Report of the second meeting of the Strategic and Technical Advisory Group for Noncommunicable Diseases

virtual meeting
29–30 June 2022
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# Acronyms and abbreviations

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<tr>
<td>ECOSOC</td>
<td>United Nations Economic and Social Council</td>
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<td>Food and Agriculture Organization</td>
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<td>LMIC</td>
<td>low- and middle-income country</td>
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<td>MPTF</td>
<td>Multi-Party Trust Fund</td>
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<td>NCD</td>
<td>noncommunicable disease</td>
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<td>PHC</td>
<td>primary health care</td>
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<td>SDG</td>
<td>Sustainable Development Goal</td>
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<td>STAG-NCD</td>
<td>Strategic and Technical Advisory Group on the Prevention and Control of Noncommunicable Diseases</td>
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<td>UHC</td>
<td>universal health coverage</td>
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<td>UN</td>
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<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<td>UNGA</td>
<td>United Nations General Assembly</td>
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<td>UNHLM</td>
<td>United Nations high-level meeting</td>
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<td>WHA</td>
<td>World Health Assembly</td>
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Introduction

The World Health Organization (WHO), through its global programme on noncommunicable diseases (NCDs), leads and guides the global effort on surveillance, prevention and control of NCDs to reduce the avoidable burden of morbidity, mortality and disability due to NCDs.

Its major functions include:

- providing global leadership to reduce the avoidable burden of morbidity, mortality and disability through strategy development, political and multisectoral engagement, strengthening accountability, advocacy and partnerships, including with civil society;
- developing policy options, norms and standards of NCD prevention and care;
- facilitating universal access to people-centred prevention and care;
- shaping the NCD research and innovation agenda and stimulating the generation, translation and dissemination of knowledge;
- working with WHO regional and country offices, providing technical support for Member States and partners, to catalyse change and build sustainable capacity; and
- monitoring, evaluating and reporting on the status of the NCD epidemic and progress in attaining the voluntary global NCD targets and the Sustainable Development Goal (SDG) target 3.4 on NCDs.

Mission and functions of STAG-NCD

The Strategic and Technical Advisory Group on the Prevention and Control of Noncommunicable Diseases (STAG-NCD) acts as an advisory body to WHO to further its efforts and work in addressing the prevention and control of NCDs.

The aim is to strengthen international and national action to: reduce premature mortality from NCDs through prevention and treatment; progressively cover additional people with health services, medicines, vaccines, diagnostic and health technologies; and strengthen efforts to address NCDs as part of universal health coverage (UHC).

In its capacity as an advisory body to WHO, STAG-NCD has the following functions:

1. To identify and describe current and future challenges;
2. To advise WHO on strategic directions to be prioritized;
3. To advise WHO on the development of global strategic documents; and
4. To propose other strategic interventions and activities for implementation by WHO.
The Terms of Reference for STAG-NCD are provided here.

The second meeting of STAG-NCD took place virtually from 29–30 June 2022 (see agenda in Annex 1). The meeting was organized by the WHO NCD Programme, which provides the Secretariat for the advisory body. For 2021–2022, there are 21 members of STAG-NCD. Twenty members were in attendance on day 1 and on day 2. The STAG-NCD members were joined by staff from WHO headquarters, regional and country offices (see list of participants in Annex 2).

A crosswalk linking the recommendations of the first meeting of STAG-NCD with WHO’s NCD work since the first meeting of STAG-NCD (Annex 3), the report of the first STAG-NCD meeting, and background information on the Director General’s strategic priorities (a white paper and four scoping papers) were circulated among all STAG-NCD members.

This report provides a summary of the second meeting of STAG-NCD, with a focus on the strategic discussions and recommendations of STAG-NCD to WHO for the topics addressed. The consolidated report was reviewed by the STAG-NCD members.

**Objectives of the second meeting of STAG-NCD**

At this second meeting, WHO requested STAG-NCD to review and advise on a number of areas of WHO NCD work. The WHO STAG-NCD Secretariat and the Chair of STAG developed the agenda for the second meeting based on the priorities of WHO’s NCD work in 2022–2023, notably on aligning NCD work with the Strategic Priorities of the Director-General.

The agenda items are summarized below:

**Day 1**

- Introduction and welcome remarks;
- Setting the scene, scope and purpose;
- Revisiting the recommendations of the first meeting of STAG-NCD;
- Updating Appendix 3 to accelerate national NCD responses through the implementation of Roadmap 2023–2030 for the WHO Global Action Plan for the Prevention and Control of NCDs 2013–2030; and
- Shaping the vision of the NCD agenda from 2025–2030 and onward.

**Day 2**

- Ensuring that NCDS are reflected adequately and benefit from the strategic priorities of WHO
- Summary recommendations
Summary recommendations

STAG-NCD recommends that WHO should:

1. Take the global NCD prevention and control programme forward as a flagship initiative to expound WHO's strategic priority framework recognizing, a) that there are significant synergies between the strategic priorities and objectives of the global NCD action plan 2013–2030 and b) that NCD prevention and control is a trailblazer in engaging multisectoral action to advance the NCD and public health agendas.

2. Engage high-level WHO leadership to ensure consistency in spotlighting NCDs across all strategic priorities of WHO, in the context of emerging and evolving public health issues, including pandemic preparedness.

3. Develop and implement a strategic advocacy and communications plan (including clear and measurable monitoring indicators), to draw attention of heads of state and political leaders to the urgent need to address NCDs, and to lead preparations for the organization of the 2025 United Nations (UN) High-level meeting on NCDs in collaboration with the United Nations, Member States and partners.

4. Engage heads of state, political leaders, policy-makers and organizations across the United Nations system to accelerate the momentum and to ensure success and impact of the UN High-level meeting in 2025.

5. Mobilize the voice of the civil society and patients with NCDs as a critical enabler for advancing the NCD agenda and pushing forward the implementation of cost-effective policies and interventions for prevention and control of NCDs.

Strategic priority 1

6. Strengthen the focus on NCD prevention to control the root causes of NCDs – tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity – including through specific technical assistance to strengthen capacity of governments to counteract pervasive industry interference in health policy-making.

7. Ensure regular and transparent monitoring on policy uptake and implementation, and on the impact of such policies on risk factors, particularly tobacco control and harmful use of alcohol.

Strategic priority 2

8. Assist countries to build resilient health systems to address NCDs, mobilizing domestic finances and strengthening primary health care, community health care and self-care, with universal health coverage as the foundation.

9. Present policy options and interventions in the updated Appendix 3 of the WHO Global action plan for the prevention and control of noncommunicable diseases 2013–2030 as core and expanded menus based on per capita health spending of countries in order to enhance acceptability to policy makers and to facilitate prioritization.
Strategic priority 3

10. Provide technical support to countries to strengthen operational research, digital technologies and innovative health financing mechanisms as critical enablers for advancing health promotion, disease prevention, early diagnosis and case management of NCDs.

Strategic priority 4

11. Incorporate NCDs into the pandemic treaty which is undergoing development as well as into the Financial Intermediary Fund, recognizing that NCDs are risk factors for COVID-19 and other future pandemics and that people with NCDs will have worse outcomes in any pandemic.

Strategic priority 5

12. Consolidate its leadership position at the heart of global health architecture by catalysing cross-sectoral action for health and NCDs, engaging United Nations agencies and organizations for trade, agriculture, finance, environment, education and other relevant domains, in collaboration with the United Nations Economic and Social Council (ECOSOC).
Opening session

At the commencement of the opening session, Dr Slim Slama, Unit Head (NCD), presented the Declaration of Interests of the STAG-NCD members. Five members had declared interests which were considered potentially significant but unlikely to affect the expert judgment on the issues under consideration in the Second Meeting of STAG-NCD.

Dr Jennifer Cohn, was nominated and confirmed as Chair of STAG-NCD. She presented the provisional agenda of the meeting, which was adopted. Professor Veronika Skvortsova, Former Minister of Health, Russian Federation, chair of the first STAG-NCD meeting was unable to participate in the second STAG-NCD meeting.

Dr Andre Pascal Kengne and Dr Khaleda Islam were nominated as moderators and confirmed. Dr Albertino Damaseno and Dr Sally Caswell were nominated as Rapporteurs and confirmed.

Dr Slim Slama provided a brief overview of the second STAG-NCD meeting agenda in the context of the wider WHO agenda.

Dr Jennifer Cohn welcomed all participants and highlighted the need to focus discussions and recommendations of STAG-NCD on the key NCD issues outlined in the agenda. In her opening remarks, she highlighted the following:

- NCDs kill more people than any other disease group, being seventh in the top 10 causes of death in 2019, compared with being fourth in the top 10 causes in 2000.
- The prevalence of diabetes and obesity are rising. Tobacco use and air pollution continue to cause too many preventable deaths. Almost half of the world’s population is suffering from oral diseases.
- One person in two in need of insulin is not getting regular access. Only one in four WHO Member States reports integrating mental health within primary health care.
- Only 14 countries are on track to achieve NCD target 3.4. Unless urgent action is taken, around 150 million people are expected to die prematurely from an NCD, such as cancer, diabetes and heart and lung disease, by 2030.

She pointed out that the COVID-19 pandemic has made it even clearer that NCDs remain the main cause of morbidity and premature death in the world. The already wide inequalities, especially between richer and poorer countries, continue to grow as NCDs and mental health services are the most commonly disrupted among all essential health services.

Even though we have evidence showing that investing just US$ 0.84 per person per year from now until 2030 on WHO best buys could save nearly 7 million lives and realize more than US$ 230
billion in economic and societal gains, we have not seen resources for addressing NCDs and their risk factors in countries prioritized, nor adequate integration of NCD and mental health response into primary care, UHC frameworks and pandemic preparedness responses.

She stressed the need for STAG-NCD to help find solutions to address these critical issues in order to accelerate progress in NCD prevention and control.

On behalf of the WHO Director-General, Dr Ren Minghui, Assistant Director-General, Universal Health Coverage/Communicable and Noncommunicable Diseases, and Dr Naoko Yamamoto, Assistant Director-General for Healthier Populations, delivered the opening addresses.

Dr Ren Minghui welcomed all participants to the second meeting, including the members of STAG-NCD and WHO staff from the headquarters, regional offices and country offices. He invited STAG-NCD to deliberate and provide guidance as WHO prepares for the United Nations high-level meeting (UNHLM) on NCDs in 2025, while focusing on accelerating country impact. He said that since the first meeting WHO has taken on board the STAG-NCD recommendations to ensure that WHO is strengthening its leadership, country support, and technical guidance to support member states in the most meaningful way. Given that more than 70% of the global disease burden is due to NCDs, he reiterated that the attention given to NCDs needs to be escalated to match the magnitude of the burden. He stated that on the heels of a momentous 75th World Health Assembly, which took many key decisions to consolidate the global NCD agenda, the second meeting of STAG-NCD is taking place at a pivotal moment to augment the efforts to attain the NCD targets through accelerated action.

Dr Naoko Yamamoto, in her opening remarks, thanked the STAG-NCDs for providing strategic advice to WHO to tackle social, political and commercial risk factors of NCDs through technical support to countries and global governance mechanisms including accountability, evidence and research. She stated that industry interference in global health is an increasing concern and that approaches are needed to counteract it. She stressed the importance of mobilizing political support, engaging communities and people with NCDs, and using digital innovations to ensure equitable prevention and care for NCDs, leaving no-one behind. She invited the STAG-NCD to provide guidance on updating WHO best buys, improving country support and impact and making strategic preparations for the UNHLM in 2025.

Dr Nono Simelela, Assistant Director-General for Strategic Priorities: Cervical Cancer Elimination, in her introductory remarks welcomed the STAG-NCD members and highlighted WHO’s ongoing work on eliminating cervical cancer and the importance of addressing cervical cancer as a priority area in the global NCD agenda.

Dr Bente Mikkelsen, Director, WHO Global NCD Programme welcomed all participants to the second meeting of STAG-NCD and invited the members of STAG-NCD to advise WHO on steps that should be taken to accelerate the global NCD agenda.
Session 1 was moderated by Dr Jennifer Cohen, supported by Dr Slim Slama.

A crosswalk document linking the recommendations of the first meeting of STAG-NCD with WHO’s strategic priorities and NCD work since the first meeting, had been circulated among participants prior to the meeting. Slim Slama recalled that the 18 recommendations of the first meeting of STAG-NCD are related to technical support, policy development, access to health care, diagnosis and treatment, health care provision, best buy options and monitoring and surveillance. As the crosswalk document demonstrates, the progress WHO has made in implementing these recommendations is reflected in:

- Mid-point evaluation of the implementation of the WHO global action plan for the prevention and control of NCDs 2013–2020: Management response – April 2022 (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 (3);
- Preparatory process leading to the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases in 2025 (3);
- The work plan for the global coordination mechanism on the prevention and control of NCDs 2022–2025 (4);
- International strategic dialogue on NCDs and SDGs: global NCD compact and a new Heads of State and Governments group (5);
- Draft implementation roadmap for 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030 (6);
- Recommendations on how to strengthen the design and implementation of policies, including those for resilient health systems and health services and infrastructure, to treat people living with NCD and to prevent and control their risk factors in humanitarian emergencies (7);
- Progress in the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020–2030 (8);
- Global targets for the coverage and treatment of people living with diabetes adopted;
- Draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 (9);
- Strengthening WHO preparedness for and response to health emergencies (10);
- Recommendations for the prevention and management of obesity across the life course (11); and
Draft action plan to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority (12).

Dr Slim Slama invited STAG-NCD to revisit the recommendations of the first meeting and posed the following question.

**Key question**

What are the comments and advice of STAG-NCD on the WHO NCD work done to date?

**STAG-NCD:**

WELCOMES and applauds WHO’s leadership in advancing the NCD agenda amidst the challenges of the ongoing COVID-19 pandemic and its direct negative impact on prevention and control of NCDs.

APPRECIATES the fact that the Secretariat has shared several documents prior to the meeting which give a good insight into WHO’s NCD work that is ongoing.

CONGRATULATES WHO on the impressive progress made in implementing the recommendations of STAG-NCD.

NOTES:

- the challenges of monitoring and surveillance of NCDs, particularly in countries in Asia and Africa with large populations with limited financial and human resources, and competing priorities; and
- that inadequate domestic resource mobilization is one of the major challenges that stands in the way of implementing the NCD agenda. It wishes to know what specific steps STAG-NCD could take to facilitate domestic funding for NCD activities.

RECOGNIZES that implementing WHO best buys may be the only viable option for addressing NCD prevention and control in the many low- and middle-income countries (LMICs) with fragile health systems and critical resource limitations.

EMPHASIZES the need for WHO to:

- further strengthen NCD prevention by addressing the root causes: behavioural risk factors;
- use its power and influence to counteract the actions of transnational corporations that interfere with policy efforts to control tobacco, alcohol and unhealthy diet, including through technical support to countries;
- focus more on commercial determinants of NCDs and NCD risk factors;
- provide further support to countries for implementation of NCD policies and interventions;
- support countries to raise domestic financing for health systems and UHC; and
- monitor the impact of implementation of cost-effective interventions to address NCDs.
Response of WHO

Dr Bente Mikkelsen reassured STAG-NCD that WHO is giving high priority to NCD prevention, as outlined in the Mid-point evaluation of the implementation of the WHO global action plan for the prevention and control of NCDs 2013–2020: Management response 2022 (3) and in reports to the World Health Assembly. Several other WHO departments and units are addressing different domains of NCD prevention (health promotion, health literacy, physical activity, healthy diet, obesity, alcohol, tobacco use, social determinants, environmental risks and multisectoral action), including:

- Health Promotion (Director, Dr Ruediger Krech)
- Nutrition and Food Safety (Director, Dr Francesco Branca)
- Social Determinants of Health (Director, Dr Etienne Krug)
- Mental Health and Substance Abuse (Director, Dr Devora Kestel)
- Global NCD Platform (Deputy Director General, Dr Svetlana Akselrod)
- The Convention Secretariat (Head, Dr Adriana, Marquizo)
- Environment, Climate Change and Health (Director, Dr Maria Purificacion).

The Department of Social Determinants of Health, in collaboration with the Global Coordination Mechanism and other relevant departments, is in the process of developing a framework that countries can use to manage conflict of interests in their work with the private sector. She pointed out that the NCD agenda has rapidly advanced with the support of political decisions emanating from three high-level meetings of the UN General Assembly, and has a well-developed normative, policy and monitoring framework. However, due to chronic underfunding, Member States have difficulty in implementing their national NCD action plans. Recently, the European Commission and the governments of Norway, Denmark and Germany have stepped up their support for NCD prevention and control by providing seed funding to 115 countries and long-term funding for five countries for NCD-related activities. A most welcome development.

The implementation of best buys through domestic financing is central to NCD prevention and control at country level. In most LMICs, health expenditure has to be increased to cover essential NCD services. NCD best buys need to be incorporated in basic benefit packages in UHC initiatives because NCD diagnostics and treatment are responsible for a major share of out-of-pocket health expenditure. The COVID-19 pandemic has demonstrated the critical importance of sustainable financing of NCD within health systems, from a health security and preparedness perspective.

Thailand and the Philippines are examples of countries that are using fiscal policies to generate substantial additional revenue for their government, while generating resources for NCD-related activities. They have demonstrated how price and tax measures can be used to actively encourage healthier behaviours and consumption of healthier products. More countries need to make use of this untapped opportunity and implement fiscal policies to mobilize resources for NCD prevention and control.

NCDs are still not supported by global funding mechanisms such as those that fund control of HIV, tuberculosis and malaria. Given that NCDs are a comorbidity of HIV and tuberculosis, WHO is

Revisit recommendations of the first meeting of STAG-NCD
currently working with the World Bank and the Global Fund to explore the possibility of including NCDs in the portfolio of theses funding facilities. She requested the active support of STAG-NCD to prepare financing proposals for global financing facilities to support NCD programme implementation at country level. In this regard, she flagged the importance of the upcoming second meeting on Financing of NCDs, on the road to 2025 – the preparatory process for the high-level meeting. WHO is thankful to the Government of Denmark for hosting the first meeting on Financing of NCDs in 2018. The second meeting will take stock of the progress that has been made since 2018 and revisit the health financing agenda from an NCD perspective.

As STAG-NCD has noted, strengthening capacity for data collection and utilization is a major challenge and this was discussed at six WHO regional meetings recently. National health accounts need to provide information on NCD expenditure, and national health information systems must integrate NCDs so that data can be obtained on a more regular basis, outside periodic surveys. There is also the need for outcome data and more granular data, for example on coverage, treatment and control of diabetes and hypertension.

Regarding monitoring, Dr Slim Slama explained that WHO is using the SDG and UHC monitoring framework for tracking progress towards the SDG and UHC targets at national, regional and global levels. The framework is made up of four overarching monitoring domains, within which are 17 indicator domains, currently comprising a total of 88 indicators. Of these, 27 indicators fall under SDG 3 (health-focused goal), 20 are from other SDGs, and 41 are additional indicators to monitor progress towards UHC. There is flexibility for countries to select those domains that best suit their priorities and needs and use them to build their own monitoring frameworks. In addition, WHO is also working with partners to strengthen the capacity of countries to utilize health information systems at facility level to capture data on diagnosis, treatment and control of diabetes and hypertension.

He also further elaborated on the progress made in implementing the STAG-NCD recommendation by different domains at global, regional and country levels, which is summarized in the Crosswalk document (Annex 3), Management Response 2022 (3) and Follow-up to the political declaration of the third UNHLM on the prevention and control of NCDs (4).

He highlighted that WHO country offices, regional offices and headquarters take part in the implementation of the STAG-NCD recommendations at national, regional and global levels, tailoring them to suit diverse country contexts.
Session 2. State of play post the Seventy-fifth World Health Assembly

Session 2 was moderated by Dr Andre Kengne and supported by Dr Bente Mikkelsen and Dr Slim Slama.

Dr Bente Mikkelsen presented the state of play following the Seventy-fifth World Health Assembly (WHA) and reported that the highest number of NCD items ever taken up by a WHA was in 2022. She highlighted nine NCD items discussed by Member States at WHA75:

- the implementation roadmap 2023–2030, including the Appendix 3;
- recommendations for NCD care in humanitarian emergencies;
- recommendations including global coverage targets for diabetes;
- a global strategy for oral health;
- workplan for the global coordination mechanism for NCD prevention and control;
- a global action plan for alcohol;
- draft global strategy on epilepsy and other neurological diseases;
- the preparatory process leading to the fourth UNHLM; and
- a plan to accelerate progress in obesity prevention.

The aim of the implementation road map 2023–2030 for the WHO Global action plan for the prevention and control of noncommunicable diseases 2013–2030 is to accelerate national NCD responses. It has three strategic directions:

1. accelerate national response based on the understanding of the epidemiology and risk factors of NCDs and the identified barriers and enablers in countries;
2. prioritize and invest in scale-up of the implementation of most impactful and feasible interventions in the national context; and
3. ensure timely, reliable and sustained national data on NCD risk factors, diseases and mortality for data driven actions and to strengthen accountability.

To operationalize the implementation of the roadmap, a suite of global goods, shown in Fig. 1, are being prepared that empower countries to accelerate NCD outcomes.
### Fig. 1. WHO guidance and tools to engage, accelerate, align and account

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<td>Guidance for meaningful engagement of people living with NCDs</td>
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<td>Case studies of multisectoral action in countries</td>
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<td>Engagement with UN agencies</td>
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<td>Web-based simulation tool</td>
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<td>Collaborative framework for care and control of TB and diabetes</td>
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<td>WHO recommendations on screening and treatment to prevent cervical cancer among women living with HIV</td>
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<td>Global strategy on digital health 2020–2025</td>
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<td>WHO menu of cost-effective interventions for mental health</td>
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<td>WHO global air quality guidelines</td>
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<td>Building climate resilient health systems</td>
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<td>Health in All Policies (HiAP) framework for country action</td>
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Foremost among the products and activities that are being developed are those that support countries in evaluating and monitoring progress made in achieving the national NCD targets, and in prioritizing and scaling up the implementation of the most impactful and feasible interventions in the national context. These include a data portal and country heat-maps, guidance on pursuing meaningful engagement with the private sector, guidance on engagement of people living with NCDs, and the updated Appendix 3 with a web-based simulation and costing tools.

She stressed the need to recognize that only 14 countries will be able to reach SDG target 3.4 by 2030, unless implementation is scaled-up, focusing on high-impact NCD interventions that give a good return on investment. In this regard, she referred to the recent publication of the NCD countdown group which shows that 55% of LMICs have the potential to reach SDG target 3.4 by investing in very cost-effective NCD intervention pathways (13).

Dr Bente Mikkelsen also provided further information on WHA decisions related to strengthening responses to address diabetes, oral health and humanitarian emergencies.

Regarding WHA Recommendations to strengthen diabetes responses, Resolution WHA74.4 requested the WHO Director-General to develop recommendations to strengthen and monitor diabetes responses within national NCD programmes, and recommendations for the prevention and management of obesity over the life course (14). The activities that are ongoing to further develop these requests through the Global Diabetes Compact streams of work include:

- development of normative products;
- development of a monitoring framework;
- estimating the cost of achieving the proposed global coverage targets;
- provision of technical support to countries;
- convening of partnerships through the Global Diabetes Compact;
- engagement of the private sector to increase access to essential medicines and health technologies for diabetes; and
- providing a prioritized research agenda for diabetes.

Global targets for the coverage and treatment of people living with diabetes were adopted by WHA75.

Resolution WHA74.5 on oral health requested the Director-General to develop, in consultation with Member States, a draft global strategy on oral health for tackling oral diseases. The strategy will inform the development of a global action plan on oral health, including monitoring framework and a list of indicators with targets to be achieved by 2030. The development of cost-effective interventions on oral health will be integrated into the process to update Appendix 3. There is a coordinated effort among key stakeholders for inclusion of NOMA in the planned WHO 2023 review process to consider the classification of additional diseases within the roadmap for Neglected Tropical Diseases 2021–2030.

There were extensive discussions on NCDs in the context of humanitarian emergencies at the WHA75. The ongoing work based on WHA decisions on NCD and humanitarian emergencies aims
to provide recommendations to Member States to ensure essential service provision for people living with NCDs in humanitarian emergencies by investing in and building longer-term NCD emergency preparedness and responses during the COVID-19 pandemic and beyond.

WHO is reviewing current WHO NCD-related responses in countries in emergencies to develop a strategic approach to improve WHO technical assistance to countries across preparedness, response and recovery, leveraging crises as an entry point to build health systems back better through development of sustainable NCD services. The collaboration and communication across WHO, including with the Global Health Cluster and other humanitarian partners such as the Informal Interagency Group on NCDs in Humanitarian Settings, is being strengthened in order to enhance WHO leadership and normative functions and better assist countries in emergencies. In collaboration with the WHO Emergency Health Programme, the Global Health Cluster and other humanitarian and academic partners, a prioritized essential NCD health package is being developed, to be guaranteed in health emergencies, at various levels of care, considering national humanitarian and health system contexts and drawing on the WHO UHC Compendium (15).

Technical support is being provided to countries, including for the ongoing conflict in Ukraine, to prioritize, procure and deploy essential, quality and effective NCD medicines and supplies, including WHO standard NCD kits, with appropriate consideration for cold-chain-sensitive medicines such as insulin.

In collaboration with NCD technical advisory groups and other academic partners, WHO is shaping the research agenda and will document country experiences in order to inform policies for strengthening NCD emergency preparedness and responses. An operational manual for health emergencies is planned to be completed by 2023.

Regarding the updating of Appendix 3, Dr Slim Slama presented the background, mandate, process and the ongoing extensive work related to the update.

Appendix 3 presents a menu of policy options to support the implementation of the six objectives of the Global action plan for the prevention and control of NCDs 2013–2030. The initial list of interventions was drawn up as Appendix 3 to the Global action plan 2013-2020, and was endorsed by the WHA66 in 2013. It provides guidance on the effectiveness and cost-effectiveness of selected population-based and individual interventions. A revision of Appendix 3 was endorsed by the WHA70 in 2017. In 2019, decision WHA72(11), a further update was authorised. This involves many technical teams across the three levels of WHO, including the health economics team. It is taking on board WHO normative products developed since 2017 and new scientific evidence, including data on cost effectiveness. Technical briefs have been developed for each disease and risk factor, highlighting the criteria for selection of interventions, main modelling assumptions and data sources, impact sizes of interventions and data sources, and costing assumptions (16).

The list of interventions has been updated and a discussion paper for a web-based consultation was published in June 2022. Consultations have been held with Member States and non-State actors, and the discussion paper was revised based on input. The second web-based consultation and consultation with Member States and non-State actors will be completed by September 2022.

The overall process of the update is similar to that used in 2017, with more granularity on impact.
evaluation. The 2017 update presented 88 interventions, including overarching/enabling policy actions. Of these, 39 interventions had an estimate of cost-effectiveness, and 16 were considered “very cost-effective” and affordable to all countries. This will be presented to WHA76 in 2023.

The 2022 update presents 102 interventions, including overarching/enabling policy actions. Of these, 57 interventions have estimates of cost-effectiveness. The update covers both NCD prevention and management interventions, including the addition of a new intervention on promotion of breast feeding.

Cost-effectiveness analysis has been done for 62 LMICs, which has enabled the presentation of data for three income categories: low-income, lower-middle income and upper-middle income countries. This categorization would be useful to countries when arriving at costs of implementation while factoring in other key dimensions such as equity, fiscal space, feasibility, affordability and sustainability.

The updated Appendix 3 will be submitted to the WHA76 in 2023 through the 152nd Executive Board.

Cost-effectiveness data provided in the updated Appendix 3 will enable countries to conduct costing of national NCD action plans using other WHO tools, such as WHO OneHealth tool and WHO/IARC tool for cancer. A web-simulation tool will be developed to help countries to see the impact on NCD targets of prioritizing and scaling up the implementation of selected sets of cost-effective interventions of the updated Appendix 3.

With regards to other priority technical areas closely linked to NCDs, the WHO menu of cost-effective interventions for mental health was approved by the WHA in 2020 and does not require updating. Recommended interventions to address the health impact of air pollution are being developed. The WHO menu of cost-effective interventions for oral health is being developed as part of the process to advance the action plan for oral health.

Dr Cherian Varghese, Regional Adviser NCD, South East Asia Regional Office introduced a tool that has been developed to estimate the impact of Appendix 3 interventions in different epidemiological and country settings. A wide range of such tools will be made available as a digital solution to facilitate the implementation of cost-effective interventions to address diabetes, hypertension and other NCDs

**Key questions**

Two questions were posed to STAG-NCD.

- What are your views on Appendix 3 as the main tool to inform and guide policy-makers at the national level, in prioritizing affordable, scalable and sustainable population-based and individual interventions?
- What additional actions are required to accelerate national response, including implementation of a menu of policy options, based on the understanding of the epidemiology and risk factors of NCDs and the identified barriers and enablers in countries?
STAG-NCD

CONGRATULATES the WHO on the process and methodology used to conduct a comprehensive update of Appendix 3 of the Global action plan for NCDs.

NOTES

• that the updated Appendix 3 will be useful for prioritizing high-impact, cost-effective NCD interventions for scaling up implementation at country level;
• that the planned process for the update provides opportunities for countries, non-State actors and other interested parties to provide input to the update;
• that the update includes the 16 very cost-effective policy options which are affordable even to low-income countries;
• that pharmacological treatment incurs high costs on health systems of LMICs and that the use of a cardiovascular risk prediction approach enables limited resources to be targeted to people who benefit most from such treatment; and
• that cardiovascular risk assessment continues to be recommended as a very cost-effective intervention as it facilitates integrated care of multiple risk factors and comorbidities particularly at the level of primary health care (PHC).

RECOGNIZES

• that a web-simulation tool will be developed to help countries to assess the impact on NCD targets of prioritizing and scaling up the implementation of set of cost-effective interventions of the updated Appendix 3;
• that using other WHO tools, the costs can be estimated for implementing a portfolio of cost-effective policy options contained in Appendix 3;
• that strong advocacy efforts will be required to translate political commitment to allocate domestic resources for implementation of Appendix 3;
• the need to include in Appendix 3 policy options to address not only the supply side but also the demand side of NCDs, such as policies and interventions to improve health literacy and risk behaviours;
• the need for WHO to support countries to conduct economic analyses with good-quality data that can stand scrutiny, and to make the case for investment in NCD as a development issue; and
• the need for activists, including STAG-NCD to explore global funding mechanisms for NCDs, supported by civil society and social mobilization of people living with NCDs.

EMPHASIZES

• the need to present information on cost-effectiveness in a simplified, user-friendly format acceptable to policy-makers in order to ensure uptake of Appendix 3;
• the need to include interventions in Appendix 3 which countries can use to counteract the pervasive issue of industry interference in national regulations and policies aimed at controlling tobacco, harmful use of alcohol and unhealthy diet;
the need for WHO to develop specific responses to assist national governments to manage and deal with industry interference moving beyond the current general focus on commercial determinants of health;

that prioritized implementation of NCD interventions of Appendix 3 should not be based on donor-driven budgets because the impact of such interventions depend on long-term sustainability of NCD programmes; and

the need to tailor technical assistance for the use of Appendix 3 at country level and to use policy diffusion at regional level to improve its uptake.

PROPOSES

that WHO provides detailed operational guidance on “HOW” to use Appendix 3 in national NCD programme planning, based on health workforce capacity, affordability, impact, fiscal space and competing public health priorities in LMIC;

that WHO develops tools for a political economy analysis of the applicability of Appendix 3 in different country contexts, given that actual government policy uptake is often a trade-off between economic and political objectives; and

that WHO monitors the operational challenges related to implementation of best buys and reports back regularly to the World Health Assembly on what is actually happening and why countries are unable to respond.
Session 3. Preparatory process leading to the fourth high-level meeting of the United Nations General Assembly

Session 3 was moderated by Dr Khalida Islam and supported by Dr Bente Mikkelsen.

Key question

The following key question was posed to STAG-NCD:

How does STAG-NCD want to shape the vision for the NCD agenda from 2025 to 2030 and beyond in terms of:

- NCDs into PHC, UHC, and the health security agenda;
- the impact of the environment, including climate change on NCDs;
- addressing prevention and control of NCDs to reduce global health inequities;
- prioritizing NCD prevention and control in the human rights agenda; and
- global solidarity for accelerating prevention and control of NCDs?

Dr Bente Mikkelsen set the stage for input from STAG-NCD by providing an overview on the preparatory process towards the fourth high-level meeting of the General Assembly on the prevention and control of NCDs in 2025 and strategic opportunities.

She recalled that every minute, 28 lives are prematurely cut short by NCDs such as cancers, diabetes, heart and lung diseases. The ongoing work of WHO is building back the NCD agenda differently but better, using the lessons learned during the ongoing COVID-19 pandemic. WHO uses its leadership, global goods and country action to:

- identify and implement a specific set of NCD best buys (“accelerators”) to leapfrog progress towards SDG 3.4;
- include essential NCD services in PHC;
- expand benefit packages for UHC to include NCDs;
- implement three domestic regulatory/fiscal measures (tobacco, alcohol, sugar-sweetened beverages);
- secure seats for people living with NCDs at the decision-making tables of international financing mechanisms;
- harvest digital technology to scale up screening, early diagnosis, and self-care for NCDs;
- treat people living with NCDs during humanitarian emergencies;
- establish meaningful and effective partnerships; and
strengthen data and surveillance for the prevention and control of NCDs.

WHO uses a systems approach to scale up and integrate NCD services into PHC and UHC, leveraging catalytic and intensive funding resources to re-enforce the leadership of ministries of health. The UHC Partnership, which reaches 115 countries, is one of WHO’s largest platforms for international cooperation. Partnership activities promote UHC and PHC by fostering policy dialogue on strategic planning and health systems governance, developing health financing strategies and supporting their implementation, and enabling effective development cooperation in countries (17).

Countries are increasing the uptake of NCD tools such as the WHO Package of Essential NCD interventions and the HEARTS technical package to strengthen country capacities in building resilient and effective health systems to address NCDs. IraPEN and MongPEN provide examples of how these PHC tools have been adopted by the Republic of Iran and Mongolia to local contexts to facilitate scale-up and to strengthen UHC initiatives.

The International Strategic Dialogue on NCDs and SDGs is a follow-up to the commitments made by governments in Paragraph 17 of the Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, to scale up efforts “to provide strategic leadership for the prevention and control of NCDs by promoting greater policy coherence and coordination through whole of government and health in all policies approaches and by engaging stakeholders in an appropriate coordinated, comprehensive and integrated bold whole of society action and response” (18). The dialogue was co-hosted by WHO and the governments of Ghana and Norway in 2022.

The International Strategic Dialogue seeks to:

- raise the priority accorded to the prevention and control of NCDs within the national SDG response in LMICs;
- bring together national and international actors and partners to share knowledge and ideas with key stakeholders on what it would take globally for LMICs to achieve SDG 3 on health, with a particular focus on SDG 3.4 (NCDs) and SDG 3.8 (UHC) targets; and
- raise the political visibility of heads of state and government who are providing a strategic leadership role in the prevention and control of NCDs at a global level (18).

An international group of heads of state and government, established to accelerate progress towards SDG target for NCDs, was launched at the inaugural meeting of the International Strategic Dialogue on NCDs and the SDGs, held in Accra, Ghana. The group will gather countries championing the NCD agenda and will convene annually at the UN General Assembly. The first meeting is expected to take place in September 2022.

Alongside the group, a new Global Compact on NCDs was also launched. The NCD Compact will focus on five key areas of commitment:

- saving, by 2030, the lives of 50 million people from dying prematurely of NCDs by implementing the most cost-effective measures to prevent and control NCDs;
• protecting 1.7 billion people living with NCDs by ensuring that they have access to the medicines and care they need during humanitarian emergencies;
• integrating NCDs within PHC and UHC;
• comprehensive NCD surveillance and monitoring; and
• meaningfully engaging 1.7 billion people living with NCDs and mental health conditions in policy-making and programming.

The Global Diabetes Compact Forum has been created by WHO to share ideas, information and views that help advocate for a world where the risk of diabetes is reduced and where all people who are diagnosed with diabetes have access to equitable, comprehensive, affordable and quality treatment and care. The Global Diabetes Compact is based on the views and aspirations of WHO Member States, as expressed in WHA resolution 74.4 (14).

In 2021, WHO, together with the Government of Canada, launched the Global Diabetes Compact (19), an initiative to mobilize efforts to both reduce the risk of diabetes and ensure that all people diagnosed with diabetes have access to equitable, comprehensive and affordable and quality treatment and care.

A high-level technical meeting of national NCD directors and programme managers from Small Island Developing States (SIDS) is planned for October 2022. The aim is to build political momentum for the Ministerial Conference in 2023, and to promote domestic action on NCDs in SIDS, in particular by learning from achievements and challenges in SIDS since the Caribbean Community (CARICOM) Summit on NCDs (Port-of-Spain, 15 September 2007). The Ministerial Conference in 2023 would build on the outcomes of the virtual WHO SIDS Summit for Health, convened in July 2021, as well as the evaluation of the Global action plan for the prevention and control of NCDs, and the progress to achieve SDG 3.4 and other related SDGs.

Dr Bente Mikkelsen pointed out that although meetings are not in themselves productive, the processes of engaging with all stakeholders is important to keep the NCD agenda alive and aligning better with other global health issues such as equity, gender and human rights. In 2023, the following events are scheduled to take place, providing further opportunities for NCD advocacy:
• second WHO global dialogue on financing national NCD responses;
• second high-level meeting of the United Nations General Assembly on universal health coverage;
• tenth session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control;
• third session of Meeting of the Parties to the Protocol to Eliminate Illicit Trade in Tobacco Products; and
• third WHO global meeting of national NCD directors and programme managers.

Bente Mikkelsen said that in 2024, the draft progress report of the United Nations Secretary-General, “Progress towards internationally agreed targets: Where do we stand? (advances and
challenges), will be developed. It will outline the progress made in fulfilling the assignments given to WHO, as well as commitments given to Member States and steps taken to strengthen international cooperation. Recommendations will be drafted for consideration by Member States during the negotiations on the 2025 political declaration on NCDs. A third WHO global ministerial conference and Informal consultations with Member States will be held to finalize the recommendations to be included in the report of the United Nations Secretary-General.

**STAG-NCD**

**RECOGNIZES**

- that a continued focus on PHC and UHC is essential for success of NCD prevention and control;
- the need to broaden the scope of the NCD agenda recognizing the impact of environment, climate change, air pollution and planetary health on NCDs;
- the need to strengthen NCD prevention as a means of reducing health inequalities;
- the need to continue to frame NCDs as a major development challenge that interferes with social and economic progress and a better quality of life for people;
- the potential to frame prevention of NCDs as an issue of the rights of the child, for example from a breast feeding and childhood cancer perspective;
- that NCD care has already become a significant component of geriatric care even in LMICs; and
- that health system resilience cannot be a reality without a strong system focus on NCD prevention and control.

**EMPHASIZES** the need to strengthen the skills, capacity and attitudes of the health workforce, including community health workers, to contribute to population-wide prevention efforts and service delivery demands of NCDs.

**RECOMMENDS** that NCDs be incorporated within UHC programmes through a PHC approach to ensure sustainable domestic financing for implementation of cost-effective and impactful NCD policies and interventions.
Session 4 was chaired by Dr Jennifer Cohen, supported by Dr Bente Mikkelsen.

Key question

The following question was posed to STAG-NCD.

What specific actions can be taken by WHO so that NCDs benefit from and are reflected adequately in the five strategic priorities of WHO, as outlined in the WHO Director-General’s opening remarks at the 150th session of the Executive Board (20)?

Strategic priority 1: support countries to make an urgent paradigm shift towards promoting health and well-being and preventing disease by addressing its root causes;

Strategic priority 2: support a radical reorientation of health systems towards primary health care, as the foundation of universal health coverage;

Strategic priority 3: urgently strengthen the systems and tools for epidemic and pandemic preparedness and response at all levels, underpinned by strong governance and financing to ignite and sustain those efforts, connected and coordinated globally by WHO;

Strategic priority 4: harness the power of science, research innovation, data and digital technologies as critical enablers of the other priorities – for health promotion and disease prevention, for early diagnosis and case management, and for the prevention, early detection, and rapid response to epidemics and pandemics; and

Strategic priority 5: urgently strengthen WHO as the leading and directing authority on global health, at the centre of the global health architecture.

Dr Andrew Ball, Senior Executive Officer, Office of the Director-General, set the stage for the STAG-NCD discussion on strategic priorities and NCDs. The five strategic priorities have been identified to improve coherence between what is in place and recent new decisions of governing bodies, and to flag opportunities to advance some of these issues over the next five years during the new term of the Director-General.

The COVID-19 pandemic has changed the public health agenda, the world and the way we do things. The world has faced unprecedented challenges, which has also provided opportunities to innovate and try out new approaches, particularly with regard to service delivery related to NCDs and mental health. Such innovations have become necessary so that health services could continue in the most difficult circumstances when the whole global environment is being disrupted. How can we take advantage of the innovations that have been developed during the pandemic to reshape and reposition public health? The future is about urban planning, climate
change, renewable energy, food security and planetary health. There is a short window of opportunity for reshaping and repositioning the global public health agenda and building better into the future. How can progressive thinking, which is taking the NCD agenda forward, position and integrate NCDs within the strategic priorities?

The white paper and scoping papers on the new strategic priorities shared with STAG-NCD will be presented to WHO Regional Committees and, once finalized, will be used for consultation with Member States.

Dr Shambu Acharya, Director of Country Strategy and Support stressed that countries needed technical assistance on “how” to implement NCD policies and interventions. He highlighted the financial and workforce limitations in LMICs, the need to prioritize health promotion and NCD prevention, the mismatched allocation of resources to NCDs and PHC, the need for strengthening the capacity of WHO country offices and opportunities for forging results-oriented partnerships to support the NCD agenda, particularly at country level. He said that the white paper on the strategic priorities captures these elements and is undergoing consultation at the three levels of WHO to address on-the-ground realities and challenges.

**STAG-NCD**

WELCOMES the opportunity to deliberate on the Director-General’s strategic priorities to reflect on how to integrate NCDs within them in order to push forward the global public health agenda and the NCD agenda more effectively.

WELCOMES the framing of NCD prevention in terms of the environments that people are living in rather than being about individual behaviour and choice.

**NOTES**

- that the game-changers outlined in the white paper could play an important role in improving physical activity, diet and the environment, if a clear narrative is used to weave them together from the perspective of NCD prevention, but that the section on commercial determinants needs to be strengthened to effectively support tobacco and alcohol control;
- that the successful implementation of prevention policies and interventions determine the success or failure of NCD prevention and control;
- that, faced with the better health consciousness and health literacy of people in high-income countries, transnational corporations have escalated the dumping of products harmful to health in LMICs;
- that currently there are several hundred trade and investment agreements crisscrossing the world which have direct negative implications for the health of populations, particularly the poor and the disadvantaged;
- that financial tools and incentives can be used to create a culture that endorses health rather than disease within health systems;
- that WHO has prepared a technical report on cross-border alcohol marketing and needs to develop further concrete action to assist countries in addressing the challenge;
that there is internal guidance for WHO work with the private sector;
that the toolbox for the implementation roadmap will contain a framework on how
governments can work with the private sector to appropriately manage conflicts of interest;
that there is a cluster of ten interlinked modifiable risk factors which explain a major share
of the heart attack and stroke burden and that it is possible to cut them at least in half by
addressing them;
that there is untapped potential for integrating NCD interventions into vertical programmes
such as HIV and TB, recognizing that NCDs are prevalent comorbidities of chronic
communicable diseases;
that it is critically important to promote innovative financing mechanisms to ensure that NCDs
appropriately financed; and
that there is untapped potential to impose a global ban on partially hydrogenated oils to
support national actions.

RECOGNIZES

- the need for good-quality quantitative and qualitative data to inform research, best practices
  and guidelines;
- the need to more effectively engage healthy people in populations and support them to
  maintain their health;
- that although digital innovations such as telemedicine can be useful to address NCD needs
  in remote locations, the capital costs for establishing and maintaining such systems are
  considerable;
- that industry interference continues to play a major detrimental role in NCD prevention;
- that Appendix 3 can serve as a useful resource for countries to select bundles of policy
  options and interventions to suit their contexts and as a tool to link sub-speciality networks
  addressing NCDs;
- the critical need to continue to advocate for additional political will and funding to implement
  cost-effective NCD policies and interventions in Appendix 3;
- the need to explore the possibility of providing a role for private players, including private
  insurance agencies, to contribute to service delivery at all levels of care to complement
government efforts in UHC initiatives;
- the potential for WHO to promote health in all policies, not only at country level but also
  at the level of the UN system, for example by catalysing the activities of the World Trade
  Organization, ECOSOC, UNESCO, FAO and other relevant UN entities;
- that NCD prevention and control needs to embrace a life-course approach so that children and
  adolescents are not left behind; and
- the need for WHO guidance on the selection of effective and evidence-based digital
  technologies for NCD prevention and control.
EMPHASIZES

- the urgency for advocating that PHC is adequately resourced to become the centre and foundation of resilient health systems, moving beyond a mere gatekeeper function of primary care, before the world forgets the lessons learned during the pandemic;
- the need to raise awareness of national governments regarding industry interference and to provide them with technical assistance on how to protect themselves from such interference in order to ensure effective public health policy-making;
- the need to invest and prioritize NCD prevention as a prerequisite for pandemic preparedness;
- that transparent reporting, going beyond just surveillance of risk factors and disease outcomes is required to track implementation challenges related to best buys;
- the need to continue to advocate for adequate resources for PHC, including community health care and self-care as the foundation of resilient health systems;
- that specific guidance should be provided to countries to use during interactions with the private sector on issues related to tobacco, alcohol and unhealthy diet;
- that digital technology is aggressively used to market tobacco, alcohol and unhealthy food, and that countries need assistance to respond to this growing threat to public health;
- the need to facilitate NCD work of frontline community health workers – related to data collection, screening and health promotion – by providing simple guidance mirroring the format of simplified guidance used in Maternal Child Health and HIV programmes;
- the critical importance of science, research and innovation in NCD prevention and control and pandemic preparedness, and the need for WHO to take steps to strengthen the capacity of countries for operational research, including through collaboration with academic institutions and facilitating the crosswalk dialogue between ministries of health and ministries of science and technology; and
- the need to revitalize civil society action, which is critical to the success of NCD prevention and control, recognizing that the space for civil society in many countries and regions is shrinking.

During Session 4, brief updates were provided by the secretariat on several WHO programmes.

Dr Temo Waqanivalu, Lead, NCD Integrated Services, highlighted the importance of appropriately prioritizing core NCD interventions within the UHC benefits packages to ensure entitlements in terms of financing. WHO is in the process of developing NCD financing-needs-tools and guidance on integration, focusing on people-centred and community-based primary care as a starting point. An appraisal of models and systems of care is being conducted to provide an in-depth insight into barriers to care, service coverage and service-delivery pathways in different settings. In terms of country support, the UHC Partnership is bringing together catalytic funding and WHO technical support to about 120 countries, laying the foundation on which further work can progress on integration of NCD in UHC initiatives.

The WHO Global Noncommunicable Diseases Platform (21) houses the global coordination mechanism and the UN Interagency Taskforce. Dr Tea Collins, Global NCD Platform, spoke about guidance being developed by the Global Coordination Mechanism on working with the
private sector. The 2011 landmark political declaration of the first UNHLM outlines the specifics of engagement with the private sector. After several years of negotiations with Member States, in 2016, WHO adopted the Framework for Engagement with Non-State Actors (FENSA). The framework provides guiding principles for WHO on how to work with non-state actors, including the private sector, but no document yet exists to advise Member States on how to interact with the private sector specifically. Last year, a working group was established, led by the Global Coordination Mechanism, to develop a technical tool incorporating the past experience of the three levels of WHO and of colleagues from social determinants, health promotion and NCD departments. The tool is meant to present guidance, best practices and lessons to Member States on how to engage with private sector entities, whom to engage with, what the red flags are and when risk assessments and due diligence need to be conducted.

Dr Vinyak Prasad, Tobacco Free Initiative, shared the experience of using digital technologies for tobacco control. For many years, mobile text messaging has been used to support tobacco cessation efforts. There was a high uptake of the WHO Artificial Intelligence (AI) tool for smoking cessation, launched during the pandemic, with more than a million downloads by people seeking advice on quitting. The potential of using AI is clear. However, there are language issues and cost challenges to implementing the tool at scale at present, which will be presented to the Seventy-sixth World Health Assembly in 2023.
Closing session

The STAG-NCD Chair, Dr Jennifer Cohn, presented the meeting outcomes to WHO Director-General Dr Tedros Adhanom Ghebreyesus, who joined the second STAG-NCD meeting during the closing session.

STAG-NCD

CONGRATULATES WHO on the tremendous progress in the work undertaken to advance the prevention and control of NCDs.

ENDORSES fully the proposed process to update Appendix 3 of the Global action plan for the prevention and control of NCDs in order to provide guidance on prioritizing affordable, scalable and sustainable NCD policies and interventions to suit country contexts.

STAG-NCD RECOMMENDS that WHO should:

1. take the global NCD prevention and control programme forward as a flagship initiative to expound WHO’s strategic priority framework, recognizing a) that there are significant synergies between the strategic priorities and objectives of the Global action plan 2013–2030 and b) that NCD prevention and control is a trailblazer in engaging multisectoral action to advance the NCD and public health agendas;
2. engage high-level WHO leadership to ensure consistency in spotlighting NCDs across all strategic priorities of WHO, in the context of emerging and evolving public health issues, including pandemic preparedness;
3. develop and implement a strategic advocacy and communications plan (including clear and measurable monitoring indicators), to draw attention of heads of state and political leaders to the urgent need to address NCDs, and to lead preparations for the organization of the 2025 UNHLM on NCDs in collaboration with the UN, Member States and partners;
4. engage heads of state, political leaders, policy-makers and organizations across the United Nations system to accelerate the momentum and to ensure success and impact of the Fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases in 2025;
5. mobilize the voice of civil society and of patients with NCDs as a critical enabler for advancing the NCD agenda and pushing forward the implementation of cost-effective policies and interventions for prevention and control of NCDs;
Strategic priority 1

6. strengthen the focus on NCD prevention to control the root causes of NCDs – tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity – including through specific technical assistance to strengthen the capacity of governments to counteract pervasive industry interference in health policy-making;

7. ensure regular and transparent monitoring on both policy uptake and implementation and the impact of such policies on risk factors, particularly on tobacco control and harmful use of alcohol;

Strategic priority 2

8. assist countries to build resilient health systems to address NCDs, mobilizing domestic finances and strengthening primary health care, community health care and self-care with universal health coverage as the foundation;

9. present policy options and interventions in the updated Appendix 3 as core and expanded menus based on per capita health spending of countries in order to enhance acceptability to policy-makers and to facilitate prioritization;

Strategic priority 3

10. provide technical support to countries to strengthen operational research, digital technologies and innovative health financing mechanisms as critical enablers for advancing health promotion, disease prevention, early diagnosis and case management of NCDs;

Strategic priority 4

11. incorporate NCDs into the pandemic treaty which is undergoing development as well as into the Financial Intermediary Fund, recognizing that NCDs are risk factors for COVID-19 and other future pandemics and that people with NCDs will have worse outcomes in any pandemic; and

Strategic priority 5

12. consolidate its leadership position at the heart of global health architecture by catalysing cross-sectoral action for health and NCDs, engaging United Nations agencies and organizations for trade, agriculture, finance, environment, education and other relevant domains, in collaboration with the UN Economic and Social Council.

The Director-General referred to the unprecedented NCD agenda at the Seventy-fifth World Health Assembly, where Member States committed to accelerating their efforts on the prevention and control of NCDs. He said that the emphasis that STAG-NCD is giving to PHC, community care and self-care is important for addressing communicable diseases as well as NCDs and relevant for countries at all levels of economic development. This was clearly demonstrated during the pandemic. WHO is engaging with the private sector and as a result there has been some progress, for example in the elimination of trans-fat. At the same time, WHO recognizes that industry is using aggressive marketing strategies and new tactics to promote substances harmful to health, such as tobacco. He stressed that strong involvement of civil society is crucial for mobilizing political commitment from governments to counteract industry interference.
The Director-General expressed his appreciation on the input of STAG-NCD on WHO strategic priorities and on how to better incorporate NCDs in the strategic priority framework, for the mutual benefit of the NCD and public health agendas. He thanked the STAG-NCD members for serving in the group and for their advice to WHO to strengthen NCD prevention and control to accelerate action at global, regional and country levels.

**Plans for the 2022 STAG-NCD meetings**

The WHO secretariat announced that the third meeting of STAG-NCD will be held at WHO headquarters in Geneva, Switzerland in November 2022.

**Closing remarks**

The meeting was closed with final remarks and appreciation to all participants offered by Dr Bente Mikkelsen on behalf of WHO, and by Dr Jennifer Cohen on behalf of the STAG-NCD.

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This document is a report of a meeting of an external advisory group, and is the product of virtual deliberations. It represents the opinions of members of the STAG-NCD and is a work in progress. It is not meant to represent the position or opinions of WHO or its Member States, nor the official position of any WHO staff members.
References


Annex 1. Agenda of the STAG-NCD second meeting

Second meeting of the Strategic and Technical Advisory Group (STAG) for NCD
29–30 June 2022
WHO Headquarters – Geneva, Switzerland (virtual)

29 June 2022

Opening session
13:00–13:40
- Welcome and opening remarks
- Setting the scope, and purpose
- Nomination of chair, moderators and rapporteurs
- Welcome remarks – Chair
- Adoption of agenda

Dr Ren Minghui
Dr Naoko Yamamoto
Dr Nono Simelela
Dr Bente Mikkelsen
Chair

Session 1
13:40–14:15
Revisit recommendations of the first meeting of STAG-NCD
What are STAG-NCD’s comments and advice on the work done to date?

Dr Bente Mikkelsen

14:15–14:30 BREAK

Session 2
14:30–16:30
State of play-WHA
The Implementation Roadmap 2023–2030 for the WHO Global action plan for the prevention and control of NCDs 2013–2030, including Appendix 3 to accelerate national NCD responses.

Question 1.1 What are your views on Appendix 3 as the main tool to inform and guide policy-makers at the national level in prioritizing affordable, scalable and sustainable population-based and individual interventions?

Question 1.2 What additional actions are required to accelerate national response, including implementation of menu of policy options, based on the understanding of NCD epidemiology and risk factors and the identified barriers and enablers in countries?

Dr Bente Mikkelsen
Moderator: Dr Andre Kengne
NCD STAG members

Session 3
16:30–16:45
Overview on the preparatory process towards the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases in 2025 and strategic opportunities.

Question 1. How does the STAG-NCD want to shape the vision for the NCD agenda from 2025-2030 and onward?

- NCDs into PHC, UHC, and the health security agenda;
- The impact of the environment including climate change on NCDs;
- Addressing prevention and control of NCDs to reduce global health inequities;
- Prioritizing NCD prevention and control in the Human Rights agenda; and
- Global solidarity for accelerating prevention and control of NCDs.

Dr Bente Mikkelsen
Moderator: Dr Khaleda Islam
Discussion by STAG members
**Question 1.** What specific actions can be taken by WHO so that NCDs benefit from and are reflected adequately in the five strategic priorities of WHO:

- **Strategic priority 1:** support countries to make an urgent paradigm shift towards promoting health and well-being and preventing disease by addressing its root causes.
- **Strategic priority 2:** support a radical reorientation of health systems towards primary health care, as the foundation of universal health coverage.
- **Strategic priority 3:** urgently strengthen the systems and tools for epidemic and pandemic preparedness and response at all levels, underpinned by strong governance and financing to ignite and sustain those efforts, connected and coordinated globally by WHO.
- **Strategic priority 4:** harness the power of science, research innovation, data and digital technologies as critical enablers of the other priorities – for health promotion and disease prevention, for early diagnosis and case management, and for the prevention, early detection, and rapid response to epidemics and pandemics; and
- **Strategic priority 5:** urgently strengthen WHO as the leading and directing authority on global health, at the centre of the global health architecture.
### Annex 2. List of participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Institution</th>
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<tbody>
<tr>
<td>Dr Mary Amuyunzu-Nyamongo</td>
<td>Vice-President for the African Region, International Union for Health Promotion and Education</td>
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<td>Dr Baffour Awuah</td>
<td>Kumasi Cancer Registry, Ghana</td>
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<td>CEO, NCD Alliance</td>
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<td>Full Professor of the Faculty of Medicine, Eduardo Mondlane University, Maputo, Mozambique</td>
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<td>Dr Ibtihal Fadhil</td>
<td>Founder and Chair of the Eastern Mediterranean NCD Alliance</td>
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<td>Dr Mustapha Feisul</td>
<td>Deputy Director (NCD), Disease Control Division, Ministry of Health, Malaysia</td>
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<td>Dr Khaleda Islam</td>
<td>Former Director, Primary Health Care, Ministry of Health and Family Welfare, Bangladesh</td>
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<td>Ms Jordan Jarvis</td>
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<td>Dr Chen Wang</td>
<td>Professor, Vice President of the Academy of Engineering, President of Academy of Medical Science, and President of the Peking Union Medical College, China</td>
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<td>Dr Champika Wickramasinghe</td>
<td>Deputy Director-General, NCDs, Ministry of Health, Sri Lanka</td>
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### WHO headquarters

<table>
<thead>
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<th>Position and Responsibility</th>
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<td>Dr May Cho</td>
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### WHO regional offices

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<td>Dr Jean-Marie Dangou</td>
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<td>Dr Asmus Hammerich</td>
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<td>a.i. Head, WHO European Office for Prevention and Control of NCD and Adviser (Nutrition)</td>
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## Annex 3. Crosswalk: Linking recommendations of the first STAG-NCD meeting, WHO strategic priorities and progress in implementation

### Thirteenth General Programme of Work 2019–2025 targets

One billion more people are benefiting from universal health coverage

One billion more people are better protected from health emergencies

One billion more people are enjoying better health and wellbeing

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<thead>
<tr>
<th>STAG NCD focus</th>
<th>STAG-NCD recommendations (First meeting)</th>
<th>WHO strategic priorities*</th>
<th>Progress</th>
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<tr>
<td>Leadership</td>
<td>Continue exercising its leadership and coordination role and remain the credible leader in promoting and monitoring action for the prevention and control of NCDs in relation to the work of the UN Development System and beyond, and to provide the global leadership at relevant fora. Use the power of purpose, the strength of multi-stakeholder collaborations, new initiatives, global communications strategies and creative storytelling to mobilize action, shape policies and define priorities for the preparatory process leading to the fourth UN high-level meeting.</td>
<td>Strategic priority 3 and Strategic priority 5</td>
<td>Mid-point evaluation of the implementation of the WHO global action plan for the prevention and control of NCDs 2013–2020: Management response – April 2022. Preparatory process leading to the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases in 2025. Annex 10. Draft work plan for the Global Coordination Mechanism on the prevention and control of NCDs 2022–2025. In: Political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases. Report by the Director-General. International strategic dialogue on NCDs and SDGs : global NCD compact and a new Heads of State and Governments group. High-level technical meeting of national NCD Directors and Programme Managers from Small Island Developing States</td>
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<tr>
<td><strong>Leadership</strong></td>
<td>Ensure that its actions to end COVID-19 (resources to tackle the COVID-19 response, COVID-19 vaccination programmes, the pandemic preparedness and response plans) and country efforts to build forward better are sensitive to prevention of NCDs and the needs of people suffering from NCDs.</td>
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<td><strong>Country support</strong></td>
<td>Meet the demands for technical assistance from countries to adapt and titrate WHO NCD packages and signature solutions to epidemiological, health system and resource contexts, enabling all Member States to prioritize and accelerate best buy interventions, with a focus on population-wide prevention, PHC and UHC. Deliver results at the speed and scale needed to reach the SDG 3.4 target by 2030 by strengthening partnerships and coalitions to promote the roll-out of the WHO NCD implementation roadmap 2023–2030. This includes strategic partnerships to improve access to medicines and technologies, for implementation research, and capacity-building initiatives to strengthen the health workforce, in particular for population-wide prevention of NCD. Support countries to increase investment in NCD prevention and control through domestic financing, including through health taxes, and to mobilize external aid from international financial institutions and development cooperation agencies.</td>
<td>Strategic priority 2 and Strategic priority 4</td>
<td>Draft implementation roadmap for 2023-2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030 Recommendations on how to strengthen the design and implementation of policies, including those for resilient health systems and health services and infrastructure, to treat people living with NCD and to prevent and control their risk factors in humanitarian emergencies Progress in the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020–2030 Seventy-fifth World Health Assembly: Resolution 74.4. Reducing the burden of noncommunicable diseases through strengthening prevention and control of diabetes. Draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031. Strengthening WHO preparedness for and response to health emergencies. Proposal for amendments to the International Health Regulations (2005). World NCD Congress 2022, 9–11 June 2022.</td>
</tr>
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**Annex 3.** Crosswalk: Linking recommendations of the first STAG-NCD meeting, WHO strategic priorities and progress in implementation
| Health promotion | Address the social, political and commercial risk factors for NCDs through health promotion advocacy, technical assistance, and global governance mechanisms to increase accountability, evidence and research. Importantly, the fast technology developments need to be addressed with regard to their potential benefits and risks. Industry interference is of increasing concern for global health and needs to be prioritized by WHO. | Strategic priority 1 | Draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority. Draft global strategy on oral health. Acceleration plan to support member states in implementing the recommendations for the prevention and management of obesity over the life course. |
| Digital health and innovation | Support countries to scale up telehealth, mobile health and other digital technologies, using lessons learned in the COVID-19 pandemic, to strengthen health literacy, advocacy for NCD prevention, empowerment of communities and to assist community health workers to provide equitable NCD care to remote populations. | Strategic priority 4 | Global strategy on digital health 2020–2025. Geneva: World Health Organization. WHO innovation hub |
| Partnerships | Engage and energize civil society, including people living with NCDs to scale up shadow-reporting of physical activity, alcohol, tobacco and food-related corporate social responsibility and industry interference and to mobilize political support to redress the underinvestment in NCD prevention and control. | Strategic priority 1 | Global Conference on People Living with NCDs and Mental Health Conditions (scheduled for 2024) |
| WHO core capacity | Accompany countries towards NCD targets. including the SDG 3.4 target through adequate and predictable funding for NCD prevention and control programmes at all levels of WHO and dedicated staffing in WHO country offices. | Strategic priority 5 | A75/9 Sustainable financing: report of the Working Group. Report by the Director-General. |

*WHO strategic priorities are in development.*