

# Noncommunicable Disease at WHO: a Chronology

David G Legge

First published, 20 Jan 2022

Revised 28 April 2025

The purpose of this note is to trace the development of WHO's work on NCDs focusing on the reports to and decisions from the EB and WHA. The preparation of this review is largely based on the search function of PHM's [WHO Tracker](#), filtering the search function to retrieve agenda items tagged as NCDs, GCM, and IATF.

See also WHO's [topics page on NCDs](#) and the index page for the [Global Noncommunicable Diseases Platform](#). See also the homepages for the [Global Coordinating Mechanism \(GCM\)](#) and the [InterAgency Taskforce \(IATF\)](#).

...

WHO's project on NCDs appears to have started at the Executive Board (EB101) in January 1998 with [EB101.R9](#) which was adopted as amended at WHA51 (May 1998) as [WHA51.18](#).

WHO's Global Strategy for the Prevention and Control of NCDs (in [A53/14](#)) was considered at WHA53 in May 2000 and was endorsed in resolution [A53.17](#).

In May 2008 the Assembly (in [A61.14](#)) endorsed the [Global Action Plan](#) for the Global Strategy (for 2008 - 2013). Progress in implementation was reported to WHA63 in 2010 in [A63/12](#).

The first UN HLM on NCDs was held in September 2011 and adopted the [Political Declaration on NCDs](#). This declaration called upon WHO to develop a comprehensive global monitoring framework and a set of voluntary global targets.

In [A66.10](#) (May 2013) the Assembly endorsed the [global action plan](#) on NCDs (for 2013 - 2020) and adopted the global monitoring framework and the nine voluntary global targets. A66.10 also requested the Secretariat to develop terms of reference for a global coordinating mechanism and to propose an update of [Appendix 3](#) of the global action plan. See [PHM-MMI intervention](#) in the discussion of this item.

The Global Action Plan 2013-2020[extended to 2030] comprises a vision and a goal, a set of principles and six objectives and a set of voluntary global targets. The Global Action Plan discusses each of the six objectives with policy options for member states, proposed actions for the Secretariat and proposed actions for international partners. The Plan also includes four appendices: Appendix 1 on Synergies, Appendix 2 setting out the monitoring framework, and Appendix 3, a menu of policy options and cost-effective interventions ('best buys'), and Appendix 4 on the possible allocation of tasks across the UN system, and Appendix 5 presenting examples of cross sectoral engagement and implications at the national level.

In May 2014 the Assembly considered Secretariat reports (in [A67/14](#)) on:

- the action plan for the global strategy for the prevention and control of noncommunicable diseases 2008–2013; and
- WHO's role in the preparation, implementation and follow-up to the United Nations General Assembly comprehensive review and assessment in 2014 of the progress achieved in the prevention and control of noncommunicable diseases (also [A67/14 Add.2](#));

and approved:

- the terms of reference for the global coordination mechanism on the prevention and control of noncommunicable diseases (see para 8 of the Annex to [A67/14 Add.1](#)) and the proposed work plan for the Global coordination mechanism (at para 5 of [A67/14 Add.3 Rev.1](#));
- the proposed terms of reference for the United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases (para 17 of [A67/14](#)); and the
- limited set of action plan indicators for the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020 (Annex 4 to [A67/14](#)).

See [PHM's comment](#) on this item at WHA67.

A second HLM of the UN General Assembly was held in July 2014 to review progress on the [2011 Political Declaration](#) (see 2014 [outcome document](#)).

The DG reported to WHA68 in May 2015 ([A68/11](#)) on the discussion at the HLM and the follow up tasks to be carried by WHO. See record of discussion in Ctee B ([7th](#) and [8th](#) meetings). The committee noted the report.

[PHM's comment](#) on this item at WHA68 focused on:

- the underfunding of WHO's work on NCDs;
- the absence of any reference to trade in the proposed workplan for the Global Coordination Mechanism;
- the failure to address conflict of interest around NCD policy making in WHO and at the UN;
- the need for a legally binding instrument to regulate TNCs as part of any strategy to address NCDs;
- the need for tax reform and to protect L&MICs from corporate extortion (promises and threats around foreign investment) as conditions for sufficient public revenue for health system strengthening;
- the need to address the drivers of increasing drug prices in relation to NCDs, such as diabetes and cancer.

The focus of discussion at WHA69 (2016) was on the preparation for the third HLM of the UNGA on NCDs in 2018. The Assembly considered [A69/10](#) and adopted [WHA69.6](#). See discussion in Committee A, [11th meeting](#).

[PHM's comment](#) on this agenda item at WHA69 highlighted:

- the continued underfunding of WHO's work on NCDs under the 'financing dialogue';
- the need to include tools such as health impact assessment regarding proposed trade agreements in view of the importance of trade relations in shaping the NCD environment;
- the proposal to register and publicise the 'contributions' of private sector entities, philanthropies and civil society organisations to the achievement of the nine global targets; the need to include provision for independent nomination of entities to be registered and for negative contributions to be publicised;
- some of the issues being considered by working groups established under the GCM;
- the need for the Inter-Agency Taskforce to progress the proposal for a binding agreement on TNCs.

In [EB144\(1\)](#) (Jan 2019) the Board agreed to extend the term of the Global Action Plan to 2030 and asked the DG to propose necessary modifications to the Annexes of the GAP appropriate to this extended term. The jobs for the Secretariat arising from EB144(1) are extensive:

- updates to the appendices of the GAP,

- a menu of policy options and cost-effective interventions to promote mental health and well-being,
- a menu of policy options and cost-effective interventions to reduce the number of premature deaths from noncommunicable diseases attributed to air pollution,
- to report on the implementation of WHO's global strategy to reduce the harmful use of alcohol,
- to consolidate reporting on the progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health,
- to provide concrete guidance to strengthen health literacy through education programmes and population-wide targeted and mass- and social-media campaigns to reduce the impact of risk factors and the determinants of NCDs,
- to review of international experience of successful approaches to multisectoral action for the prevention and control of noncommunicable diseases, including those that address the social, economic and environmental determinants of such diseases,
- to collect and share best practices for the prevention of overweight and obesity,
- to support the integration of the prevention and control of noncommunicable diseases and the promotion of mental health into primary health-care services, and in improving noncommunicable disease surveillance.

These were progressed at EB148 (Jan 2021), WHA74 (May 2021), EB150 (Jan 2022), and WHA75 (May 2022).

In [WHA74\(10\)](#) the Assembly asked the DG to prepare an implementation roadmap 2023-2030 for the Global Action Plan.

At EB150 in Jan 2022 the Executive Board considered the reports of the Director-General on the political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases ([EB150/7](#) and [EB150/7 Add.1](#)) and in [EB150\(4\)](#) decided to recommend that the Seventy-fifth World Health Assembly note the report and its annexes, and that it adopt:

- the **implementation road map** 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030 ([EB150/7 Annex 1](#)); revised and reviewed at WHA75 (May 2022) as [A75/10 Add.8](#) (still as Annex 1) and adopted in [WHA75\(11\)](#);
- the recommendations to strengthen and monitor **diabetes** responses within national noncommunicable disease programmes, including potential targets ([EB150/7 Annex 2](#)); adopted in [WHA75\(11\)](#);
- the global strategy on **oral health** ([EB150/7 Annex 3](#)); revised and reviewed at WHA75 (May 2022) as [A75/10 Add.1](#) (still as Annex 3) and adopted in [WHA75\(11\)](#);
- the recommendations on how to strengthen the design and implementation of policies, including those for resilient health systems and health services and infrastructure, to treat people living with noncommunicable diseases and to prevent and control their risk factors in **humanitarian emergencies** ([EB150/7 Annex 4](#)); revised and reviewed at WHA75 as [A75/10 Add.2](#) (still as Annex 4) and adopted in [WHA75\(11\)](#);
- the intersectoral global action plan on **epilepsy and other neurological disorders** 2022–2031 ([EB150/7 Annex 7](#)); revised and reviewed at WHA75 as [A75/10 Add.4](#) (still Annex 7) and adopted in [WHA75\(11\)](#);
- the action plan (2022–2030) to effectively implement the global strategy to reduce the **harmful use of alcohol** as a public health priority ([EB150/7 Annex 8](#) and [EB150/7 Add.1](#)); reviewed at WHA75 and adopted in [WHA75\(11\)](#);
- the recommendations for the prevention and management of **obesity** over the life course, including considering the potential development of targets in this regard ([EB150/7 Annex 9](#));

reviewed at WHA75 and adopted in [WHA75\(11\)](#); also noted in WHA75(11) is new Annex 12 in [A75/10 Add.6](#) (accelerating the implementation of Annex 9);

- the **workplan for the global coordination mechanism** on the prevention and control of noncommunicable diseases 2022–2025 (EB150/7 [Annex 10](#)); adopted in [WHA75\(11\)](#).

EB150/7 [Annex 5](#) on **cervical cancer** was revised and reviewed at WHA75 (as [A75/10 Add.3](#)) and noted in [WHA75\(11\)](#).

EB150/7 [Annex 6](#) on **mental health** does not seem to have been noted or adopted at EB150 and does not seem to have been noted or adopted at WHA75.

[A75/10 Add.5: Annex 11](#) (preparation for 4<sup>th</sup> HLM on NCDs in 2025) appears first at WHA75 and is noted in WHA75(11).

See PHM Comment on this item at [EB150](#) and at [WHA75](#) for extended commentary on each of the above annexes.

## More about the global coordination mechanism for NCDs (GCM/NCDs)

The GCM was announced 2013 in the Global Action Plan 2013-2020 in the Annex to [A66/9](#). The main aim of the GCM will be (from [para 14 of the Annex](#)):

“... to engage with Member States, United Nations funds, programmes and agencies, international partners including academia and relevant nongovernmental organizations and selected private sector entities that are committed to implementing the action plan, while safeguarding WHO from any real, perceived or potential conflicts of interest; the engagement with non-State actors will follow the relevant rules currently being negotiated as part of WHO reform.”

The Assembly adopted WHA66.10 (2013) which in [op para 3](#) asked the DG to develop terms of reference for the GCM.

In May 2014 WHA67 considered the proposed terms of reference for the GCM (annex to [A67/14 Add.1](#)) and the proposed workplan for 2014-15 ([A67/14 Add.3](#)) and the [7th meeting of Committee A](#) endorsed both. In May 2016 the Assembly received a report on the 2014-15 workplan of the GCM in Annex 5 of [A69/10](#).

The workplan for 2016-17 was presented to WHA68 in May 2015 in [Annex 3 to A68/11](#). The proposed work plan for 2018-19 was presented in [Annex 3 of A70/27](#). See also the [draft Theory of Change](#) (undated) proposed for the GCM

The GCM is coordinated from within the NCDs unit in the Secretariat and reports to the DG. A range of tools, activities, working groups etc were linked from the [GCM home page](#).

The terms of reference for the GCM (annex to [A67/14 Add.1](#)) provided for a preliminary evaluation which took place in 2017 (see para 21 in [A70/27](#)) and was reported to the Assembly in [A71/14 Add.1](#). The terms of reference also provided for a final evaluation which was reported to WHA74 via EB148 (Jan 2021) in [EB148/7 Add.2](#).

In Decision [WHA74\(11\)](#), having considered the mid-point evaluation of the WHO global action plan for the prevention and control of NCDs 2013–2030 ([A74/10 Add.1](#)), and the final evaluation of the WHO global coordination mechanism ([EB148/7 Add.2](#)), and the options paper on the WHO global coordination mechanism ([A74/10 Add.3](#)), the Assembly decided to extend the current terms of reference of the WHO global coordination mechanism until 2030 with a mid-term evaluation in 2025 and asked the DG to develop a workplan and provided new guidelines for the work of the mechanism (submitted to EB150 in [EB150/7 Annex 10](#)).

The GCM is supported through the [WHO Global Noncommunicable Diseases \(NCD\) Platform \(GNP\)](#), a department under the guidance of the WHO Deputy Director-General. The overall purpose of GNP is to coordinate the United Nations system and mobilize non-State actors to complement and enhance WHO's work in supporting governments. ... This work is accomplished through leveraging the mandates of the Global Coordination Mechanism on NCDs (GCM) and the UN Interagency Task Force on the Prevention and Control of NCDs (UNIATF) given them by the World Health Assembly and the UN Economic and Social Council (ECOSOC) respectively.

The report of the mid-term evaluation was published in January 2025 and the executive summary considered by WHA78 in [A78/INF./2](#). The mid-term evaluation was reviewed at the Second General Meeting of the GCM held virtually and by invitation from 23-25 April 2025. Download key documents and meeting presentations [here](#).