



# **European Union**

## **Statement**

**WHO**

**77<sup>th</sup> World Health Assembly**

**(27 May – 1 June 2024)**

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**Item 11.2 - Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases**

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**Geneva, 29 May 2024**

**WHO**  
**77<sup>th</sup> World Health Assembly**

**Item 11.2 - Follow-up to the political declaration of the third high-level  
meeting of the General Assembly on the prevention and control of non-  
communicable diseases**

**EU Statement**

Chair,  
Director General,  
Excellencies,  
Colleagues,

This statement is made on behalf of the EU and its Member States.

The candidate countries North Macedonia, Montenegro, Serbia, Albania, Ukraine, Bosnia and Herzegovina\* and Georgia align themselves with this statement.

Many persons living in the EU are deeply affected by the major disease burden caused by NCDs, including mental health illness. The EU and its member states support the work of WHO in the prevention and control hereof, as well as for the promotion of healthy environments and lifestyle.

We commend the significant role of mental health in the report. The profound impact of mental illness is widely recognized, and achieving Universal Health Coverage necessitates proactive measures addressing mental health concerns. Long-term commitment and political awareness are needed to promote mental wellbeing and to improve the care available to people living with mental health conditions.

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\* North Macedonia, Montenegro, Serbia, Albania and Bosnia and Herzegovina continue to be part of the Stabilisation and Association Process.

We need to end stigma, discrimination and misconceptions, and thus put an end to the exclusion of persons living with mental health conditions. We call on WHO to ensure a stronger focus is given to mental health and mental health related issues, including in children, adolescents and young people, persons in vulnerable groups and older people on the global health policy agenda.

Chronic diseases and co-morbidity are growing challenges as well as ageing populations and climate change. The key to accommodating the healthcare needs of the rising number of people living with mental illness and other NCDs is a strong and accessible primary health care sector.

Equitable and affordable access to essential health services, especially for persons in vulnerable situations is necessary. Furthermore, mental health has a bi-directional relationship with risk factors for NCDs.

We underline the importance of addressing social determinants of health, integrating well-being into public health and strengthening intersectoral policies for citizens' empowerment.

Health inequalities associated with mental illness and NCDs heavily depend on decisions and actions taken outside the health sector. Effective actions require coordination between several sectors.

Mitigating risks factors such as smoking, overweight and obesity, inactivity and unhealthy diets including excess sugar and salt intake, through proper policies at all levels including education of children and youth, and among others, implementing alcohol control policies, restricting tobacco use and air pollution, promoting healthy diets and physical activity, and ensuring enabling environments are all vital steps to reduce morbidity and mortality associated with NCDs. In order to do this, a “health in all policies” approach is essential – for example regarding social, economic, commercial and environmental determinants – including to protect our health by reducing exposure to advertising of unhealthy and harmful products, especially for children.

The use of smoke-free nicotine products and also products of similar use to that of unlit tobacco products among children and adolescents is a growing challenge. It is no longer just about tobacco and nicotine, but also about new and emerging tobacco, nicotine and non-nicotine products, including i.e. e-cigarettes (ENDS, ENNDS), liquids, nicotine pouches but also herbal smoking products in general. We need to strengthen the control and restrict availability of these products, as well as restricting flavouring.

We advocate for a heightened emphasis on and investment in research and innovative approaches to prevent NCDs and promote structural health, particularly within the primary healthcare settings.

Emergencies increase the rates of stress, anxiety, depression and disrupt mental health and health delivery, with impact on the treatment of NCDs. Therefore, there is a particular need for a strengthened multisectoral action to tackle NCDs and mental health conditions in the context of health or humanitarian crisis, during war or conflict. Thus, we welcome the draft resolution on mental health and psychosocial support in emergency settings.

We welcome the resolution on *Increasing availability, ethical access and oversight of transplantation of human cells, tissues and organs* and the resolution on *Strengthening mental health and psychosocial support before, during and after armed conflicts, natural disasters and health and other emergencies*.

Thank you.