

Equity and Integration to Prevent and Control NCDs

The Third Global Model World Health Assembly,

Considering and guided by the report by the Director-General on progress in implementing the global action plan for the prevention and control of noncommunicable diseases (NCDs) 2013–2030¹;

Recalling resolutions WHA66.10 (2013) on the follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, WHA73.2 (2020) on the global strategy to accelerate the elimination of cervical cancer and WHA74.4 (2021) 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, and that these deaths disproportionately affect low and middle income countries, making it an imminent global threat;

Acknowledging that mental health and neurological conditions are inextricably linked with other NCDs, and that effective NCD strategy must include recognition, diagnosis, treatment, and management of mental health and neurological conditions;

Recognizes that the majority of external funding is overwhelmingly invested in infectious diseases while only 1-2% of the global health budget allocation is dedicated to NCDs despite their growing burden;

Noting that redirecting even a modest share of national resources including GDP toward preventive health measures—such as food safety regulations, urban design, early health education and school nutrition—could significantly reduce the burden on hospitals and the workforce while yielding long-term economic savings;

Noting also that falsified and substandard medicines compromise 1 in 10 medical products within low and middle income countries, contributing to treatment failure and reducing public trust in health systems, ultimately leading to a lower healthy life expectancy ;

Concerned that inequities in access to prevention, management and funding continue to widen and persist between and within countries; especially for vulnerable populations;

¹ Document A77/23.

Emphasizing that accessible, equitable, and integrated health services are essential for screening, early detection and management of NCDs, particularly through people centered primary care;

Recognizing that strengthening primary healthcare remains essential and that integrating NCD services into existing maternal, child, and infectious disease programmes, including digital health tools, to offer an effective way to extend prevention and care to vulnerable populations;

Recognizing also that primary health care must be supported by strong secondary and tertiary health care systems to ensure continuity of care and effective management of NCDs across all levels of service delivery;

Concerned about the political, economic, social and emotional burden of NCDs, especially in low- and middle-income countries;

Emphasizing that addressing NCDs requires a collaborative approach in sectors including but not limited to health, education, labor, and finance, in order to ensure sustainable health outcomes;

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

Determined to appeal for and enhance national action and international cooperation to achieve accessible, equitable, integrated, and people-centered responses to NCDs, ultimately reducing the global burden,

1. URGES Member States:

(1) to strengthen and optimize primary health care (PHC) as the foundation for integrated NCD prevention and management through telehealth infrastructure within primary-care networks, particularly in rural and underserved regions and to coordinate it with existing maternal, child, and infectious disease programmes, including early screening programs, and school-based prevention initiatives treatment and management are integrated into all major service delivery platforms to reach women, children, and vulnerable populations across the life course;

(2) to implement nutrition education programs, regulation of food packaging and advertisements, and increase access to healthful and nutritious food, particularly for all children;

(3) to develop and strengthen national NCD strategies that link health goals not limited to but including sustainable education, labor, agriculture, finance, environment, and urban planning government policies, ensuring collaboration within multisectoral governance models;

(4) to ensure that financing for NCD prevention and care is maintained and equitable by adopting and strengthening fiscal and innovative financing mechanisms, such as health-impact bonds and revenue reinvestment from taxes on tobacco, alcohol and

sugar-sweetened beverages according to national contexts and capacities, to reduce health risks and to support prevention programs;

(5) to strengthen equity-based approach for gender-, and social-protection adopting evidence-inclusive national strategies for NCD prevention and control, aligned with universal health coverage goals, inclusive of all socio-economic backgrounds, to ensure that NCD services, therapeutic products, and health workforces are accessible and affordable for all, particularly for vulnerable and underserved populations;

(6) 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 and inform healthy behaviors to ensure equitable access to social services and health-care;

(7) to develop and improve surveillance and data collection disaggregated by age, sex, income, education, and other relevant social and environmental factors including through the voluntary use and provision of interoperable digital health information systems, and creating a WHO administered Strategic Advisory Group for NCD Prevention and Control in order to identify, monitor, and address inequities in NCD risk, prevention, treatment, and outcomes, and to use this evidence to guide integrated and acceptable cross-sectoral strategies that target the most affected populations and to collaborate on regional action plans addressing air pollution, climate change, urban and rural health;

(8) to integrate environmental determinants of health into global NCD strategies, particularly reducing air pollution, protecting biodiversity, and promoting renewable energy;

(9) to ensure international cooperation and technology transfer to strengthen national capabilities for NCD prevention, diagnosis, and management, including the development of local production, health literacy and research infrastructure, in order to reduce dependency on imports and ensure sustainable access to essential health technologies, particularly in low and middle-income countries;

(10) to strengthen partnership with pharmaceutical industries, regulatory agencies, and global partners to ensure that quality essential NCD medicines and technologies are available, accessible and affordable, particularly in low- and middle-income countries, including but not limited to: pooled procurement, tiered pricing, prevention of falsified substandard medical products, enforcement of quality standards, adoption of secure packaging and tracking systems, as well as enhancement of supply chain transparency;

(11) to encourage Member States and WHO regional offices to collaborate on building technological infrastructure globally, specifically for low and middle income countries, and to promote the secure use of digital health technologies, such as electronic health records, mobile health applications, and AI-assisted tools, strengthening integration, data quality, and equitable access to care;

(12) to recognize the close relationship between NCDs and mental health conditions, and to integrate mental health promotion, prevention, and treatment into NCD policies and services, in line with the WHO Comprehensive Mental Health Action Plan;

(13) To invest in medical and social support programs for individuals with mental and neurological health conditions, and to fund research into these conditions;

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 developing and strengthening cost-effective interventions to reduce NCD risk factors;

(2) to promote investment and international cooperation in research and development of affordable management for neglected and under-researched NCDs as an international priority for patient specific needs;

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

(4) to develop regional and global knowledge-sharing platforms, supported by WHO, to systematically collect, evaluate, and disseminate research and best practices on integrated service delivery models and digital innovations, ensuring accessibility to all Member States;

(5) to optimize initiatives that support responsible food practices among food and beverage industries by reducing harmful ingredients, regulating marketing of unhealthy food options to infants, children, and adolescents and ensuring transparent labeling on ingredients to enable informed consumers choices ; while advancing initiatives that support equitable access to healthy lifestyles including subsidies on healthy and nutritious food, safe walking and cycling paths and stronger prevention alliances that reach disadvantaged communities;

(6) to collaborate on regional action and emergency planning reducing pollution to strengthen regional cooperation on environmental health risks, including air pollution, heat exposure and urban and rural health challenges in order to integrate relevant environmental indicators into national NCD monitoring systems;

(7) to assist countries in developing sustainable and resilient financing models for NCD care for particularly low and middle income countries, and to support regional pooled procurement platforms, transparent pricing, and stock-monitoring systems for essential NCD medicines and diagnostics;

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

(9) To encourage, supervise, and assess private-sector partnerships that align business practices with public health goals by including workplace health and 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 support for multi sectoral policy collaboration, integrated person-centered 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 and dialogues that address commercial determinants of NCDs in collaboration with Member States and relevant stakeholders;

(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;

(6) to incorporate performance monitoring and evaluation mechanisms to ensure the effective implementation of the action plan.