

HLPF Statement to Member States
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 and other chronic conditions (including prevention, treatment, rehabilitation and palliative care) 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 for their untreated NCDs. It is therefore crucial that we “build back better” health systems and minimize disruptions to lifesaving prevention, diagnosis and care for those living with NCDs.

We call on Member States to:

- Ensure NCDs prevention, diagnosis, treatment and palliative care are included in national emergency response and preparedness plans, beginning with inclusion of NCDs in national COVID-19 response plans in the context of universal health coverage and sustainable development.
- Acknowledge the interconnections between global health security, COVID-19 complications and chronic conditions like NCDs and address these by developing, and scaling-up the implementation of robust national NCD action plans to protect and strengthen population health. These should prioritize the WHO ‘Best Buys and other recommended interventions’ and other relevant conventions and plans such as the Framework Convention on Tobacco Control, 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 and forthcoming recommendations to address mental health conditions and air pollution.
- Strengthen national resilience to build back better by ensuring support for dedicated health promotion and prevention institutions, ensuring that COVID-19 policy responses do not inadvertently increase exposure to key NCD risk factors and the burden of NCDs in the long-term, and strengthening workforce competency in health promotion and NCD prevention and control.
- Allocate sufficient and sustainable financing to enable health promotion and NCD prevention and control programmes and policies to be fully implemented to scale.
- Raise tobacco taxes and implement taxes on other unhealthy commodities like alcohol and ultra-processed foods and sugar-sweetened beverages to simultaneously improve the health of the

populace, reduce health inequities, and lessen the burden on health systems. These taxes can also raise much-needed revenue to help finance health, socio-economic, development and/or pandemic response efforts.

- Continue and sustain the delivery of routine chronic care, supplies of essential medicines, vaccines and technologies, screening and diagnosis, access to resources, and supportive and palliative services for ongoing management of NCDs, mental health, and other chronic conditions.
- Develop guidelines at national and global levels specifically for People Living with NCDs to successfully manage their conditions during the COVID-19 pandemic. Adopt innovative approaches, including digital health solutions, to enhance efficiency within health systems.
- Ensure healthcare workers are recruited, trained, protected, and well-resourced to meet the current and future demand for chronic care and the COVID-19 pandemic and that healthcare research is properly funded, to support the development of innovative, evidence-based approaches to NCDs prevention and treatment in the setting of COVID-19 pandemic. Special attention is also needed to ensure the mental health and well-being of healthcare workers is supported and action is taken to prevent and control violence against health workers.
- Systematically and meaningfully engage civil society groups and vulnerable groups (including people living with NCDs and other comorbidities, older people, and young people) in the development, implementation, monitoring and evaluation of international, national, and local COVID-19 responses.
- Adopt a whole-of-government approach to COVID-19 to ensure the adoption of robust, evidence-based policies and plans, which do not expose governments to real or perceived conflicts of interest (such as through corporate social responsibility activities by unhealthy commodity industries) and which ensure access to safe, affordable and equitable access to essential health products (such as PPE, essential medicines including controlled medicines for palliative care) as part of a global response.

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
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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
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15. **Sir Trevor Hassell**, Healthy Caribbean Coalition, Barbados
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17. **Mr Chris Lynch**, Alzheimer's Disease International, United Kingdom
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