

HLPF Statement to WHO
WHO Civil Society Working Group on NCDs
12 July 2020

The 36 members of the WHO Civil Society Working Group on NCDs commend the World Health Organization and Dr Tedros for his leadership as the world grapples with the coronavirus (COVID-19) pandemic. An empowered, well-resourced WHO is essential to lead governments, other stakeholders, and people through these trying times.

The COVID-19 pandemic has exposed health system gaps and vulnerabilities across the world and has demonstrated more than ever the need for resilient health systems, especially ones that are equipped to respond to the growing burden of non-communicable diseases (NCDs) and mental disorders. As budgets are reallocated, and ministry of health staff are reassigned to respond to the crisis, attention to NCDs (including prevention, treatment, rehabilitation and palliative care) and other chronic conditions has largely fallen off the radar - in particular for hypertension and cardiovascular emergencies, cancer, diabetes, respiratory diseases, obesity, mental disorders and neurological health conditions including dementia. Due to the COVID-19 outbreak, people of all ages, who are living with NCDs, are more vulnerable to becoming severely ill and/or dying from COVID-19 or from a lack of health care service delivery to their untreated NCDs. It is therefore crucial that we “build back better” health systems and minimize the disruptions to lifesaving prevention, diagnosis and care for those living with NCDs.

We call on the WHO to:

- Address the historic underinvestment in NCDs and mental health, call for new international funding patterns, reset global initiatives, and build new partnerships for NCDs, all within the context of universal health coverage and sustainable development.
- Call on governments to implement the WHO Global Action Plan on NCDs and related Plans and Conventions, such as the WHO Framework Convention on Tobacco Control, the WHO Global Action Plan on Physical Activity, the WHO Global Strategy to Reduce the Harmful Use of Alcohol, The WHO Global Action Plan on the public health response to dementia, the WHO Mental Health Action Plan; as well as new provisions to address mental health treatment, care, and management and air pollution; with greater transparency and accountability, in order to achieve good health and well-being for all, while preventing and addressing conflicts of interest.
- Enhance governments’ accountability by supporting them to raise excise tax on harmful products such as tobacco, alcohol, sugar-sweetened beverages (SSB), and achieve public health goals by preventing and reducing consumptions of these products and the harm they cause and allocating a share of excise revenues to maintain robust health systems, universal health coverage and economic recovery.
- Provide context-specific support and training for policy makers to support the integration of NCDs prevention policies and care into national COVID-19 response plans while considering government’s economic status and their health support infrastructures.
- Continue to highlight the increased risk that people living with NCDs face as a result of the COVID-19 pandemic.

- Urge in the strongest terms, the inclusion of NCDs and mental health prevention, diagnosis, and treatment services within national COVID-19 response plans and use of international COVID-19 support funds to respond to the needs of people living with NCDs and mental health conditions.
- Continue to provide peer-reviewed advice on COVID-19 and collect and share data on morbidity and mortality of people living with NCDs, the disruption of essential NCD services and the likely 'secondary impacts' stemming from this.
- Engage with a broad range of civil society organisations at local, national, regional and global levels, including organizations focusing on health of children, adolescents, youth, seniors and other vulnerable citizens. This is essential to raise the voices of people living with NCDs within COVID-19 response plans.
- Work with all stakeholders and use WHO's convening power to improve the availability and affordability of quality essential products to the COVID-19 response, particularly in LMICs, including
 - PPE for healthcare workers
 - Essential medicines both for the immediate COVID-19 response and maintenance of essential NCD services including mental health and palliative care
- Develop and share best practices and guidelines on the management of COVID-19, including measures to protect those living with NCDs and preserve essential health services, and use of innovations like digital technologies, to minimise the additional wave of demand for NCD services on weakened health systems once countries emerge from COVID-19 response phase.
- Advocate for Member States to include the prevention, early diagnosis, screening and appropriate treatment of NCDs in essential Primary Health Care services and Universal Health Coverage benefit packages.
- Develop communication materials to support campaigns that educate the public about the harms of NCD risk factors, risk communication campaigns targeting people living with or affected by NCDs, and campaigns targeting healthcare workers on how to provide NCD care in emergencies.

The WHO Civil Society Working Group on NCDs and the NCD community remains committed to elevating the voices of civil society and people living with NCDs and supporting WHO and governments during this pandemic and in the post-pandemic recovery period.

Members of the WHO Civil Society Working Group on NCDs

1. **Dr Monika Arora**, Healthy India Alliance, India
2. **Ms Kwanele Asante**, Our Views, Our Voices global advisory committee, South Africa
3. **Prof Naby Baldé**, International Diabetes Federation, Guinea
4. **Mr Stephane Besançon**, Santé Diabète, France
5. **Mr Enzo Bondioni**, World Dental Federation, Switzerland
6. **Ms Chantelle Booyesen**, Youth Leaders for the Lancet Commission on Global Mental Health and Sustainable Development, South Africa
7. **Dr Beatriz Champagne**, Healthy Latin America Coalition, Argentina
8. **Dr Stephen Connor**, World Palliative Care Alliance, USA
9. **Ms Katie Dain**, CEO, NCD Alliance (Co-Chair)
10. **Dr Mitra Rouhi Dehkordi**, The Association for International Sports for All, Iran
11. **Dr Ulysses Dorotheo**, South East Asia Tobacco Control Alliance, Philippines
12. **Dr Ibtihal Fadhil**, EMRO NCD Alliance, Iraq
13. **Dr Mychelle Farmer**, NCD Child, USA
14. **Mr Juan Núñez Guadarrama**, Salud Justa, Mexico
15. **Sir Trevor Hassell**, Healthy Caribbean Coalition, Barbados
16. **Mr David Kalema**, Hope and Beyond, Uganda
17. **Mr Chris Lynch**, Alzheimer's Disease International, United Kingdom
18. **Princess Dina Mired**, Union for International Cancer Control, Jordan
19. **Dr Mwai Makoka**, World Council of Churches, Malawi
20. **Ms Narcisa Mashienta**, Ikiama Nukuri, Ecuador
21. **Dr George Msengi**, NCD Child, Tanzania
22. **Mr Christophe Ngendahayo**, International Federation of Medical Students Associations, Rwanda
23. **Ms Leslie Rae**, Framework Convention Alliance, Canada
24. **Ms Johanna Ralston**, World Obesity Federation, USA
25. **Ms Belen Ríos**, O'Neill Institute for National and Global Health Law, Georgetown University, USA
26. **Prof Trevor Shilton**, International Union for Health Promotion and Education, and International Society for Physical Activity and Health, Australia
27. **Dr Sudhvir Singh**, EAT Foundation, Norway
28. **Dr Tara Singh Bam**, International Union Against Tuberculosis and Lung Disease, Nepal
29. **Ms Anjali Singla**, Movement for Global Mental Health, India
30. **Ms Kristina Sperkova**, Movendi International, Slovakia
31. **Ms Charlene Sunkel**, Global Mental Health Peer Network, South Africa
32. **Ms Kate Swaffer**, Dementia Alliance International, Australia
33. **Ms Phaeba Thomas**, HealthBridge South Asia, India
34. **Dr Nick Watts**, Lancet Countdown on Health and Climate Change, United Kingdom
35. **Prof Gerald Yonga**, East Africa NCD Alliance, Kenya
36. **Dr Yoshitake Yokokura**, World Medical Association, Japan