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GLOBAL MODEL WHO 2025

ZERO DRAFT RESOLUTION

EQUITY AND INTEGRATION TO PREVENT AND CONTROL
NONCOMMUNICABLE DISEASES (NCDs)

The Third Global Model World Health Assembly,

Having considered the report by the Director-General on progress in implementing the global action plan for the prevention and control of noncommunicable diseases (NCDs) 2013–2030;

Recalling resolutions WHA66.10 on the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, WHA73.2 on the Global strategy to accelerate the elimination of cervical cancer and WHA74.4 on Reducing the burden of noncommunicable diseases through strengthening prevention and control of diabetes;

Recognizing that NCDs such as cardiovascular diseases, diabetes, cancers, and chronic respiratory diseases are responsible for over 70% of global deaths each year;

Alarmed that most external funding goes to infectious diseases while only 1–2% of global health aid is dedicated to NCDs;

Alarmed also that falsified and substandard medicines affect 1 in 10 medical products in low- and middle-income countries and contributes to treatment failure, drug resistance, and loss of public trust in health systems;

Noting that if a small percentage of GDP were redirected toward preventive health (e.g., safe food policies, urban design, school nutrition) the burden on hospitals and the workforce would be reduced and major savings would be achieved;

Concerned that inequities in access to prevention, diagnosis, and treatment continue to widen between and within countries;

Acknowledging that integrated health services are essential for early detection and management of NCDs, particularly at the primary care level;

Recognizing that strengthening primary health care is essential but not sufficient, and that integrating NCD services into existing maternal, child, and infectious disease programmes can extend prevention and care to populations who may not otherwise be reached;

Noting the economic and social burden of NCDs, especially in low- and middle-income countries;

Emphasizing that addressing NCDs requires a multisectoral approach linking health, education, labor, and finance policies;

Welcoming WHO's efforts to support Member States through the Global NCD Compact and NCD acceleration partnerships;

Determined to strengthen national and international action to achieve equitable, integrated, and people-centered responses to NCDs;

¹ Document A77/23.

1. URGES Member States:

- (1) to strengthen primary health care (PHC) as the foundation for integrated NCD prevention and management and link it with existing maternal, child, and infectious disease programmes, ensuring that NCD prevention, screening, and treatment are integrated into all major service delivery platforms to reach women, children, and vulnerable populations across the life course;
- (2) to develop and strengthen national NCD strategies that link health goals with education, labor, agriculture, finance, and urban planning policies, ensuring coherence across government sectors;
- (3) to ensure that financing for NCD prevention and care is sustainable by adopting fiscal policies, such as taxes on tobacco, alcohol, and sugar-sweetened beverages, that both reduce health risks and generate additional revenue for prevention programs;
- (4). to adopt equity-based national strategies for NCD prevention and control, aligned with universal health coverage goals, to ensure that essential NCD services and medicines are accessible and affordable for all, particularly for vulnerable and underserved populations;
- (5) to address the social and commercial determinants of health by reducing poverty and inequality, regulating harmful marketing and trade practices, and creating environments that support healthy behaviors and equitable access to health-care;

(6) to improve surveillance and data collection disaggregated by age, sex, income, and other relevant social and geographic factors, in order to identify inequities in NCD risk, prevention, treatment, and outcomes, and to use this evidence to guide integrated, cross-sectoral strategies that target the most affected populations;

(7) to work with pharmaceutical industries to ensure that essential NCD medicines are affordable, particularly for low- and middle-income countries and strengthen collaboration with regulatory authorities and global partners to prevent falsified and substandard medicines from entering the market by enforcing quality standards, adopting secure packaging and tracking systems, and improving supply chain transparency;

(8) to recognize the interlinkages between mental health and NCD prevention and to include in NCD strategies;

2. INVITES international, regional, national, and local partners, including intergovernmental and nongovernmental organizations, research institutions, educational institutions, the health sector and private sector:

(1) to support Member States in scaling up cost-effective interventions to reduce NCD risk factors;

(2). to promote investment in research and development of medicines for neglected NCDs;

(3) to strengthen workforce capacity for NCD prevention and integrated care by expanding pre-service training and continuing education for primary and community health workers, public and digital health specialists so they are better equipped to address both prevention and long-term management of chronic diseases;

(4). to share research on integrated service delivery models and innovations;

(5). to promote responsible practices among food, beverage, including reducing harmful ingredients, ending marketing of unhealthy products to children and adolescents, and transparent labeling so consumers can make informed choices;

(6) to collaborate on regional action plans addressing air pollution and urban health;

(7) to assist countries in developing sustainable financing models for NCD care;

(8) to strengthen community-based and school based initiatives for NCD prevention and control by empowering local organizations, schools, and community health workers to promote healthy behaviors, provide early screening, and support people living with NCDs, particularly in underserved areas;

(9). to encourage private-sector partnerships that align business practices with public health goals by including workplace wellness initiatives;

3. REQUESTS the Director-General:

(1) to continue providing technical assistance for implementation of the global NCD action plan;

(2) to support Member States in building integrated health systems that promote equity;

(3) to provide technical guidance to Member States in designing and implementing multisectoral NCD action plans that address social and economic determinants of health;

(4) to coordinate global partnerships that address commercial determinants of NCDs;

(5). to strengthen WHO's collaboration with other UN bodies—such as FAO, ILO, UNESCO, and UNDP—to support policy coherence across health, education, labor, and finance sectors.