

HelpAge statements at the Seventy-Seventh World Health Assembly

May 2024

Below are constituency statements that HelpAge has co-developed and that will be read during the Seventy-Seventh World Health Assembly (WHA77).

For the full WHA77 agenda and all related background documents, please see [WHA77 \(who.int\)](https://www.who.int/wha77)

Agenda item: 11.1 Universal health coverage

Relevant background documents for the agenda item: [Consolidated report by the Director-General \(who.int\)](https://www.who.int/publications/m/item/consolidated-report-by-the-director-general), [EB154/2024/REC/1](https://www.who.int/publications/m/item/eb154-2024-rec-1)

Statement led by Global Health Council

Statement signatories

Figo, Global Health Council, Global Self-Care Federation, Handicap International Federation (Humanity & Inclusion), HelpAge International, International Confederation of Midwives, International Federation Of Ageing, International Rescue Committee, IntraHealth, Medicines For Malaria Venture, MS International Federation, Save The Children, Sightsavers (The Royal Commonwealth Society for the Blind), Task Force For Global Health, The International Association For Suicide Prevention, UN Foundation, Wateraid, Women Deliver, World Organization of Family Doctors (WONCA), World Vision International, Worldwide Hospice Palliative Care Alliance, Medicine Patent Pool

Statement

To make health for all a reality, governments must take an equity and human rights-based approach to:

1. Prioritize primary health care and provide a comprehensive, inclusive, integrated health benefits package that addresses the continuum of prevention and care across the life course. This package should include early childhood development, comprehensive sexual and reproductive health services, life-course vaccination, mental health care, nutrition, infectious diseases, NCDs, rehabilitation, assistive technology, palliative care, and long-term care and support among others. These services must be offered to all people free of stigma and discrimination.
2. Strengthen the health and care workforce by increasing the number of health and care workers including those able to offer specialized care. Also, governments must ensure equitable gender representation in health systems leadership and decision-making at all levels, create safe, free-from-violence and dignified working conditions, close the

gender pay gap, and recognize and remunerate unpaid and underpaid caregivers and health and care workers, including community health workers and midwives.

3. Increase public health investments that prioritize primary health care and are equitably distributed to ensure health services reach marginalized communities. These investments should expand coverage and quality of healthcare and include investments in the health workforce. Taxing unhealthy products is one way to generate funds for health investments.
4. Strengthen health data by collecting disaggregated data that provides more information on populations most left behind. Governments should also strengthen data governance by developing and endorsing a global framework that articulates common regulatory standards, to inform national legislation and govern health data sharing.
5. Institutionalize and fund social participation mechanisms, especially for civil society, youth and affected communities, to design, implement and monitor health programs policies and/or reforms. This ensures health policies are inclusive, focus on the needs of vulnerable populations and result in equitable health policies and frameworks that are informed by the needs of populations.

These actions will build trust among communities, reduce poverty and promote equity, social cohesion and resilience, in line with the 2030 pledge to leave no one behind.

Statement led by NCD Alliance

Statement signatories

NCD Alliance, International Diabetes Federation (IDF), Sightsavers (The Royal Commonwealth Society for the Blind), World Cancer Research Fund International (WCRF), Union for International Cancer Control (UICC), HelpAge International, Multiple Sclerosis International Federation (MSIF), World Stroke Organization (WSO), The Fred Hollows Foundation, International Union for Health Promotion and Education (IUHPE), International Rescue Committee (IRC), International Association for Suicide Prevention (IASP), The International Society of Paediatric Oncology (SIOP), Global Alliance for Tobacco Control (GATC), International Society of Nephrology (ISN), International Union Against Tuberculosis and Lung Disease (The Union), International Pharmaceutical Federation (FIP), International AIDS Society (IAS), IntraHealth International, Handicap International – Humanity & Inclusion, World Heart Federation (WHF), Vital Strategies, International Federation of Gynecology and Obstetrics (FIGO), GNP+

Statement

We welcome the update but acknowledge the insufficient global progress towards achieving UHC by 2030.

As of 2023, only 290 million people have been added towards the 1 billion UHC target, leaving over half of the world without full essential health service coverage. This shortfall leads to millions falling into poverty due to out-of-pocket health expenditures.

The inclusion of UHC in 70% of national health policies is a positive step, and yet, countries have made almost no progress since 2000 in expanding and investing in UHC services for the prevention, screening, diagnosis, and

treatment of NCDs. Moreover, only a handful are on track to meet SDG target 3.4 to reduce premature mortality from NCDs by a third by 2030.

NCDs are responsible for 41 million deaths annually, accounting for 74% of all deaths worldwide. Of those deaths, 77% occur in low- and lower-middle-income countries. The burden of NCDs is expected to worsen, with 52 million lives lost annually by 2030. Most of these deaths can be prevented or delayed while optimizing quality of life.

If countries wish to deliver UHC, fully integrating the NCD prevention and care continuum into UHC is not merely an option—it's an absolute necessity. Governments must urgently address unfair barriers to NCD prevention and care, ensuring the full spectrum of health services and the continuum of care for people with disabilities, older persons, children and adolescents, women and girls, and other groups at risk of discrimination.

Furthermore, countries must align NCD services with other global health and development priorities. For example, people with HIV have an increased risk of major NCDs compared to those without HIV. By integrating services for HIV/AIDS and NCDs, countries can ensure comprehensive care, improve healthcare system efficiency, and advance UHC.

Finally, for a participatory approach to governance for UHC, people of all ages and genders living with health conditions, including NCDs, must be involved in developing national policies and monitoring their implementation.

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

Background document for the agenda item [Consolidated report by the Director-General \(who.int\)](#)

Statement led by NCD Alliance

Statement signatories

NCD Alliance, Figo, Global Health Council (GHC), Global Self-Care Federation, Handicap International Federation (Humanity & Inclusion), HelpAge International, International Association for Suicide Prevention, International Confederation of Midwives, International Federation Of Ageing, International Federation of Biomedical Laboratory Science (IFBLS), International Rescue Committee, International Society of Physical and Rehabilitation Medicine (ISPRM), IntraHealth, Medicines For Malaria Venture, Medicine Patent Pool, Save The Children, Sightsavers (The Royal Commonwealth Society for the Blind), Task Force For Global Health, UN Foundation, WaterAid, Women Deliver, Wonca, World Organization of Family Doctors (WONCA), World Vision International, Worldwide Hospice Palliative Care Alliance.

Statement

We welcome the update but acknowledge the world is off track to meet the targets for NCDs and mental health conditions, and many promises made at the last HLM in 2018 will go unfulfilled.

NCDs are responsible for 41 million deaths annually, accounting for 74% of all deaths worldwide. Of those, 84% occur in people aged 30 to 70 years in low- and lower-middle-income countries. Over a million children with NCDs

die each year. The burden of NCDs is expected to worsen, with 52 million lives lost annually by 2030.

Yet, the avoidable burden of morbidity, mortality, and disability due to NCDs remains one of the most underfunded health challenges of this century: only 5% of the WHO budget and less than 2% of development assistance for health are allocated to NCDs.

These figures underscores a fundamental mismatch between the needs and rights of people with NCDs and the resources provided. The impact is particularly amplified among vulnerable and under-represented populations, including children and adolescents, women and girls, older persons, people with disabilities, migrants and refugees, ethnic and racial minorities, people with HIV/AIDS, and LGBTQI+ individuals.

Since the last HLM, people with NCDs have faced disproportionate suffering and increased vulnerability due to the pandemic, conflicts, and the climate crisis.

The upcoming HLM in 2025 must deliver an honest review, make strong political commitments, and reset the NCD agenda to 2030 and beyond.

We call on Member States to:

- Establish deadlines for national cross-sectoral NCD plans with targets and indicators, in line with the NCD Global Monitoring Framework and including implementation of NCD best buys
- Commit to global NCD financing targets, increase domestic budgets, and strengthen preventive measures, social and financial protection
- Strengthen the healthcare workforce
- Strengthen national NCD surveillance and monitoring, ensuring data is disaggregated to inform equity-based decisions
- Align and integrate NCDs into global health and development agendas, including UHC, HIV, emergency, and climate responses.

Agenda item 13.4: Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response

Relevant background documents for the agenda item: [Proposal for the WHO Pandemic Agreement](#)

Statement led by NCD Alliance

Statement signatories

NCD Alliance, International Diabetes Federation (IDF), HelpAge International, Multiple Sclerosis International Federation (MSIF), World Dental Federation (FDI), Sightsavers, The International Society of Paediatric Oncology (SIOP), Vital Strategies, International Association for Suicide Prevention (IASP), International Society of Nephrology (ISN), Global Alliance for Tobacco Control (GATC), International Pharmaceutical Federation (FIP), World Heart Federation (WHF)

Statement

We welcome the report summarizing WHO's work to strengthen global governance of health emergency preparedness through the parallel processes

of the Working Group on Amendments to the International Health Regulations and the Intergovernmental Negotiating Body (INB).

We express disappointment that the INB was unable to fully conclude negotiations on a Pandemic Agreement prior to the 77th World Health Assembly but are encouraged by plans to continue negotiations through a series of Intergovernmental Working Groups.

The COVID-19 pandemic showed that the high frequency of NCDs, including life-threatening diseases such as cancer, markedly increases the vulnerability of populations.

People living with NCDs also face greater challenges in humanitarian settings where health systems and services may be seriously undermined, and the delivery of essential healthcare and supplies of medicines and products is often disrupted. This is particularly the case for more marginalized and vulnerable populations who experience multiple and intersecting health inequities, including children, youth, women and girls, persons with disabilities, and older people living with NCDs.

We urge Member States to recognize people living with NCDs as a vulnerable population across WHO's work in health emergencies, fully integrate essential NCD services into emergency responses, including for marginalized groups, and build resilient models of people-centred primary care that are affordable and accessible for all.

We recommend that continued negotiations on the WHO Pandemic Agreement:

- Retain the principle of equity as its key driver
- Recognize that persons with NCDs are among those likely to be most severely affected by pandemics
- Retain the commitment to developing, strengthening, and maintaining resilient health systems, with a view to achieving UHC and fostering service continuity during crises
- Recognize the critical importance of protecting, investing in, and retaining an adequate, skilled, and trained health and care workforce to ensure the continuation of essential health services, particularly for people living with NCDs, during pandemic preparedness, response, and recovery
- Demonstrate support for civil society's role in ensuring equitable pandemic preparedness, prevention, and response

Agenda item 15.4: Climate change, pollution and health

Relevant background documents for the agenda item: [Consolidated report by the Director-General \(who.int\)](#)

Statement led by Save the Children

Statement signatories

Save the Children, International Planned Parenthood Federation (IPPF), Sightsavers, HelpAge International, Humanity & Inclusion, NCD Alliance, Women Deliver, International Union for Health Promotion and Education, Sabin Vaccine Institute, International Rescue Committee (IRC), The International Society of Paediatric Oncology (SIOP)

Statement

The climate crisis has devastating impacts on the realization of human rights, including the right to health, food, water and sanitation and to a healthy environment. It presents an unprecedented challenge to the achievement of universal health coverage and deepens existing inequalities and vulnerabilities. It is therefore essential to work collectively to build health systems that are resilient and leave no one behind.

We welcome the resolution on climate change and health, in particular:

- The acknowledgement that climate change exacerbates inequalities and disproportionately impacts the most vulnerable. These include women, children, older people, those with existing health conditions, persons with disabilities, indigenous peoples and displaced people;
- The recognition of the urgency for the health sector to invest in mitigation and adaptation measures for health systems to become more sustainable and resilient to the adverse effects of climate change;
- The call for an integrated, holistic approach that recognizes the interlinkages between the environment, livelihoods, health, nutrition and sustainable development as essential for addressing the root causes of vulnerabilities and to building resilience;
- The commitment to enhance climate-health early warning systems, emergency preparedness and response, and improve data, including data disaggregated by sex, age, disability for evidence-based decision-making.

To effectively implement the resolution, we call on Member States to:

- Develop holistic, equitable, gender-responsive and age-sensitive national action plans that are informed by evidence and consistent with National Adaptation Plans;
- Partner with communities in the development of locally-led climate and health adaptation and mitigation measures, given their unique contextual knowledge and expertise, and role as first-responders during crises;
- Secure resources to transform health systems and enhance inclusivity, resilience, and sustainability and to build capacities of front-line communities;
- Establish robust coordination mechanisms across sectors, civil society, UN agencies to develop, implement and monitor policies and programmes on climate change and health.

We are committed to supporting this agenda in multilateral fora and through our programmatic work, and we look forward to working with the WHO Secretariat and Member States on the development of a Global Plan of Action on Climate Change and Health.

Agenda item 17: Draft fourteenth general programme of work, 2025–2028

Relevant background documents for the agenda item: [Draft fourteenth general programme of work, 2025–2028 \(who.int\)](#)

Statement led by Global Health Council

Statement signatories

Global Health Council (GHC), HelpAge International, International Agency for the Prevention of Blindness, International Federation of Ageing, International Federation of Biomedical Laboratory Science (IFBLS), . International Rescue Committee, IntraHealth, Pasteur Network, Save the Children, Sightsavers (The Royal Commonwealth Society for the Blind), Task Force for Global Health, UN Foundation, Women Deliver, World Council of Optometry

Statement

The Global Health Council and partners recognize WHO's historic commitment to consult with civil society and youth – outside of just NSAs in Official Relations with WHO – in drafting its general programmes of work – and particularly the GPW14. These consultations ensure that the GPW14 addresses the needs of all people including the most vulnerable and marginalized populations.

We ask that WHO and Member States continue to support and strengthen engagement with civil society, including young people, marginalized communities, and other key actors at the country, regional, and global levels through these types of consultations, as well as through the inaugural WHO Civil Society Commission.

We also fully support Slovenia and Thailand's Social Participation resolution, and ask that Member States create and financially support social participation platforms to reach each of the GPW14 strategic objectives. It is imperative that civil society feedback is given due weight and consideration, and that the feedback process remains transparent and accountable.

We welcome the development of the monitoring framework and emphasise the need to monitor not just service coverage and financial protection, but also the quality and access of people-centered health services. Effective indicators are vital for measuring equitable service delivery.

We emphasize the need to radically reorient health systems towards a people-centred primary health care approach so that all people have access to quality health services, including sexual and reproductive health across the life course.

Furthermore, achieving progress towards SDGs requires prioritizing the health and care workforce within health systems. Taking into account that women constitute 70% of health care professionals globally, integrating gender-responsive approaches into health workforce planning and management can help address gender disparities in health outcomes and advance progress towards achieving UHC.

Lastly, as we approach the WHO Investment Round, we ask that Member States provide WHO with adequate and flexible financing for the implementation of the GPW14. Without financial backing, the GPW14 will not be operational and the international community will continue to face significant delays in reaching its SDG 3.

Statement led by NCD Alliance

Statement signatories

NCD Alliance, HelpAge International, World Cancer Research Fund, Union International Cancer Control (UICC), International Society of Paediatric Oncology (SIOP), International Association for Suicide Prevention, MS International Federation, International Rescue Committee, ESMO, Vital Strategies

Statement:

We welcome the progress made in refining the draft GPW 14, particularly the inclusion of additional outcome indicators for strengthening health systems for UHC; tackling health determinants and risk factors for NCDs; promoting equitable access to quality NCD services; and improving health financing while reducing out-of-pocket payments.

However, we regret the missed opportunity to ensure comprehensive outcome indicators for NCDs. NCDs cause 41 million deaths annually, representing 74% of global mortality, and the absence of NCD indicators hinders prioritization for achieving agreed targets.

We fear that NCDs are not adequately represented among the 19 tracer indicators contained in the Access to Health Products Index, and therefore do not reflect the global disease burden.

While not explicitly mentioned in GPW 14, we wish to emphasize the importance of a robust framework of national NCD-specific indicators to help inform policies and investments, which will complement the GPW 14 results framework. These frameworks should include data on the burden of NCDs, service coverage (including access to essential medicines, technologies, and diagnostics across all level of the health system), catastrophic health spending, and overall investment in NCD services.

Furthermore, we call for the meaningful involvement of people living with NCDs, including mental health and neurological conditions, of all ages in implementing and evaluating the GPW 14. This will support WHO guidance to Member States on how to ensure that health policies and services are responsive to community needs and inclusive, with a particular focus on marginalized and vulnerable populations.

Finally, we urge Member States to pledge full, sustainable, and predictable financing for WHO's budget for 2025-28, with flexible funding to ensure sufficient resources for NCD programmes. Currently, only 5% of WHO's budget goes to prevention and control of NCDs. More flexible funding would enable WHO to adapt to emerging needs, implement innovative solutions, allocate resources efficiently, and support more comprehensive approaches to care that better address NCDs.

Statement led by the International Association for Hospice and Palliative Care (IAHPC)**Statement signatories**

IAHPC, Handicap International Federation (Humanity & Inclusion), HelpAge International, International Association for the Study of Pain, International Federation of Surgical Colleges, The International Society of Paediatric Oncology (SIOP), World Federation of Societies of Anaesthesiologists (WFSA), The Worldwide Hospice Palliative Care Alliance

Statement

Chair, thank you for the draft GPW and the robust inclusion of palliative care, rehabilitation, and assistive technology as essential components of PHC and UHC.

We note the lack of explicit reference to the availability of internationally controlled essential medicines needed for clinical use in palliative and non-

palliative management of acute pain, anaesthesia, sedation, surgery, trauma care, obstetrics, treatment of mental health and substance use disorder.

These medicines are unavailable in more than 85% of the world. Adequate stockpiles and an uninterrupted safe supply of these medicines is essential for routine clinical care of neonates, children, adults, older persons, persons with disabilities and NCDs, and those caught in humanitarian disasters and war.

Our global membership organizations and WHO palliative care collaborating centres can provide health worker training in the safe use of controlled medicines including oral and parenteral morphine formulations.

Appropriate training and safe supply chains discourage diversion and harmful non-medical use. People who cannot access these medicines live and die in severe preventable suffering.

The undersigned recommend convening health cluster consultations to operationalize the high-level joint statements from INCB, UNODC, and WHO on availability of controlled medicines in emergencies.

Cluster consultations can also operationalise the recent Commission on Narcotic Drugs resolution on essential analgesics, which focused on children. Essential palliative care medicines must be included in WHO emergency and NCD care kits.

We emphasize that non-palliative management of chronic pain requires a multimodal approach, predominantly without opioids, including spiritual care, physical therapy, rehabilitation, and traditional medicine.

Safe availability of controlled medicines guaranteed by resilient licit supply chains supports successful achievement of GPW14 outcomes/ targets to promote, provide and protect the health and well-being of all people, everywhere.