective, population-level noncommunicable disease interventions through stronger

technical and strategic support to Member States; strengthen and redesign primary healthcare systems to ensure the integration of noncommunicable disease prevention, screening, early diagnosis and long-term care; and address the commercial determinants of health by fostering health-enabling environments. Public health must be prioritized over profit.

The representative of SAUDI ARABIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the adoption of the political declaration, particularly given the high burden of noncommunicable diseases, including mental health conditions, in his Region. Accelerated action was needed to meet target 3.4 of the Sustainable Development Goals. He highlighted the proactive commitment of Member States in his Region, which had advocated for equity-focused approaches and integrated responses to noncommunicable diseases, and emphasized the need for sustainable financing and primary healthcare as the foundation for addressing noncommunicable diseases and mental health. Service delivery must be ensured in conflict situations. It would be essential to bridge financing gaps, implement follow-up actions and operationalize the commitments contained in the political declaration to make tangible progress towards universal health coverage and health equity.

The representative of EGYPT acknowledged that global progress on noncommunicable disease targets was off-track, with widening inequities and a worrying rise in mortality from diseases such as diabetes, cirrhosis of the liver and liver cancers. He emphasized the urgent need to strengthen the global response to noncommunicable diseases through more integrated, forward-looking approaches; in particular, it would be important to integrate steatotic liver disease and its risk factors into global noncommunicable disease responses and to address health inequities faced by patients with bleeding disorders.

The representative of PANAMA said that incorporating mental health and well-being on the global noncommunicable diseases agenda reflected a greater understanding of mental health as a determinant of sustainable development, productivity, social cohesion and equity. It would be vital to consolidate mental healthcare as a high-impact prevention strategy within primary healthcare and in alignment with public policies on the social determinants of health and efforts to reduce gaps. Achieving the Sustainable Development Goals would depend on commitments to reduce tobacco consumption, improve access to mental healthcare and manage hypertension, bolstered by resilient institutions with adequate financing and sustainable multisectoral governance mechanisms. She called for a Health in All Policies approach and strengthened regulatory frameworks promoting healthy lifestyles, health-enabling environments, resilient communities and education systems that incorporated emotional well-being throughout the life course. It would also be important to strengthen information, surveillance and accountability systems to monitor, evaluate and adapt indicators to national realities to support informed decision-making and reduce persistent inequalities. Her Government supported an integrated, person-centred approach to the noncommunicable disease agenda.

The representative of QATAR welcomed the political declaration. She outlined steps taken at the national level to address noncommunicable diseases, including through awareness-raising and taxation on unhealthy products, and noted that her Government had hosted an interministerial meeting on mental health in September 2025. Preparations for the third high-level meeting of the General Assembly on universal health coverage, planned for 2027, should be aligned with the noncommunicable disease prevention and control agenda, with a focus on best practices and evidence-based approaches.

The representative of SPAIN noted the timely adoption of the political declaration in the context of the global deceleration in progress towards the prevention and control of

noncommunicable diseases and persistent geographic inequalities. She welcomed the integration of mental health and well-being into the noncommunicable disease agenda, which reflected a more realistic understanding of noncommunicable diseases and the need for a holistic, person-centred, life course approach. The increase in mental health disorders was contributing to the growing disease burden and neutralizing progress in other areas. All risk factors of noncommunicable diseases should be addressed; a Health in All Policies approach was needed, supported by a healthcare system capable of mobilizing resources, ensuring continued service delivery and reducing health inequalities. It would be crucial to translate commitments into concrete decisions; she therefore called for ambitious policies on noncommunicable disease risk factors as well as education, employment and the environment.

The representative of CHILE expressed concern regarding the global slowdown in progress on the prevention and control of noncommunicable diseases. She welcomed the political declaration and its clear and measurable targets. She outlined initiatives undertaken in her country relating to nutrition, breastfeeding, smoking, alcohol and physical activity. She called for joint efforts to establish regulatory frameworks and tax policies and implement the WHO best buy interventions in order to achieve targets on noncommunicable diseases by 2030.

The representative of THAILAND urged the Secretariat to support the strengthening of local capacities to promote active living and to revise the Global physical activity questionnaire in line with the WHO guidelines on physical activity and sedentary behaviour. WHO should work closely with UNEP to strengthen capacities for the phasing out of dental amalgam. She expressed support for the draft decisions on haemophilia and the political declaration, as well as the planned draft resolution on steatotic liver disease.

The representative of LEBANON acknowledged the significant morbidity and mortality burden linked to noncommunicable diseases in her country, emphasizing the need to strengthen efforts to reduce the risks and raise awareness of noncommunicable diseases. Tobacco control legislation should be expanded to include e-cigarettes and heated tobacco. Artificial intelligence should be integrated into noncommunicable disease prevention and early detection programmes. She welcomed the draft decisions on haemophilia and the political declaration, and the planned draft resolution on steatotic liver disease.

The representative of CABO VERDE highlighted the burden of noncommunicable diseases in his country. Sustainable financing, effective multisectoral coordination and equitable access to diagnosis were among the persistent challenges to progress; he therefore called for a Health in All Policies approach to the prevention and control of noncommunicable diseases and for further investment in prevention, particularly among young people and vulnerable groups. It would also be important to ensure affordable access to essential medicines, services and technology for the management of noncommunicable diseases. Improving surveillance and data collection systems would support policy development.

The representative of HAITI noted that progress on noncommunicable diseases remained unequal, especially for resource-limited countries. Noncommunicable diseases continued to constitute a heavy burden on health systems, exacerbating inequalities and disproportionately affecting vulnerable populations in her country in the context of multiple complex challenges. Holistic responses grounded in primary healthcare, prevention and early detection were needed; experience sharing would be vital in that regard. The focus on tobacco control, hypertension and access to mental health services was welcome, and integrated approaches to diabetes and cervical cancer based on effective care and prevention demonstrated the impact of evidence-based policies. She underscored the importance of ensuring the participation of all partners with useful

expertise in public health; the appropriate contribution of Taiwan⁶ in the World Health Assembly would strengthen experience sharing and collective health security.

The representative of POLAND, acknowledging that noncommunicable diseases were leading causes of premature mortality and disability, highlighted the impact of overweight and obesity in his country. Mental health was integral to the noncommunicable disease agenda, and mental health needs had been exacerbated by the coronavirus disease (COVID-19) pandemic, the war in Ukraine and broader socioeconomic pressures. He supported the emphasis on integrated, person-centred approaches for the prevention and control of noncommunicable diseases and strengthened primary healthcare. To meet global targets, the social and commercial determinants of health must be addressed, inequalities must be reduced and sustainable financing for noncommunicable diseases and mental health must be secured. He called for enhanced international cooperation, data sharing and WHO technical support.

The representative of SOMALIA said that the commitments made in the political declaration should be translated into country-level action. He outlined steps taken in his country to tackle noncommunicable diseases, the impact of which was exacerbated by humanitarian emergencies, climate shocks and population displacement. Universal health coverage could not be achieved without addressing noncommunicable diseases, and continuity of care for chronic conditions must be maintained during emergencies. He called for enhanced technical and financial support for the implementation of noncommunicable disease commitments in fragile contexts.

The representative of TÜRKİYE⁷ said that accelerated action was required, through increased investment and strengthened intersectoral coordination, to reduce noncommunicable disease mortality. Intensified efforts were needed at the global and national levels to achieve the targets set for 2030. Primary healthcare was being strengthened in her country to ensure equitable access to high-quality services for all. She welcomed WHO's work on oral health and noted the impact of mineral deficiencies in drinking water on the increased risk of dental caries in children, an issue that should be addressed by WHO through stronger and more effective measures.

The representative of the INTERNATIONAL SOCIETY OF PAEDIATRIC ONCOLOGY, speaking at the invitation of the CHAIR, and also on behalf of Childhood Cancer International, the European Association for Injury Prevention and Safety Promotion, the International Agency for the Prevention of Blindness, the International Association for Dental Research, the International Association for Hospice and Palliative Care, Inc., the International Council of Nurses, the International Pediatric Association, the International Psycho-Oncology Society, the International Society of Radiology, the World Federation of Nuclear Medicine and Biology, and the World Federation of Societies of Anaesthesiologists, noted the inclusion of a target on childhood cancer survival in the political declaration, which would build momentum for work to address other childhood noncommunicable diseases. Investment in childhood cancer diagnosis and treatment could strengthen health systems, workforce capacity and a range of healthcare services while also benefiting research, injury and blindness prevention, timely diagnosis, effective treatment and comprehensive care. Member States should engage in strategic prioritization of childhood noncommunicable diseases in national policies and programmes; such efforts would require a safe, well-resourced and trained health workforce and robust surveillance and monitoring. She

⁶ World Health Organization terminology refers to "Taiwan, China".

⁷ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

urged Member States to build on commitments made in the political declaration to enhance survival, quality of life, safety and equity for all children.

The representative of OMAN⁸ welcomed the focus on transformation in the political declaration by encouraging a long-term approach to health systems strengthening as well as policy coherence. Noncommunicable diseases constituted not just a health challenge but a matter of development, as failure to address such diseases hampered sustainable productivity. A comprehensive and intersectoral approach to the prevention and control of noncommunicable diseases was therefore required.

The representative of ARMENIA⁸ welcomed the consensus that had been reached on the draft decision on haemophilia thanks to the constructive engagement of Member States. The draft decision sought to close critical gaps in the diagnosis and prioritization of haemophilia and other inherited bleeding disorders and to establish a framework to improve access to essential treatment and care. He expressed support for the planned draft resolution on steatotic liver disease.

The representative of CUBA⁸ expressed concern regarding the significant decrease in financial support for programmes concerning noncommunicable diseases and international cooperation in the health sector, particularly given the high human and economic cost of noncommunicable diseases, and called for the urgent reversal in that alarming trend. Outlining her country's national strategy on noncommunicable diseases, she expressed support for the draft decision on the political declaration.

The representative of the NCD ALLIANCE, speaking at the invitation of the CHAIR, and also on behalf of PATH, World Cancer Research Fund International, the International Psycho-Oncology Society, the International Society on Thrombosis and Haemostasis, Inc., the International Society of Nephrology, the International Society for Biomedical Research on Alcoholism, HelpAge International, the International Alliance of Patients' Organizations, the International Diabetes Federation, the Global Alliance for Tobacco Control, Alzheimer's Disease International, and Vital Strategies, Inc., commended the adoption of the political declaration and the commitments demonstrated by Member States and civil society, yet expressed concern that the significant influence of health-harming industries had weakened its scope. She highlighted the removal of targets on health-related taxes, the omission of fossil fuels as key drivers of noncommunicable diseases, and the less ambitious targets on prevention. Member States should accelerate the implementation of evidence-based noncommunicable disease interventions through a whole-of-government approach that placed noncommunicable diseases at the centre of health agendas. She called for the mobilization of sustainable investment in noncommunicable diseases, aligning resources with national disease burdens, ensuring that all noncommunicable disease strategies were fully costed and increasing domestic resource mobilization. The comprehensive global monitoring framework for the prevention and control of noncommunicable diseases should be updated, and communities should be engaged in the development, implementation and evaluation of responses.

The representative of SENEGAL⁸ called for increased international financing for noncommunicable disease prevention and control, focusing on service integration, technology transfer, local medicine production and health system digitalization. He requested support for

⁸ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

countries in Africa to enhance intersectoral action on the social and environmental determinants of health.

The representative of GEORGIA⁹ welcomed the adoption of the political declaration and outlined steps taken to strengthen the noncommunicable disease response in her country. She expressed support for global targets on tobacco control, hypertension management and mental health, emphasizing the need for strong primary healthcare, sustainable financing and robust data systems.

The representative of BRAZIL⁹ welcomed the adoption of the political declaration, recognizing the disproportionate impact of noncommunicable diseases on vulnerable populations owing to structural inequalities and social determinants of health. The ambitious targets set out in the political declaration required a whole-of-government approach and strengthened primary healthcare.

The representative of SRI LANKA⁹ emphasized the need to continue investing in the prevention and treatment of noncommunicable diseases and to further strengthen primary healthcare. Outreach and education on physical activity and oral health should be expanded to raise awareness among communities of the importance of well-being. She called on the Board to adopt the draft decision on haemophilia by consensus, since it would address challenges relating to diagnosis and data collection.

The representative of ECUADOR⁹ outlined the initiatives implemented at the national level to reduce mortality linked to noncommunicable diseases. There was a need to strengthen taxation related to health-harming products, improve equitable access to medicines and integrate noncommunicable disease indicators into health information systems. She expressed support for the draft decision on the political declaration.

The representative of ZAMBIA⁹ expressed concern regarding the rising burden of mental health disorders, including increased suicide rates and the impact on adolescents. He commended the Secretariat for supporting Member States in the African Region in developing policies and strategic plans to address the social determinants of mental health. WHO should urgently address the impact of social media and extensive technology use among adolescents and young people by ensuring the full implementation by Member States of recent WHO guidance on mental health policy and strategic action plans.

The representative of the UNITED REPUBLIC OF TANZANIA⁹ highlighted steps taken in her country to enhance the prevention and control of noncommunicable diseases and expressed support for the political declaration and its targets.

The representative of SINGAPORE⁹ emphasized the urgent need to accelerate progress on noncommunicable diseases, including by promoting evidence-based screening and management and building ecosystems supporting healthier lifestyle choices. He outlined steps taken in that regard in his country.

The representative of LUXEMBOURG⁹ welcomed the adoption of the political declaration and its clear targets for the period up to 2030; action was now needed, including regular monitoring of progress. He called for the swift, ambitious and equitable implementation of the political declaration, driven by evidence and guided by WHO. Noncommunicable diseases and

⁹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

mental health should be fully integrated into primary healthcare through a multisectoral approach.

The representative of KENYA¹⁰ welcomed the ambitious commitments contained in the political declaration, particularly those concerning tobacco control, hypertension and access to mental healthcare services. She expressed support for a whole-of-government and whole-of-society approach prioritizing prevention, early detection and continuity of care. To that end, strong data systems, a well-trained health workforce and meaningful community engagement were required.

The representative of MEXICO¹⁰ acknowledged the slowdown in the reduction of mortality from noncommunicable diseases, which was driven by overweight and obesity and disproportionately affected vulnerable populations. To achieve target 3.4 of the Sustainable Development Goals, it would be crucial to step up the implementation of cost-effective interventions with primary healthcare as the foundation for action. Primary healthcare must be strengthened as a strategic platform for the prevention, early detection and control of noncommunicable diseases through a Health in All Policies approach. Efforts to regulate food environments through taxation policies and regulation of food labelling would require robust technical support from the Secretariat that was free from commercial interference. He expressed support for measures to promote physical activity and phase out dental amalgams containing mercury. He welcomed the adoption of the political declaration.

The representative of CHINA¹⁰ noted the significant regional variations in noncommunicable disease prevention and control, which should be addressed through expanded implementation of cost-effective interventions to improve primary healthcare and universal health coverage. To tackle slow and uneven progress, he called for targeted training and support for specific regions and countries. Enhanced cross-sector cooperation would help to address physical inactivity. He expressed support for the draft decision on haemophilia and the planned draft resolution on steatotic liver disease.

The representative of BOTSWANA¹⁰ said that mortality linked to noncommunicable diseases was increasing in many low- and middle-income countries, including in sub-Saharan Africa. She outlined steps taken in her country to address noncommunicable diseases. Noncommunicable disease and mental health services, including oral health services, should be integrated into primary healthcare. The political declaration provided an opportunity to accelerate progress towards agreed noncommunicable disease targets at the global level.

The representative of COLOMBIA¹⁰ said that, in the context of a slowdown in reducing premature mortality from noncommunicable diseases, as well as the increase in ageing populations and decline in fertility rates, there was a need for cost-effective interventions and efforts to strengthen primary healthcare to accelerate action on noncommunicable diseases. She highlighted regulatory and fiscal measures being introduced in her country. It would be important to focus on strengthening technical support and cooperation and prioritize healthy ageing and social protection in old age.

The representative of INDONESIA¹⁰ noted that many health gains had reversed and health inequalities persisted between countries. Political commitments must be translated into results. Priorities should include expanding the implementation of best buy interventions for

¹⁰ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

noncommunicable diseases through integrated primary healthcare and access to essential medicines, diagnostics and services. The socioeconomic determinants of health should be addressed through strengthened multisectoral policies. Collaboration with WHO and other partners would be critical to success. Countries would benefit from timely financial and technical resources to help in strengthening data systems and monitoring frameworks; robust policy guidance reflecting the latest evidence would also be useful.

The representative of PERU¹¹ recognized the high burden of noncommunicable diseases and emphasized the need to improve prevention, timely diagnosis and access to high-quality comprehensive services. He outlined steps taken in his country to strengthen primary healthcare and implement national policies for cancer control and detection. He expressed support for the draft decision on the political declaration.

The representative of GERMANY¹¹ expressed support for the political declaration, an opportunity to reaffirm global commitment and drive progress in the prevention, treatment and diagnosis of noncommunicable diseases. She welcomed the inclusion of mental health in the scope of the political declaration. Since noncommunicable diseases had a disproportionate impact on marginalized populations, the social, economic and environmental determinants of health should be addressed. She highlighted the threat posed by climate change to human health and the resulting impact on noncommunicable diseases.

The representative of the PHILIPPINES¹¹ said that health systems anchored in primary healthcare, strong financing and an adequate workforce formed the most equitable basis for universal health coverage. He expressed support for the political declaration and highlighted the need for sustainable financing for sustaining gains in universal health coverage, especially with regard to noncommunicable diseases and mental health. The third International Dialogue on Sustainable Financing for Non-communicable Diseases and Mental Health would be held in the Philippines in September 2026, providing a platform for mobilizing political commitment, sharing innovative financing approaches and strengthening country action in support of universal health coverage. WHO should continue to support efforts to strengthen primary healthcare, financial protection and the health workforce ahead of the third high-level meeting of the General Assembly on universal health coverage in 2027.

The representative of the DOMINICAN REPUBLIC¹¹ welcomed global commitments to reduce noncommunicable diseases and guarantee access to mental health services and highlighted the importance of developing initiatives to ensure equitable and sustainable financing. She called on for continued efforts to strengthen the Organization's governance, monitoring and technical cooperation in order to leave no one behind. Recognizing health inequalities and persistent challenges to noncommunicable disease control, she emphasized the value of evidence-based policies, strengthening primary healthcare and promoting healthy environments.

The representative of the RUSSIAN FEDERATION¹¹ expressed support for the political declaration; although it had not been adopted by consensus, he expressed the hope that consensus would be reached on its implementation. He commended WHO's collaboration in the development of that and other political declarations. He expressed support for the draft decision on haemophilia and the planned draft resolution on steatotic liver disease.

¹¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of MOROCCO¹² outlined her Government's approach to noncommunicable diseases. Her Government remained committed to multisectoral cooperation, strengthening prevention of risk factors and developing appropriate regulatory and fiscal policies and continued to support the role of WHO and sustainable partnerships. She expressed support for the draft decisions on the political declaration and on haemophilia.

The representative of BURUNDI¹² said that noncommunicable diseases were a national priority in the light of an increasing noncommunicable disease burden. He highlighted measures taken in his country to improve diagnosis and treatment, despite persistent challenges relating to a lack of financial, material and human resources. Multisectoral cooperation was required to transform political commitment into action on the ground.

The representative of BELGIUM,¹² speaking also on behalf of Estonia, Finland, Iceland, Ireland, Latvia, Portugal, the Kingdom of the Netherlands and Slovenia, expressed appreciation for the attention paid in the political declaration to emerging challenges such as vaping and the health impact of digital technologies. The stronger emphasis placed on mental health and well-being was welcome, as was the recognition of the link between mental health and noncommunicable diseases. The Secretariat should continue to support Member States in implementing cost-effective, evidence-based policy packages. He called for urgent action to halt the rapid spread of new and emerging nicotine and tobacco products, which risked creating a new generation of addiction, and to address the harmful impacts of digital technologies on young people. He expressed concern regarding the ongoing health burden resulting from alcohol consumption and unhealthy diets. Strong political commitment was required to safeguard against conflicts of interest, and full public transparency was essential. In addition to healthy lifestyles, balanced diets and regular physical activity, it would be important to promote social participation to address all determinants of health by engaging communities of young people, patients and other civil society groups. He expressed support for WHO's crucial role in ensuring that relevant public health policies were based on scientific evidence, strengthening health literacy and promoting healthy environments that empowered the public to make healthy, informed decisions.

The representative of INDIA¹² emphasized the urgent need for comprehensive, equitable, and people-centred responses to noncommunicable diseases. She outlined steps taken in her country to manage noncommunicable diseases and strengthen service delivery. She welcomed the political declaration.

The representative of IRELAND¹² welcomed the adoption of the political declaration. The burden of noncommunicable diseases and mental health conditions exacerbated poverty and threatened economic growth and human development. She expressed support for policies that promoted oral health, healthy lifestyles, effective alcohol and tobacco control and physical activity. She supported the draft decision on the political declaration.

The representative of ETHIOPIA¹² highlighted her Government's efforts to prioritize noncommunicable disease prevention and control and welcomed the adoption of the political declaration. Her Government stood ready to enhance collaboration to scale up the implementation of best buy interventions, strengthen primary healthcare delivery and increase financing for noncommunicable diseases.

¹² Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of GHANA¹³ outlined steps taken in his country to improve data collection, screening, awareness and treatment adherence with regard to noncommunicable diseases. Sustainable financing was essential, and people living with noncommunicable diseases should be meaningfully involved in decision-making processes that sought to address the financial burden posed by expenses linked to care for noncommunicable diseases. He welcomed reaffirmed commitments to achieving target 3.4 of the Sustainable Development Goals.

The representative of SOUTH AFRICA¹³ expressed support for the political declaration, noting in particular the inclusion of the elimination of cervical cancer as a shared priority. The cervical cancer elimination targets reflected a pursuit for equity and would help in strengthening access to basic preventive health services for women and girls, removing barriers to primary healthcare and addressing comorbidity among women living with HIV.

The representative of the WORLD MEDICAL ASSOCIATION, speaking at the invitation of the CHAIR, said that decisive action should be taken to fully implement the political declaration, requiring strong and resilient health systems delivering health education and prevention through providing integrated, person-centred primary healthcare, supported by robust secondary and tertiary services. He urged governments to strengthen the health workforce, including by ensuring safe and decent working conditions, guaranteeing continuing professional development and addressing the drivers of brain drain from low- and middle-income countries. Noncommunicable diseases and mental healthcare should systematically be included in essential benefit packages under universal health coverage.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIR, urged Member States to implement the political declaration to tackle the global cancer burden. Initiatives should include enhanced screening and healthy lifestyle promotion, increased minimum excise duty rates on tobacco products, and the establishment of minimum taxes for e-cigarettes, heated tobacco and nicotine pouches. Countries should ensure high-quality cancer care with robust referral systems, strengthen and invest in a sustainable global oncology workforce, and reduce professional burnout.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIR, welcomed the adoption of the political declaration and the inclusion of oral health, noting that oral diseases shared common risk factors with other noncommunicable diseases. Her organization would support Member States in translating commitments relating to oral health into action and encouraged the integration of oral health interventions into national strategies on noncommunicable diseases and universal health coverage. Regarding the WHO guideline on environmentally friendly and less invasive oral healthcare for preventing and managing dental caries, she said that prevention and oral health promotion were the most sustainable approach and recommended robust monitoring and evaluation to ensure continuity of care during implementation.

The representative of the GLOBAL SELF-CARE FEDERATION, speaking at the invitation of the CHAIR, welcomed the adoption of the political declaration and emphasized the importance of equity and integration in its implementation, including stronger action through primary healthcare and community-based approaches. Self-care could enhance noncommunicable disease prevention and management in conjunction with health literacy and access to affordable services. However, self-care promotion must not involve shifting responsibility to individuals; the focus should instead

¹³ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

be on integrating self-care into national noncommunicable disease strategies, ensuring continuity of care and early outreach, particularly in underserved communities. WHO and Member States should strengthen implementation, financing and accountability to achieve measurable progress through evidence-based interventions.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIR and also on behalf of the International Pharmaceutical Students' Federation, emphasized the role of pharmacists in prevention, early detection, treatment and people-centred care. As such, pharmacists should be integrated into national strategies and primary healthcare teams, and investment in the workforce was needed.

The representative of the INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE, speaking at the invitation of the CHAIR, noted that people were living with noncommunicable diseases for longer periods, with significant limitations in terms of functioning. However, functioning outcomes were absent from monitoring frameworks for noncommunicable diseases, limiting the ability to plan services and track equity. He highlighted the increasing demand for rehabilitation, noting unmet needs in low- and middle-income countries, and urged Member States to integrate data on functioning into noncommunicable disease surveillance and include rehabilitation within universal health coverage.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed the adoption of the political declaration and noted its person-centred language, commitment to continuity of care in humanitarian settings and targets on mental health and hypertension. The lack of a target on diabetes, however, remained a serious gap. Tangible action was needed to address the impact of noncommunicable diseases and mental health conditions in fragile contexts. Member States should ensure access to life-saving healthcare products for people living with diabetes, including by advocating for their inclusion in the WHO model lists of essential medicines and integration into universal health coverage.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIR, welcomed the inclusion of palliative care in the political declaration. Palliative care was a core component of essential health services for people with a wide range of noncommunicable diseases at any stage of disease, not just end of life. Palliative care had been included as an area of work financed by the Health4Life Fund, but Member States should also consider including funds for palliative care in health systems strengthening.

The representative of the WONCA ASSOCIATION, speaking at the invitation of the CHAIR, welcomed the adoption of the political declaration. She emphasized the role of family doctors in the prevention and management of chronic conditions and called for family doctors to be involved in national planning for noncommunicable disease prevention and control. Member States should invest in specialized training in family medicine and in the provision of necessary medicines and diagnostics for primary healthcare.

The representative of the WORLD FEDERATION OF HEMOPHILIA, speaking at the invitation of the CHAIR, welcomed the draft resolution on haemophilia and urged Member States to adopt it. In the light of underdiagnosis, inequitable access to treatment and care and reduced quality of life, the draft resolution was a vital step towards creating a coordinated global response to health inequities experienced by people living with bleeding disorders.

The representative of the WORLD FEDERATION OF NEUROLOGY, speaking at the invitation of the CHAIR, commended the prioritization of noncommunicable diseases on the global agenda and

stressed that brain health and neurological health must be closely linked to the noncommunicable disease framework. Member States should implement the Intersectoral global action plan on epilepsy and other neurological disorders 2022–2031. The determinants of neurological disorders should be targeted as part of national strategies on noncommunicable diseases.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR, commended the adoption of the political declaration and its targets. Bolder, evidence-based interventions should be implemented, including treating 500 million more people for hypertension; raising taxes on tobacco, alcohol and sugar-sweetened beverages to reduce consumption and generate revenue for health; implementing WHO air quality guidelines; addressing systemic health inequities and establishing sustainable financing structures for cardiovascular disease management; and committing to a 50% reduction in deaths and disability relating to noncommunicable diseases by 2050.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR, welcomed the adoption of the political declaration and the commitment to develop multisectoral, integrated national action plans for noncommunicable diseases. Such plans should be fully costed, and financial protections for persons living with noncommunicable diseases should be strengthened. Programmes to promote health promotion and risk factor prevention should be scaled up. Effective fiscal measures continued to be underused. She requested retention of the 80% target for the availability of affordable essential medicines and technologies when the comprehensive global monitoring framework for the prevention and control of noncommunicable diseases was updated.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIR, welcomed the adoption of the political declaration. She called for accelerated action on obesity and steatotic liver disease. Burdens related to liver disease affected all countries, sharing common drivers with other noncommunicable diseases. She urged WHO to embed obesity and metabolic dysfunction-associated steatotic liver disease into WHO frameworks, normative guidance and action plans.

The representative of the MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION, speaking at the invitation of the CHAIR, expressed concern regarding the impact of socioeconomic disparities on the affordability of basic care for noncommunicable diseases, particularly among women. She called for more effective innovations in noncommunicable disease management within universal health coverage and for stronger, women-centred policies and regulations to advance research and development. She urged Member States to strengthen investment in noncommunicable disease prevention and control, with a special focus on women.

The representative of the INTERNATIONAL LACTATION CONSULTANT ASSOCIATION, speaking at the invitation of the CHAIR, welcomed the adoption of the political declaration, which acknowledged the long-term health benefits of breastfeeding to children and mothers, including the reduced risk of noncommunicable diseases. She noted that WHO had identified the protection, promotion and support of optimal breastfeeding practices as a best buy intervention for reducing noncommunicable diseases.

The representative of MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR, expressed concern that alcohol harm was not mentioned in the Secretariat's report. During the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, alcohol policy language had been systematically diluted owing to interference by the alcohol industry, resulting in incoherence between the alcohol policy

commitments in the political declaration and WHO initiatives and evidence. Alcohol should not be ignored as a major risk factor for noncommunicable diseases. He called for future reporting to track the implementation of alcohol policy in relation to achieving targets on noncommunicable diseases.

The representative of the INTERNATIONAL DEVELOPMENT LAW ORGANIZATION said that sustained investment in legal, regulatory and fiscal capacity was required across governments, communities and academic institutions to support the implementation of cost-effective measures to address noncommunicable disease risk factors. Sound legal frameworks ensured that noncommunicable disease policies were equitable and reached all people. Transparent, participatory lawmaking, clear accountability mechanisms and coherent implementation would help in translating commitments into inclusive and effective action.

The REGIONAL DIRECTOR FOR THE WESTERN PACIFIC, speaking on behalf of all WHO regions, said that noncommunicable diseases remained the leading cause of death and disability worldwide and had a disproportionate impact on low- and middle-income countries. That inequity could not be ignored. Despite previous political commitments, progress had been uneven and insufficient. That said, powerful examples of commitment and innovation could be identified in all WHO regions. In the African Region, integrated, people-centred noncommunicable disease care was being expanded, including through leveraging the WHO package of essential noncommunicable disease interventions for primary healthcare. Additionally, access to essential medicines for noncommunicable diseases was being improved. In the Eastern Mediterranean Region, essential public health functions were being strengthened, including in fragile and humanitarian settings. In the Region of the Americas, noncommunicable diseases were being integrated into primary healthcare, and efforts were under way to improve hypertension management. In the European Region, proven, cost-effective interventions had been implemented to maximize short-term impact at the national level. In the South-East Asia Region, implementation of the SEAHEARTS initiative was driving cardiovascular disease prevention. In the Western Pacific Region, essential noncommunicable disease services were being integrated into primary healthcare, while countries were facing rapid population ageing. Implementation of the recently adopted political declaration required urgent, innovative, practical and affordable interventions to tackle risk factors and strengthen primary healthcare if target 3.4 of the Sustainable Development Goals was to be met.

The meeting rose at 17:45.
