

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

Prevention and management of noncommunicable diseases, promotion of mental health and well-being, and treatment and care of mental health conditions

Report by the Director-General

1. The Director-General submits this report pursuant to the request of the Health Assembly in decision WHA72(11) (2019) on 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** “to consolidate reporting on the progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health with an annual report to be submitted to the Health Assembly through the Executive Board, from 2021 to 2031, annexing reports on implementation of relevant resolutions, action plans and strategies, in line with existing reporting mandates and timelines”.

2. In response to resolution WHA74.5 (2021) on oral health, the Secretariat developed the Global strategy on **oral health**, adopted in May 2022 (decision WHA75(11)), and included the **Global oral health action plan 2023–2030** in the report on noncommunicable diseases (NCDs), noted by the Seventy-sixth World Health Assembly.¹ That global action plan includes **11 global targets and a set of core indicators** to measure progress globally. This report describes the status of the targets and indicators as at late 2023, constituting a baseline assessment of progress. From this foundation, progress can be tracked every three years until 2030.

3. In addition to the routine reporting requirements of resolution WHA70.12 (2017), the progress report on the Global cervical cancer elimination initiative due in 2025 in response to resolution WHA73.2 (2020), and to Member States’ requests during the 152nd session (2023) of the Executive Board, the Secretariat will produce a global status report on cancer 2025, inclusive of all WHO cancer initiatives (cervical, childhood and breast cancers). The status report will consider elements of cancer prevention and control referenced in relevant resolutions – including, but not limited to, linkages with primary health care (resolution WHA72.2 (2019)) and universal health coverage, access to medicines (resolution WHA72.8 (2019)), social determinants of health (resolution WHA74.16 (2021)), research and innovation (resolution WHA75.8 (2022)) and quality of care

¹ Document A76/7 Rev.1; see also document WHA76/2023/REC/3, summary records of Committee A, ninth meeting section 2, tenth meeting and eleventh meeting, section 2.

(resolution WHA55.18(2002)) – with a focus on how to provide Member States with **models to promote equity and improve outcomes in cancer**.

CONTEXT

4. This report provides an overview of the progress made in the prevention and management of NCDs, the promotion of mental health and well-being, and the treatment and care of mental health conditions in accordance with the **five-by-five approach** on NCDs as set out in the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases. It is accompanied by an extensive report,¹ detailing the Secretariat's technical work to support Member States in the implementation of the global action plan for the prevention and control of NCDs.

SITUATIONAL ANALYSIS

5. In 2019, NCDs caused 41 million deaths globally, a number that is expected to increase as populations expand, especially that of older adults. Of the 10 leading causes of death globally, seven are NCDs: ischaemic heart disease, stroke, chronic obstructive pulmonary disease, lung cancer, dementias, diabetes and kidney diseases; together these comprise 44% of deaths globally. At the same time, countries have been reducing the likelihood of premature death from NCDs. Globally, a person aged 30 years in 2019 had a 17.8% chance of dying from one of the four major NCDs before the age of 70 years. This figure represents progress in all regions and a 22.2% relative decline in premature deaths globally since 2000. **The Sustainable Development Goal target 3.4** is to reduce premature mortality from NCDs by a third by 2030 as measured by **indicator 3.4.1**.

6. However, **progress has slowed since 2015** when the era of the Sustainable Development Goals began and even more as NCD conditions exacerbated the impact of the pandemic of coronavirus disease (COVID-19) on excess mortality. The world is still catching up on delayed vaccinations, screening programmes, detection and treatment. Reorienting health systems to primary health care as a resilient foundation for universal health coverage and health security requires contextualized **investments in NCD and mental health services** with appropriate metrics to monitor progress in both stable and **humanitarian contexts**.

7. The world is **not on track to achieve Sustainable Development Goal target 3.4**. In all WHO regions and globally, men have a higher probability of premature death from NCDs than women, a gap which has persisted for two decades; this highlights the important need for data disaggregated by gender to identify and examine differences in NCDs and risk factor exposures.

8. In 2019, **diabetes was the direct cause of 1.5 million deaths**, and 48% of all deaths due to diabetes occurred in people before the age of 70 years. There is also an increasing burden of diabetes-related kidney failure and challenges in access to transplantation. Another 460 000 deaths from kidney disease were caused by diabetes, and raised blood glucose concentrations caused around 20% of cardiovascular deaths globally. Between 2000 and 2019, there was a 3% increase in **age-standardized mortality rates** from diabetes.

9. **In 2020, it was estimated that more than 19 million people developed new cases of cancer** and nearly 10 million died from cancer. An estimated one in five people will develop cancer in their lifetime.

¹ Available at <https://www.who.int/publications/m/item/comprehensive-overview-of-the-secretariat-s-technical-work-a-complement-to-the-report-by-the-director-general-in-document-eb154-7> (accessed 2 January 2024).

Cancer is also responsible for one in six deaths. By 2040, the burden is expected to nearly double with the most rapid increased burden in the least-developed countries. About 400 000 children are diagnosed with cancer each year; 90% of these diagnoses occur in low- and middle-income countries.

10. **Cervical cancer is the fourth most common form of cancer among women** worldwide, with some 600 000 women diagnosed and more than 300 000 dying of this cancer every year. The annual number of new cases is projected to increase to 700 000 by 2030, raising the annual death toll to 400 000.

11. **Breast cancer accounts for nearly 12% of all annual cancer cases** worldwide and is the leading cause of cancer deaths among women. In 2020, there were 2.3 million new cases of breast cancer in women – and 7.8 million women who had breast cancer in the previous five years were still alive, making breast cancer also the most prevalent malignancy.

12. **Globally about 1.3 billion adults had hypertension in 2019**, twice as many as in 1990. An estimated 54% have been diagnosed with hypertension, 42% are being treated for their hypertension and 21% have had their hypertension controlled. Women at all ages and in all regions are more likely to be treated for their hypertension than men: globally, 47% of women are treated for their hypertension, compared with only 38% of men.

13. **Reducing exposure to risk factors in the population is essential for the cost-effective reduction of NCD burden and mortality.** The prevalence of tobacco use is declining in all WHO regions and globally, but the rate of decline is insufficient to meet the voluntary global target for 2025; of around 1.3 billion people still using tobacco, 82% (1.1 billion) are males.

14. Globally, **total alcohol consumption per capita has declined since 2015, but regional trends are uneven**, with declines in the African and European regions but increases in the South-East Asia and Western Pacific regions. Globally, men consumed nearly four times more pure alcohol per capita per annum than women did, namely, 8.7 litres versus 2.2 litres in 2019.

15. Regular **physical activity promotes and protects both mental and physical health.** Yet more than one in four adults and more than 80% of adolescents do not meet WHO's recommended levels of physical activity for optimum health.

16. In 2016, more than 1.9 billion adults were overweight, of whom more than 650 million were obese, while 37 million children under 5 years of age were overweight. If nothing is done, **the global costs of overweight and obesity are predicted to reach US\$ 3 trillion per year by 2030** and more than US\$ 18 trillion by 2060.¹

17. Globally, **99% of the population is exposed to air quality that does not meet the levels recommended in the WHO global air quality guidelines** and 2.3 billion people globally relied primarily on polluting fuels and devices for cooking in 2021. Polluted air is now the fourth leading risk factor for health overall, contributing to 6.7 million deaths annually. Most of these deaths, 85% or about 5.7 million, are due to NCDs.

18. **At least 2.2 billion people in the world have a near or distance vision impairment.** At least one billion of these cases could have been prevented or addressed. The population coverage of the most

¹ Costs in 2019 constant US dollars.

cost-effective eye care interventions is low – only 17% of people in need of cataract surgery and 36% of people in need of spectacles have been able to access the care they need.

19. Nearly 3.5 billion people in all age groups suffer from oral diseases, with more than three out of every four affected people living in low- and middle-income countries. Global cases have increased by one billion over the past 30 years showing that, in many countries, oral health care services are not available or not affordable to most people. Such diseases include Noma, which was recently officially recognized as one of the neglected tropical diseases.

20. Nearly all countries (95%) have staff responsible for NCDs in their ministry of health or equivalent entity, but government funding for NCD-related activities varies widely, with just half of low-income countries reporting any funding for such activities. Although NCDs have generally been incorporated into national health plans (86% of countries), multisectoral action plans on NCDs are lacking in roughly half of countries. Management guidelines for the four major NCDs are more available than they were a decade ago, yet many low- and lower-middle-income countries still lack cancer screening programmes and many essential medicines.

21. The global situation for mental health remains challenging. Close to one billion people live with a mental disorder, including around 8% of the world's young children (aged 5–9 years) and 14% of the world's adolescents (aged 10–19 years). Four out of five of these people live in low- and middle-income countries. Further, most recent estimates indicated that there were about 283 million people with alcohol use disorders in 2016 and 35 million with drug use disorders in 2019. Moreover, people with severe mental health conditions, including schizophrenia and bipolar disorder, die on average 10 to 20 years earlier than the general population, while one out of every 100 deaths is due to suicide, about 703 000 deaths annually.

22. Neurological disorders are the leading cause of disability-adjusted life years, with the five largest contributors being stroke, migraine, dementia, meningitis and epilepsy. More than 50 million children younger than 5 years have developmental disabilities. More than 50 million adults worldwide live with dementia, which is the seventh leading cause of death globally, with 1.6 million deaths in 2019 attributable to Alzheimer disease and other dementias. Of all deaths due to dementia, 65% are in women.

23. The COVID-19 pandemic brought increased rates of stress, anxiety, depression, neurological manifestations and alcohol and drug use as well as significant disruptions to mental health and NCD service delivery. These impacts linger. Moreover, the cost-of-living and climate crises, and humanitarian emergencies, are placing ever greater strains on population health and well-being. The persisting underinvestment in services means the gap between the need for and availability of quality care and support remains as wide as ever.

IMPLEMENTATION OF THE GLOBAL ORAL HEALTH ACTION PLAN 2023–2030 AS PART OF THE NCD AGENDA – TRACKING THE GLOBAL TARGETS

24. The vision of the Global strategy on oral health is to integrate oral health into universal coverage and extend it to all individuals and communities by 2030. The global oral health action plan translates the vision, goal and strategic objectives set out in the Global strategy into guidance on 100 actions for Member States, the Secretariat, international partners, civil society organizations and the private sector.

25. The table below summarizes the accompanying global monitoring framework, by strategic objective, including global targets and the current status, which will serve as the **baseline** for future reports. From this foundation, the Secretariat will report on progress every three years until 2030, in accordance with resolution WHA74.5 (2021).

Table. Global oral health targets and current baseline by strategic objective

Strategic objective	Global target [Baseline 2023]
Over-arching	Universal health coverage for oral health A.1. By 2030, 80% of the global population is entitled to essential oral health care services [23%]
	Reduced oral disease burden B.1. By 2030, the combined global prevalence of the main oral diseases and conditions over the life course shows a relative reduction of 10% [45%]
Oral health governance	National leadership for oral health 1.1. By 2030, 80% of countries have an operational national oral health policy, strategy or action plan and dedicated staff for oral health at the health ministry or other national governmental health agency [31%, 61 out of 194]
	Environmentally sound oral health care 1.2. By 2030, 90% of countries have implemented measures to phase down the use of dental amalgam as stipulated in the Minamata Convention on Mercury or have phased it out [43%, 83/194]
Oral health promotion and oral disease prevention	Policies to reduce intake of free sugars 2.1. By 2030, 50% of countries implement policy measures aiming to reduce intake of free sugars [20%]
	Optimal fluoride delivery for population oral health 2.2. By 2030, 50% of countries have national guidance on optimal fluoride delivery for oral health of the population [20%]
Health workforce	Innovative workforce model for oral health 3.1. By 2030, 50% of countries have an operational national health workforce policy, plan or strategy that includes a workforce trained to respond to population oral health needs [being assessed]
Oral health care	Integration of oral health into primary care 4.1. By 2030, 80% of countries have oral health care services generally available in primary health care facilities [58%, 113/194]
	Availability of essential dental medicines 4.2. By 2030, 50% of countries include dental preparations listed in the WHO Model Lists of Essential Medicines in their national essential medicines lists [21%, 40/194]
Oral health information systems	Monitoring implementation 5.1. By 2030, 80% of countries have a monitoring framework for the national oral health policy, strategy or action plan [being assessed]
Oral health research agendas	Research in the public interest 6.1. By 2030, 50% of countries have a national oral health research agenda focused on public health and population-based interventions [being assessed]

26. The combined global prevalence of the main oral diseases and conditions is estimated at 45%. Yet only 31% of countries have an operational national oral health policy, strategy or action plan, supported by dedicated staff for oral health. Forty-three per cent of countries have implemented measures to phase down the use of dental amalgam, as stipulated in the Minamata Convention on Mercury, or phase it out.

27. Globally, about 20% of countries have fully implemented measures to reduce the intake of free sugars, and 20% have actions or guidance addressing the availability of systemic or topical fluorides. Fifty-eight per cent of countries have oral health care services generally available in primary care of the public sector.

WORK BY THE SECRETARIAT

28. WHO's Thirteenth General Programme of Work (2019–2025) centres on three interconnected strategic priorities: achieving universal health coverage, **addressing health emergencies** and promoting healthier populations. Effective and equitable responses for the prevention and control of NCDs and the promotion, protection and care of mental health are an integral part of the three priorities.

29. A comprehensive overview of the Secretariat's extensive technical work, aimed at supporting Member States in their efforts towards implementing WHO's action plans in the areas of NCDs and mental health and associated targets, is outlined in the complementary report. This report illustrates the actions, methodologies, initiatives and global responsibilities undertaken across all three levels of WHO.

Stepping up leadership

30. The **implementation roadmap 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases** 2013–2030¹ will continue to serve as an overarching guide for regions and countries, entities in the United Nations system and non-State actors in order to accelerate ongoing national NCD responses, in line with its three strategic directions: understanding the drivers and trajectories of NCD burden across countries and epidemiological regions; scaling-up the implementation of most impactful and feasible interventions in the national context; and ensuring timely and reliable data on NCD risk factors, diseases and mortality for informed decision-making and accountability.

31. The preparatory process for the fourth high-level meeting of the United Nations General Assembly² on the prevention and control of non-communicable diseases to be held in 2025 builds on **existing political commitments** made by the General Assembly in 2011, 2014 and 2018 and will offer an opportunity to address evolving focus areas of the NCD agenda.³ The Secretariat will continue to facilitate strategic events such as those on NCDs and mental health in small island developing States (SIDS), NCDs in emergencies and **NCD financing mechanisms**.

32. Additionally, as part of these preparations, the Secretariat will prepare a global cancer status report 2025, as requested in resolution WHA70.12 (2017) and will report therein on cervical cancer in line with resolution WHA73.2 (2020), as the next report on progress in implementation of the resolution

¹ Adopted in decision WHA75(11) (2022); see also document WHA75/2022/REC/1, Annex 8.

² See document A74/10 Rev.1; see also document WHA74/2021/REC/3, summary records of the first meeting, section 2, sixth meeting, section 2 and seventh meeting.

³ Noncommunicable diseases website. On the road to 2025: the global NCD deadline. Geneva: World Health Organization (<https://www.who.int/teams/noncommunicable-diseases/on-the-road-to-2025>, accessed 4 November 2023).

is due in 2025. The status report will reflect an integrated approach with health systems focused on universal health coverage. The timeline for reporting is aligned with preparation of the fourth high-level meeting in 2025.

33. The Secretariat will also outline additional guidance and process for Member States to consider an updated **Global Monitoring Framework** and set of global targets for NCDs for beyond the current dates of 2025 and 2030 to 2050 in order **to ensure continued accountability and progress in preventing and controlling NCDs**.

34. The **2023 Bridgetown Declaration on NCDs and mental health** was launched during the **SIDS Ministerial Conference** on NCDs and mental health (Bridgetown, 14–16 June 2023). The outcome document outlined bold steps to address the social, environmental, economic and commercial challenges that have triggered the high burden of NCDs and mental health conditions in SIDS. The Secretariat issued a report on NCDs and mental health in SIDS and created a dedicated NCD SIDS data portal. A separate portal on SIDS commitments for NCDs and mental health was launched to invite specific actions for the implementation of cost-effective interventions to accelerate progress on NCDs, mental health and environmental action in the face of climate change. A high-level policy expert group was formed to provide strategic expert guidance to the SIDS high-level technical meeting and ministerial conference on NCDs and mental health, with input to the fourth high-level meeting.

35. The **Global Group of Heads of State and Government for the Prevention and Control of NCDs and the Global NCD Compact 2020–2030** were launched in 2022. In 2023, the Group held its annual meeting on the margins of the seventy-eighth session of the United Nations General Assembly to foster political momentum and raise the priority accorded to NCDs.

36. The updated menu of policy options and cost-effective interventions for the prevention and control of NCDs (issued in 2022 as the updated Appendix 3 of the WHO global action plan to prevent and control noncommunicable diseases 2013–2030)¹ provides one of the most important resources for countries to scale up their national responses, prioritizing and integrating NCD best buys and other recommended interventions as part of their national health benefits package. A publication and interactive webpage are being developed by the Secretariat to further disseminate and support their uptake.

37. WHO has continued to amplify its leadership role in health promotion and NCD prevention. The Secretariat ran a far-reaching World No Tobacco Day campaign and launched an innovative **livelihoods initiative in the African Region** in collaboration with several organizations in the United Nations system and other partners.

38. WHO will soon issue the Global Report on progress towards **Sustainable Development Goal target 3.5 (strengthen prevention and treatment of substance abuse)**, providing data and trends on alcohol exposure from 1990 to 2020, as well as information on the health consequences of alcohol use and WHO's estimates for alcohol- and drug-attributable disease burden (2019). Additionally, it will include data on alcohol policy and the Service Capacity Index for substance-use disorders. WHO has further **strengthened partnerships with several entities in the United Nations system and global civil society organizations** to roll out high-impact strategies in the context of the Global alcohol action plan 2022–2030.

¹ Endorsed by the Health Assembly in decision WHA76(9) (2023).

39. Following the launch of the first Global status report on physical activity which offered guidance on implementation of **policy recommendations to increase physical activity**, WHO continues to promote technical toolkits, such as **ACTIVE**, providing practical guidance on policy implementation across key settings, including primary health care.

40. WHO led an **inter-agency working group on health taxes**, a coalition of partners advancing efforts **to promote better health and equity** while generating domestic revenues.

41. The Seventy-fifth World Health Assembly endorsed recommendations for the **prevention and management of obesity over the life course**, a set of operational targets and the WHO **acceleration plan** to stop obesity which clarifies how the Secretariat will provide support to Member States in implementing these recommendations. The plan is designed to stimulate country-level action against obesity between now and 2030. The plan is moving into its execution phase with road maps agreed by an initial group of 28 countries.

42. The **Global Diabetes Compact**, launched in 2021, unites stakeholders in a common vision of reducing the risks of diabetes and ensuring that all people who are diagnosed with diabetes have access to equitable, comprehensive, affordable and quality treatment and care. The Seventy-fifth World Health Assembly in 2022 adopted **global diabetes coverage targets** to be achieved by 2030.¹ The Global Diabetes Compact supports country progress towards these targets through six workstreams: access to essential diabetes medicines and health technologies; technical products; health literacy and prevention of type 2 diabetes; country support; research and innovation; and governance, strategy and partnerships.

43. In resolutions WHA70.12 (2017) on cancer prevention and control in the context of an **integrated approach** and WHA73.2 (2020) on **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 the Health Assembly established the mandate and priority outputs for the Secretariat. WHO has launched and implemented three integrated initiatives on childhood, cervical and breast cancers. These continue to build on the campaign launched in 2022 to amplify the lived experience of people affected by cancer.

44. The initiatives on childhood and cervical cancers have been successfully implemented for five years. The **Global Initiative for Childhood Cancer** is now active in more than 70 countries and has been implemented with the support of more than 200 international partners. A community of practice has been organized, using WHO's Knowledge Action Portal. WHO, in partnership with St Jude Children's Research Hospital (Memphis, Tennessee, United States of America), continues to support the Global Platform for Access to Childhood Cancer Medicines to address persistent challenges to essential health products.

45. A brochure on the **WHO Cervical Cancer Elimination Initiative**, issued in May 2023, summarizes the major achievements and national and regional commitments to implementing the global strategy to accelerate the elimination of cervical cancer as a public health problem. Attaining and maintaining the 90–70–90 targets of that strategy would yield significant returns with about 300 000 cervical cancer deaths averted by 2030, more than 14 million by 2070 and more than 62 million by 2120. Recently, a WHO implementation network was launched to accelerate progress toward the targets by better coordinating efforts across the three pillars of the initiative and enhancing alignment among multisectoral partners for greater impact.

¹ See document WHA75/2022/REC/1, decision WHA75(11) (2022) and Annex 9.

46. WHO convened a series of biannual dialogues with the private sector focused on mobilizing commitments and contributions by the private sector towards national NCD responses, through improved access to, and affordability of, safe, effective and quality-assured medicines and health technology products.

47. Ahead of the tenth anniversary of the adoption of resolution WHA67.19 (2014), the **Palliative Care** working group is taking stock of the Organization's work in this area. Through the efforts of this group, the Secretariat remains committed to promoting the scale-up of quality **palliative care** services, as a human right and moral imperative of all health systems.

48. In resolution WHA74.5 (2021) on oral health the Health Assembly requested the Director-General to develop **best-buy interventions** on oral health, as part of an updated Appendix 3 to the global action plan on the prevention and control of noncommunicable diseases. The first set of interventions are: (1) to implement a population-wide mass media campaign to promote the use of toothpaste with a fluoride concentration of 1000–1500 ppm; (2) to apply **silver diamine fluoride** for arresting dental caries and its progression; and (3) to use glass ionomer cement as a filling material for cavities, after removal of decayed tooth tissue using hand instruments.

49. The WHO policy brief on the health aspects of **decriminalization of suicide** and suicide attempts, published in 2023, cites data and research to make a case for **decriminalizing** suicide globally. This is one step that governments can take in their efforts to prevent suicide.

50. The **WHO Model List of Essential Medicines** is regularly updated to promote access to medicines for mental and neurological disorders. WHO's Expert Committee on the Selection and Use of Essential Medicines at its 24th meeting (Geneva, 24–28 April 2023) accepted 11 proposals to update the mental health section to align with the latest evidence. **Integration of NCDs and mental health with primary health care** was advanced through WHO's Universal Health Coverage Partnership, including with mobile applications of the **WHO Package of Essential Noncommunicable (PEN) Disease Interventions** and the UHC Compendium.

Focusing global public goods on impact

51. In decision WHA75(11) (2022), the Health Assembly adopted, inter alia, the action plan (2022–2030) to effectively implement the **global strategy to reduce the harmful use of alcohol** as a public health priority. Accordingly, the Secretariat has focused on: providing support to Member States to implement the action plan and its high-impact strategies and interventions, by means that include WHO's **SAFER initiative**; and strengthening global advocacy, coordination, monitoring and capacity-building activities on issues around alcohol and health.

52. To provide support to countries in the implementation and strengthening of the **WHO Framework Convention on Tobacco Control** (Sustainable Development Goal target 3.a), the Secretariat released four technical products in 2023: (1) the WHO report on the global tobacco epidemic, 2023, the ninth such report on monitoring progress in the adoption of tobacco control measures globally; (2) the ninth report of the WHO study group on tobacco product regulation; (3) a summary of research and evidence of the health impacts of heated tobacco products; and (4) WHO's Standard operating procedure for determination of nicotine, glycerol and propylene glycol content in the tobacco of heated tobacco products.

53. Earlier in 2023 WHO launched the **WHO global report on sodium intake reduction**, which indicates that an estimated 1.89 million deaths each year are associated with excessive intake of sodium.

The estimated potential impact of policy implementation would be a 23% reduction in sodium intake and a 3% reduction in cardiovascular deaths globally by 2030. WHO released new guidelines on intake of carbohydrates, fats and non-sugar sweeteners, as part of an update of the overall recommendations on healthy diets.

54. WHO previously published technical products on fiscal measures for health, including the WHO technical manual of tobacco tax policy and administration in 2021, and, in 2022, the WHO manual on **sugar-sweetened beverage taxation policies** to promote healthy diets.

55. WHO issued guidelines on policies to **protect children from the harmful impact of food marketing** and guidance on regulation of digital marketing to support national implementation of marketing restrictions relating to NCD risk factors. A portfolio of policies guiding countries on updated evidence and options for implementing alcohol control policies was also developed.

56. WHO launched its first global report on hypertension, which includes information on the global, regional and country-level burdens of hypertension and progress of control efforts. Scaled-up efforts could save 76 million lives between 2023 and 2050, with economic benefits of improved hypertension treatment programmes outweighing the costs by about 18 to 1.

57. WHO launched its implementation guidance on **integrating the prevention and control of NCDs into HIV/AIDS, tuberculosis and sexual and reproductive health programmes**, towards universal health coverage.

58. To strengthen guidance to Member States as part of WHO's global cancer initiatives, the Secretariat released an implementation framework for the **Global Breast Cancer Initiative**, providing an evidence-based systematic approach for assessing, strengthening and scaling up services for the early detection and management of breast cancer.

59. WHO released a report that examines both the **effect of the COVID-19 pandemic** on access to NCD medicines and the policies and strategies implemented by countries and health systems to anticipate and mitigate stresses across NCD medicine **supply chains**. The report also recommends actions and interventions for key stakeholders.

60. In response to a request to the Director-General in decision WHA72(11) (2019) the Secretariat developed a compendium report of country case studies¹ to strengthen the prevention and control of NCDs and mental health conditions, which analyses successful approaches for NCD **multisectoral actions**. The Secretariat also launched a publicly-accessible repository of multisectoral actions on NCDs² to serve as a tool for governments to draw attention to national or local multisectoral projects in support of attainment of **Sustainable Development Goal target 3.4**, in line with Annex 7 of document EB148/7.³

61. WHO's **mental health gap action programme (mhGAP)** Intervention Guide has been used in more than 100 Member States. Updated **mhGAP** guidelines were published in November 2023. Subsequently,

¹ Knowledge action portal on NCDs: multisectoral action for NCD prevention and control. Geneva: World Health Organization (https://knowledge-action-portal.com/en/action/multisectoral_action, accessed 4 November 2023).

² Knowledge action portal on NCDs: repository of multisectoral action on NCDs and mental health conditions. Geneva: World Health Organization (https://knowledge-action-portal.com/en/msa_repository, accessed 4 November 2023).

³ Document EB148/7, Annex 7; noted by the Executive Board at its 148th session, see also document EB148/2021/REC/2, summary records of the eighth meeting.

WHO will update related products to reflect new recommendations. An mhGAP e-learning course has been prepared and will be one of the first 10 courses available on the WHO Academy's platform.

62. The Secretariat launched, in partnership with UNICEF, UNHCR and UNFPA, the **Inter-Agency Standing Committee mental health and psychosocial support minimum service package** and digital platform, a costed package of essential activities that integrates mental health and **psychosocial support** across sectors, prioritizes activities and promotes efficiency.

63. WHO, jointly with the Office of the United Nations High Commissioner for Human Rights, published guidance and practice on **mental health, human rights and legislation**. The guidance proposed new objectives for legislation, including setting a clear mandate for mental health systems to adopt a **rights-based approach**.

Driving public health impact in every country

64. Following the adoption by the Health Assembly in decision WHA75(11) (2022) of the **global alcohol action plan** (2022–2030), the Secretariat has provided support to countries for the implementation of evidence-based, population-wide and high-impact interventions to reduce the **harmful use of alcohol**.

65. The Secretariat has provided **legal advice and guidance across all the NCD risk factors** to some 20 countries since October 2022, ranging from just-in-time litigation assistance, to sustained support through the **Global Regulatory and Fiscal Policy Capacity Building** Programme project on law, healthy diets and physical activity.¹

66. The Secretariat has supported more than 80 countries to **strengthen MPOWER tobacco control measures and tobacco product regulation**. Already 151 countries, home to 5.6 billion people, are covered by at least one **MPOWER** measure at best-practice level and two further countries have implemented a full MPOWER package. With this policy progress, 56 countries are currently on track to meeting the voluntary global target of a 30% relative reduction in tobacco use between 2010 and 2025.

67. The Secretariat has provided technical support to 50 finance ministries or equivalent authorities on taxation of tobacco taxation, sugar-sweetened beverages and alcohol.

68. The Secretariat provided support to more than 20 countries to **strengthen governance and policy frameworks to promote, enable and protect opportunities and places for people to be more physically active**. This backing included technical support on national policy, guidelines and actions plans as well as the development of an investment case for walking and cycling.

69. Implemented in 28 countries, the **acceleration plan to stop obesity** includes marketing restrictions, interventions focused on sugar-sweetened beverages, obesity prevention and management services as part of primary health care, **front-of-pack labelling**, school-nutrition interventions, strengthening of the early food environment, investment in health promotion and communication campaigns, and promotion of physical activity.

¹ For more information, see Global RECAP: The Global Regulatory and Fiscal Capacity Building Programme – promoting healthy diets and physical activity website. Geneva: World Health Organization (<https://www.who.int/initiatives/global-regulatory-and-fiscal-policy-capacity-building-programme>, accessed 5 November 2023).

70. Through the implementation of the **REPLACE** package, WHO has supported the establishment of regulatory actions to **eliminate industrial trans-fats from the food supply**, including the establishment of monitoring mechanisms. It established a programme to validate such elimination of trans-fatty acids, and 54% of the world population is now covered by mandatory limits on trans-fatty acids. The objective of global elimination is close, as only five countries account for two thirds of the estimated remaining deaths due to trans-fatty acids.

71. The Secretariat provided support to strengthen governance and the **“settings approach”** for addressing social determinants of health through both the WHO initiative on urban governance for health and well-being and the growing WHO **Healthy Cities programme** and national healthy cities networks.

72. Several acute and protracted emergencies and humanitarian crises continue to draw attention to the needs to maintain and preserve essential services of people living with NCDs.¹ WHO has supported **continuity of care for essential NCD and rehabilitation services**, for instance through the deployment of NCD emergency kits, and the procurement of essential medicines, technologies and assistive products for more specialized services such as dialysis, cancer care and wheelchairs in Sudan, Syrian Arab Republic, Türkiye and Ukraine. Operational reviews after or during ongoing emergencies provided important insights on how to better integrate NCDs into WHO’s emergency preparedness and response.

73. More than 70 countries implemented the **CureAll framework of the WHO Global Initiative for Childhood Cancer**. The framework supports governments and other stakeholders in assessing current capacity, setting priorities, generating investment cases, developing evidence-based standards of care and monitoring for progress. For example, seven countries have developed new legislation to include childhood cancer in essential benefit packages.

74. The Secretariat, through WHO’s **Universal Health Coverage Partnership**, provided support to more than 20 countries for **integrating NCD and mental health services into health systems**. The Secretariat also supported 26 countries to include NCD or mental health comorbidities in their proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

75. WHO supported the mobilization of country resources through the **United Nations Multi-Partner Trust Fund** to Catalyze Country Action for Non-Communicable Diseases and Mental Health (the **Health4Life Fund**) which was established in 2021 by WHO, UNDP and UNICEF with the aim of pooling funding from Member State and non-State actors so as to provide catalytic support to low- and middle-income countries for scaling up their NCD and mental health responses. A multisectoral working group in Sierra Leone is elaborating a proposal that will guide country implementation. The Health4Life Fund secured a multi-million-dollar pledge from Scotland during 2023.

76. The **WHO Special Initiative for Mental Health** has enabled 40 million more people to have mental health services available in their communities. It aims to give 100 million more people access to quality and affordable mental health care. Working with health ministries to lead mental health systems transformation, the Initiative acts on two strategic priorities: advancing policy, advocacy, and human rights for people with mental, neurological and substance use conditions; and scaling up the availability and range of mental health services.

77. The Secretariat has been actively supporting **mental health and psychosocial support in emergencies operations** through the three levels of technical support in countries affected by acute and protracted crises, such as Afghanistan, Chad, Democratic Republic of the Congo, Ethiopia, Sudan, Syrian Arab Republic, Türkiye, Ukraine and Yemen. As part of strengthening preparedness, response

¹ Document A75/10 Add.2.

and resilience, the Secretariat continued its work on integrating mental health and psychosocial support into disaster risk reduction and preparedness training.

78. A transformed approach to partnership, with a focus on joint delivery for country impact, has enabled the **WHO-UNICEF Joint Programme on the Mental Health and Psychosocial Well-being and Development of Children and Adolescents** to support cross-ministerial coordination and the development and initiation of implementation of **context-specific multisectoral plans** in 13 countries, where an estimated 107 million children and adolescents stand to benefit.

79. In line with the requirements of resolution WHA67.8 (2014) on autism, the Secretariat continued to strengthen country capacities in evidence-based services for autism spectrum disorders and other developmental disabilities, with a focus on supporting competency-based training at primary care and community levels through in-person and remote delivery. **WHO's Caregiver skills training for families of children with developmental delays or disabilities** and related eLearning courses have been used in more than 60 countries.

ACTION BY THE EXECUTIVE BOARD

80. The Board is invited to note the report. It is further invited to provide guidance in respect of the questions set out below.

- **How can Member States, with the support of the Secretariat, accelerate progress towards Sustainable Development Goal target 3.4** to reduce by one third premature mortality from NCDs by 2030, noting that global progress has slowed in recent years? How can the implementation road map be optimized, together with the WHO guidance on best buys and recommended actions for prevention and control of NCDs?
- How can the Secretariat support Member States to prepare for the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases due to be held in September 2025? What further strategic support from the Secretariat do Member States deem crucial in order to ensure adequate attention and focus on this pivotal event?
- How can NCDs be more fully integrated into ongoing work on health system strengthening, primary health care/universal health coverage approaches, universal health coverage benefit packages and other mechanisms to improve financial protection, and emergency preparedness and response plans?

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