
Consolidated report by the Director-General¹

PILLAR 1: ONE BILLION MORE PEOPLE BENEFITTING FROM UNIVERSAL HEALTH COVERAGE

11. Review of and update on matters considered by the Executive Board

11.2 Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues²

- **Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases**

1. At its 146th session, the Executive Board noted the reports in [documents EB146/7](#) and [EB146/7 Add.1](#). In its [decision EB146\(14\)](#) on accelerating action to reduce the harmful use of alcohol, it requested the Director-General (1) to develop an action plan (2022–2030) to effectively implement the global strategy, in consultation with Member States and relevant stakeholders, for consideration by the Seventy-fifth World Health Assembly, through the Board at its 150th session, in 2022; (2) to develop a technical report on the harmful use of alcohol related to cross-border marketing, advertising and promotional activities before the 150th session of the Board; (3) to adequately resource the work on the harmful use of alcohol; and (4) to review the global strategy to reduce the harmful use of alcohol and report to the Board at its 166th session, in 2030, for further action.

2. To demonstrate how WHO's engagement with private sector entities for the prevention and control of noncommunicable diseases provides a clear benefit to public health, the Secretariat indicated that it would respond when transmitting the reports in documents EB146/7 and EB146/7 Add.1 to the Seventy-third World Health Assembly. That response is contained in a new annex, Annex 5, which is appended below and is intended to complement the information provided in document EB146/7.

ANNEX 5

WHO'S ENGAGEMENT WITH PRIVATE SECTOR ENTITIES FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

¹ In the present document the texts under each agenda item should be read in conjunction with the corresponding reports considered by the Executive Board at its 146th session. The summary records are available at the following link: <http://apps.who.int/gb/or/>.

² For information about Universal health coverage: moving together to build a healthier world under this provisional agenda item, see document A73/4.

1. This Annex outlines the Secretariat's efforts between May 2019 and February 2020 to exercise WHO's leadership and coordination role in promoting and monitoring the global commitments and contributions of private sector entities to the implementation of national responses to noncommunicable diseases in order to reach target 3.4 of the Sustainable Development Goals, while giving due regard to managing conflicts of interest.

2. The text is organized around the three strategic shifts of the Thirteenth General Programme of Work, 2019–2023: stepping up leadership, driving public health impact in every country and focusing global public health goods on impact.

STEPPING UP LEADERSHIP

Applying the Framework of Engagement with Non-State Actors, as appropriate, with regard to the assignments given to the Secretariat

3. The assignments given by the United Nations General Assembly and the World Health Assembly to the WHO Secretariat (see paragraphs 5–18 below) relate to both (1) stepping up private sector entities for the prevention and control of noncommunicable diseases (the Framework of Engagement with Non-State Actors *does not apply* to the Secretariat's guidance to Member States) and (2) the engagement of the Secretariat with private sector entities on the prevention and control of noncommunicable diseases (the Framework of Engagement with Non-State Actors *does apply* to WHO's engagement with private sector entities).

4. The engagement of the Secretariat with private sector entities for the prevention and control of noncommunicable diseases will be fully coordinated with all other private sector engagement, through mechanisms defined in WHO's strategy to engage with the private sector (which is being developed) and in line with the provisions of the Framework of Engagement with Non-State Actors.

Assignments given by the United Nations General Assembly to the WHO Secretariat

5. In paragraph 37 of its resolution 68/300 (2014), the United Nations General Assembly called upon WHO to develop an approach that can be used to register and publish contributions of the private sector to the achievement of global targets for noncommunicable diseases.

6. The Secretariat briefed the Health Assembly in 2016,¹ 2017,² 2018³ and 2019⁴ and the United Nations General Assembly in 2017⁵ on the status of development of the approach. The Secretariat has been requested to submit to the United Nations General Assembly, by the end of 2024, through the Secretary-General, a report on the progress achieved.⁶

¹ Document A69/10, paragraph 10 and Annex 4.

² Document A70/27, paragraph 17 and Annex 2.

³ Document A71/14, Table 7, fourth row.

⁴ Document A72/19, Annex 3.

⁵ United Nations document A/72/662, paragraph 43.

⁶ United Nations General Assembly resolution 73/2, paragraph 50.

7. The approach remains under development and comprises the following two elements:
- Convening global dialogues with representatives of international business associations and other relevant private sector entities, representing the food and non-alcoholic beverage industries, pharmaceutical industries, sports-related industries¹ and economic operators in the area of alcohol production and trade. The dialogues will focus on mobilizing commitments and contributions to the achievement of Sustainable Development Goal target 3.4 in terms of specific “asks” by the Secretariat to relevant private sector entities, taking into account paragraph 44 of the political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases.
 - Establishing global registers to track and publish commitments and contributions by private sector entities in terms of the specific “asks”.
8. The two elements of the approach are being implemented as set out in Table 1.

Table 1. Status of implementation of the approach under development

Industry sector	Global dialogues on Sustainable Development Goal target 3.4 in 2019 ²	Global dialogues on Sustainable Development Goal target 3.4 in 2020 ^{2,a}	Specific WHO “asks” for Sustainable Development Goal target 3.4 developed	Register established for Sustainable Development Goal target 3.4
Food and non-alcoholic beverage industries	9 and 10 October 2019	October 2020	Yes	Yes
Pharmaceutical industries	No	23–24 March 2020 (postponed)	No	No
Sports-related industries	25 and 26 February 2019, 18 and 19 December 2019	27–29 April 2020 (postponed) and November 2020	Yes	Phase 1 (2020–2022) commences in first semester of 2020
Economic operators in the area of alcohol production and trade	9 and 10 October 2019	Before end–2020	Being finalized	No

^a References to meetings or consultations and the like scheduled to take place from March 2020 onwards should be reviewed in the context of COVID-19 and measures taken to contain it.

¹ Including all those concerned with physical activity, such as walking and cycling.

² For reports, see WHO, Engagement with the private sector for SDG target 3.4 on NCDs and mental health (<https://www.who.int/ncds/governance/private-sector/en/>, accessed 8 April 2020).

9. Preliminary results include an agreement that the Secretariat reached with an international business association, which has made a commitment to the elimination of industrially-produced trans-fat from the global food supply by 2023.¹

10. The Secretariat will complete the development of the approach in 2020 and 2021 and will report progress to the General Assembly in 2024. The implementation of the Global Action Plan for Healthy Lives and Well-being for All and the development of a WHO strategy to engage with the private sector to support the implementation of the health-related Sustainable Development Goals will provide opportunities for synergy.

Assignments given by the World Health Assembly to the Secretariat

To reduce the harmful use of alcohol

11. Pursuant to paragraph 48(i) of the global strategy to reduce the harmful use of alcohol,² the Secretariat convenes dialogues with representatives of economic operators in the area of alcoholic beverage production and trade on how they best can contribute to the reduction of alcohol-related harm (see Table 1).

To promote healthy diets

12. Pursuant to action 1 of WHO's comprehensive implementation plan on maternal, infant and young child nutrition (2014), the Secretariat convenes dialogues with global business associations representing the food and non-alcoholic beverage industries to discuss how private sector entities may contribute to a better food supply and therefore, inter alia, to the achievement of Sustainable Development Goal target 3.4 (see Table 1).

To reduce physical inactivity

13. In line with WHO's global action plan on physical activity 2018–2030, the Secretariat has engaged with sports-related industries to support initiatives that promote physical activity. Accordingly, the Secretariat convenes dialogues with representatives of sports-related industries, has developed a set of “asks” (areas of contributions to reduce physical inactivity) for private sector entities, and will begin implementation of the first phase of a register covering the period 2020–2022 during the first semester of 2020 (see Table 1).

14. During this first phase, the Secretariat will invite proposals for contributions to the register using a selective approach. Private sector entities and other non-State actors will be invited to submit proposals on how they can contribute to four priority areas identified by WHO to increase physical activity levels. The invitation to submit proposals will not be public but channelled through business associations and other relevant entities with whom WHO has been engaging, for example through its dialogue with representatives of the sports industry in December 2018. A committee of external experts will review the

¹ See document EB146/2, paragraph 8.

² WHO, Global strategy to reduce the harmful use of alcohol, 2010; see also resolution WHA63.13 (2010) (https://apps.who.int/iris/handle/10665/3087?search-result=true&query=WHA63.13+Global+strategy+to+reduce+the+harmful+use+of+alcohol&scope=&rpp=10&sort_by=score&order=desc, accessed 23 March 2020).

submitted proposals and the Secretariat will publish the accepted proposals for the register. This review committee will also evaluate the contributions.

15. The first phase provides an opportunity for internal evaluation by the Secretariat of the proposal process and will allow for any necessary adjustments to the procedure.

16. The food and non-alcoholic beverage industries, economic operators in the area of alcoholic beverage production and trade, and the tobacco industry are excluded from making contributions to the physical activity register.

To increase access to affordable medicines and technologies for noncommunicable diseases

17. Pursuant to paragraph 49 of the global action plan for the prevention and control of noncommunicable diseases 2013–2020, the Secretariat planned to convene a workshop with private sector entities and other stakeholders on increasing access to insulin and related delivery and monitoring medical devices (Geneva, 23 and 24 March 2020). The workshop was postponed until further notice owing to the COVID-19 pandemic.

18. The Global Coordination Mechanism on the Prevention and Control of NCDs (GCM/NCD) was established in 2014 in order, inter alia, to facilitate and enhance multistakeholder engagement that contributes to the implementation of the global action plan. Participants in GCM/NCD include international business associations.¹ Workplans for 2014–2020 were submitted to the Health Assembly on, inter alia, the activities of GCM/NCD in which private sector entities can engage. GCM/NCD has established a working group on how to realize governments' commitments to engage with the private sector for the prevention and control of noncommunicable diseases.² The planned lifespan of GCM/NCD is 2014–2020. A final evaluation will be submitted to the Health Assembly in 2021 for Member States to assess the effectiveness of the coordination mechanism, its added value and its continued relevance, including its possible extension.

Assignments given by the Economic and Social Council to the WHO-led United Nations Inter-Agency Task Force

19. In paragraph 8 of its resolution 2018/13, the United Nations Economic and Social Council calls upon the WHO-led United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases and its members, inter alia, to develop partnerships with governments and relevant private sector entities to support the work of the Task Force within its terms of reference. In paragraph 10 of the same resolution, the Council calls upon the Task Force and its members to provide technical and policy advice to governments, inter alia to enhance action with the private sector, with a view to strengthening their contribution to the implementation of national responses to noncommunicable diseases.

¹ See WHO GCM/NCD Participant List.

² For further information see WHO GCM/NCD Working Group on how to realize governments' commitments to engage with the private sector for the prevention and control of NCDs (Working Group 3.1).

20. Accordingly, the Secretariat of the Task Force convened two informal discussions:
- one on how to promote the establishment of innovative, meaningful and effective multistakeholder partnerships and platforms led by national governments that contribute to the achievement of Sustainable Development Goal target 3.4 (New York, 4 and 5 March 2019), with the participation of relevant private sector entities;
 - and the other on scaling up access to diagnostic tools, treatment and care for noncommunicable diseases (Geneva, 17 and 18 February 2020), with the participation of relevant international business associations representing the pharmaceutical industry.

21. In paragraph 10 of its resolution 2017/8, the Economic and Social Council encourages members of the Task Force, as appropriate and in line with their respective mandates, to develop and implement their own policies on preventing tobacco industry interference, bearing in mind the model policy for agencies of the United Nations system on preventing tobacco industry interference,¹ in order to ensure a consistent and effective separation between the activities of the United Nations system and those of the tobacco industry.

Recommendations of the WHO Independent High-level Commission on Noncommunicable Diseases to the Director-General

22. In its final report of 6 February 2020,² the WHO Independent High-level Commission on Noncommunicable Diseases provided advice to the Director-General on how to increase WHO's capacity to secure more meaningful and effective contributions by the private sector to the achievement of Sustainable Development Goal target 3.4. In particular, the Commission advises the Director-General:

- “to encourage Heads of State and Government to fulfil their commitment to provide strategic leadership for NCD responses by promoting policy coherence and coordination for the development of whole-of-government, health-in-all-policies approaches and for the engagement of stakeholders in whole-of-society action in line with national NCD and SDG action plans and targets, including through the establishment of national multisectoral and multistakeholder mechanisms”, including by devising “clear rules and rigorous approaches for the engagement with the private sector, preventing, identifying and managing real or potential conflict of interest and ensuring that such engagements tie back to specific objectives in the national NCD response” and “elaborating, updating, and contextualizing tools and guidance that address capacity gaps towards engaging with the private sector”;
- “to increase WHO's engagement with the private sector to promote its effective and meaningful contribution to global NCDs targets and goals and to provide

¹ WHO, Model policy for agencies of the United Nations system on preventing tobacco industry interference (<https://www.who.int/ncds/un-task-force/events/model-policy-agencies-united-nations1.pdf>, accessed 8 April 2020).

² WHO Independent High-level Commission on Noncommunicable Diseases (<https://www.who.int/ncds/governance/high-level-commission/en/>, accessed 23 March 2020).

technical support to Member States to increase the capacity needed for such engagements to national NCD responses”, including through “the establishment of a platform, as an integral part of WHO, with the aim of securing more meaningful and effective contributions from the private sector in accordance with paragraph 44 of the [political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases]”;

- “to advocate for the establishment of a multi-donor trust fund for NCDs and mental health conditions based on public health needs”, which should “respond to country demand for international assistance to increase the available fiscal space, engage the private sector at national and international levels, mobilize multilateral funding, reinforce policy coherence and build technical capacity for a multisectoral response to NCDs and mental health conditions within the context of broader sustainable development efforts”.

23. The Secretariat is currently appraising the advice provided by the Commission.

DRIVING PUBLIC HEALTH IMPACT IN EVERY COUNTRY

24. The Thirteenth General Programme of Work, 2019–2023 provides that WHO will engage with private sector entities, as appropriate, in reducing the noncommunicable disease burden.¹ The Programme budget 2020–2021 sets out how the Secretariat will support countries in their efforts to build and strengthen whole-of-society responses for the achievement of Sustainable Development Goal target 3.4, which includes governments engaging with private sector entities.

25. To fulfil their commitment made in paragraph 44 of the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, 50 Member States have requested the Secretariat to strengthen their capacity to engage with private sector entities, taking into account national health priorities and objectives, in order to secure meaningful and effective contributions by private sector entities to the implementation of national responses to noncommunicable diseases, while giving due regard to managing conflicts of interest.

FOCUSING GLOBAL PUBLIC HEALTH GOODS ON IMPACT

26. Pursuant to resolution WHA65.6 (2012), in which the Health Assembly endorsed the comprehensive implementation plan on maternal, infant and young child nutrition, and decision WHA67(9) (2014) on maternal, infant and young child nutrition, the Secretariat developed an approach to the prevention and management of conflicts of interest in policy development and the implementation of nutrition programmes at country level.

27. During 2020–2021, the Secretariat will publish the following tools to support Member States in their engagement with the private sector entities on the prevention and control of noncommunicable diseases:

¹ See document A71/4, Annex, platform 2: Accelerating action on preventing noncommunicable diseases and promoting mental health (paragraph 70).

- guidance on how to establish or strengthen national multistakeholder dialogue mechanisms for the implementation of national multisectoral action plans for the prevention and control of noncommunicable diseases;
- guidance on how to enhance domestic and development financing for scaling up action towards attainment of Sustainable Development Goal target 3.4.

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11.6 Epilepsy

3. The Executive Board at its 146th session noted the report in [document EB146/12](#) on epilepsy¹ and adopted [decision EB146\(8\)](#) in which inter alia it requested the Director-General to expand the scope of document EB146/12 for consideration by the Seventy-third World Health Assembly, by adding a new section on synergies in addressing the burden of epilepsy and other neurological disorders. The information in the report has been expanded with the addition after paragraph 28 of the following 13 paragraphs.

SYNERGIES IN ADDRESSING THE BURDEN OF EPILEPSY AND OTHER NEUROLOGICAL DISORDERS

Global burden

29. Neurological disorders are conditions of the central and peripheral nervous system that include epilepsy, headache disorders, neurodegenerative disorders, cerebrovascular diseases including stroke, neuroinfectious/neuroimmunological disorders, neurodevelopmental disorders and traumatic brain and spinal cord injuries.

30. Neurological disorders are an important cause of morbidity and contribute substantially to the global disease burden, chiefly in low- and middle-income countries (78.5% of deaths and 77.3% of disability-adjusted life-years). An estimated one in three people worldwide has a neurological disorder at some point in their lifetime.

31. Globally, neurological disorders are the leading cause of disability (11.6% of disability-adjusted life-years). The four largest contributors of neurological disability-adjusted life-years in 2016 were stroke (42.2%), migraine (16.3%), dementia (10.4%) and meningitis (7.9%). Epilepsy ranks fifth, with idiopathic epilepsy ranking second to eighth depending on geographical region.

32. Over the past 30 years, the absolute number of deaths due to neurological disorders has increased by 39%. In 2016, they accounted for 9 million deaths per year globally, making them the second leading cause of death worldwide after cardiovascular diseases; of such deaths, most are attributable to stroke (67.4%), dementia (20.3%) and meningitis (3.7%). Dementia is also the fifth leading cause of death worldwide.

33. Despite reductions in age-standardized incidence, prevalence, deaths and disability-adjusted life-years for most neurological disorders, mainly driven by reductions in

¹ See also the see also the summary records of the Executive Board at its 146th session, ninth meeting, section 1.

estimates for stroke and communicable neurological disorders, the absolute number of people with neurological disorders requiring neurological care has increased and will continue to grow in coming decades owing to further reductions in child mortality, increased survival and life expectancy, and ageing of populations worldwide.

34. Neurological disorders often co-occur with one another and with other health conditions. For example, epilepsy can be secondary to stroke and traumatic brain injury. Migraine occurs in about 19% of people with epilepsy. Intellectual disability is seen in some 26% of adults and 30–40% of children with epilepsy. Clinically, neurological complications are common in the acute phases of infections as are long-term neurological sequelae associated with HIV, malaria, certain neglected tropical diseases and tuberculous meningitis.

35. Much of the neurological burden is potentially preventable, including 25% of epilepsy cases, provided that broader public health responses in maternal and newborn health care, communicable disease control, injury prevention and cardiovascular health are implemented. Risk factors such as premature birth, low birth weight and birth trauma are known to negatively impact brain development in childhood, when 90% of the brain develops. In addition, neuro-infections such as rabies, tetanus, meningitis, HIV-associated neurological disorders and malaria negatively affect brain health across the life course and are preventable with access to vaccines and treatment. The same is true for traumatic injuries due to accidents, violence or exposure to environmental pollutants with neurotoxic effects such as air contaminants, lead or radiation. Lifestyle risk factors and their consequences, such as tobacco use and as hypertension, diabetes and obesity, can harm brain health in mid- and late life. Health and community interventions to prevent or treat these conditions effectively contribute to reducing the risk of stroke and dementia at the population level.

Challenges and gaps in providing care and services for people with neurological disorders

36. In view of the global burden that neurological conditions impose, access to both services and support for such conditions is insufficient, especially in low- and middle-income countries. Supply-side and demand-side barriers affect the ability of health systems to provide adequate services for persons with neurological conditions and play a role in hindering access to prevention and care. Such barriers might exist at the level of human resources, infrastructure, information or service provision, or people's participation, knowledge, perception of services or help-seeking behaviour, or of overall stewardship and governance-related issues. Main factors contributing to the wide treatment gaps for neurological disorders mirror those for epilepsy (see paragraph 8) and include the following.

- (a) *Shortage of workforce.* The neurological workforce (defined as adult and child neurologists and neurosurgeons) globally is inadequate to meet treatment needs in under-resourced areas. The distribution of the neurological workforce is grossly uneven, with 7.1 workers on average per 100 000 population in high-income countries compared with less than one (0.1) in low-income countries, where almost 80% of the neurological disease burden occurs. There are also considerable disparities among WHO regions. The median neurological workforce for the

European Region is 9 workers per 100 000 population while in the African Region and South-East Asia Region it is 0.1 and 0.3, respectively.

(b) *Limited access to cost-effective medicines, diagnostics, evidence-based interventions and assistive technology that can prevent and treat these conditions or optimize health, well-being and functioning trajectories.* For example, only 34% of countries report availability of levodopa + carbidopa for Parkinson's disease at the primary care level, including only 3% in the African Region and none in the South-East Asia Region. For stroke prevention, only one low-income country had warfarin available at all in comparison with 73% of high-income countries.

(c) *Lack of knowledge, stigmatization and discrimination.* Neurological conditions are often hidden, misunderstood and underreported. People with neurological conditions are often subject to stigmatization and discrimination, including unjust deprivation of health and education services and denial of opportunities to engage in their communities. All these factors may also hinder their presentation to health care facilities for initial or follow-up assessments and adherence to medications as prescribed.

37. In order to address the burden and existing treatment gaps for epilepsy and other neurological conditions, the following aspects of the care continuum need to be addressed in an integrated manner.

(a) *Promotion/prevention.* Within the nurturing care and other frameworks for health promotion and disease elimination, there are numerous opportunities to promote healthy brain development and optimize brain functioning across the life course. Preventive strategies include provision of safe environments (including injury prevention programmes), access to education, social connection, ensuring healthy diets, promoting physical exercise and encouraging adequate sleep. Preventive measures include access to medicines and vaccines to prevent neuroinfections such as tetanus, rabies, HIV-associated neurological disorders and cerebral malaria.

(b) *Diagnosis and treatment.* Access to early diagnosis through a qualified and trained workforce, with suitable diagnostic tools including rapid laboratory diagnostics and neuroimaging, as well as affordable medicines and high-quality acute care, including hospital care and outpatient services as required, are essential for filling existing treatment gaps. Strengthening health systems to provide early intervention can lead to improved survival rates, reduced complications and disability, better quality of life and lower treatment costs.

(c) *Management and rehabilitation.* As many neurological conditions are chronic, they require coordinated, multidisciplinary, integrated management and rehabilitation delivered through a stepped model of care including primary health care and specialist services, often also involving multiple other sectors such as social care and education for neurodevelopmental disabilities, stroke and dementia. Especially in low- and middle-income countries, lack of access to rehabilitation services and/or assistive technologies often increases disability associated with neurological conditions such as stroke and meningitis.

38. Existing high-level commitments – such as the 2030 Agenda for Sustainable Development, the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases and commitments to universal health coverage – have not afforded neurological conditions the political priority on national agendas that they require and fall short on tangible global commitments specific to reducing the burden of neurological disorders. In 2017, only 24% of countries globally had stand-alone neurological health policies, with major deficits in low- and middle-income countries.

39. However, strategic linkages to these high-level commitments could form a strong foundation for an integrated approach to all neurological disorders. For example, in order to achieve universal health coverage as part of the Sustainable Development Goals, synergies are needed in addressing neurological conditions in order to understand their common denominators (risk and protective factors), burden and shared challenges. Taking an integrated approach of this type is also in line with the Declaration of Astana (2018) on strengthening primary health care.

40. Other resolutions and global programmatic documents pertinent to an integrated approach to neurological disorders and the promotion of brain health include: the Global Strategy for Women's, Children's and Adolescent's Health (2016–2030); the Nurturing Care Framework; WHO global disability action plan 2014–2021; WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2020; the comprehensive mental health action plan 2013–2020; the global action plan on the public health response to dementia 2017–2025; resolution WHA67.8 (2014) on comprehensive and coordinated efforts for the management of autism spectrum disorders; decision EB146(6) on meningitis prevention and control; decision EB146(9) on neglected tropical diseases; the global health sector strategy on HIV 2016–2021: towards ending AIDS;¹ the global strategy and targets for tuberculosis prevention, care and control after 2015;² the global technical strategy for malaria 2016–2030;³ resolution WHA67.22 (2014) on access to essential medicines; and WHO guideline: recommendations on digital interventions for health system strengthening.

Integrated (multisectoral) response to epilepsy and other neurological disorders

41. An integrated public health response to epilepsy and other neurological disorders with an emphasis on primary health care is critical to achieving universal health coverage and the Sustainable Development Goals. Through a combination of political will, collaboration with civil society partners and other stakeholders and innovative strategies, the prevention, diagnosis, treatment and care of neurological disorders can be strengthened in primary care and integrated into universal health coverage, even in low-resource settings. These strategies will involve:

- (a) strengthening international efforts and providing global leadership to support human-rights based plans, policies and laws for people living with neurological conditions. These activities will require ensuring that budgets are proportionate with

¹ Adopted by the Health Assembly in resolution WHA69.22 (2016).

² Adopted by the Health Assembly in resolution WHA67.1 (2014).

³ Adopted by the Health Assembly in resolution WHA68.2 (2015).

the identified human and other resources needed to implement evidence-based plans and actions, and providing appropriate, integrated, people-centred care for people with neurological disorders. Efforts will also need to focus on reinforcing multisectoral linkages for coordinated action involving all stakeholders, including people living with neurological disorders, their families and communities, in the development and implementation of policies, laws and services;

(b) investing in and improving provision of and accessibility to early diagnosis, comprehensive treatment and care (including pharmacological and nonpharmacological interventions, self-management and assistive technologies, telemedicine and mobile health technologies as well as training and interventions for carers) for neurological disorders in order to reduce the treatment gap, for instance by making essential medicines more available, accessible and affordable and facilitating the coordinated delivery of health and social care services across the life course for people living with neurological disorders;

(c) investing in training, support, retention and capacity-building of non-specialist health care workforce, in order to optimize health care delivery for neurological disorders at all levels of the health care system, particularly in primary health care settings. Digital education and online learning as well as programmes such as those planned to be provided by the proposed Health Academy can accelerate workforce training;

(d) reducing stigmatization and discrimination, improving public attitudes, and protecting the rights of people with neurological disorders by raising awareness and promoting a better understanding of neurological conditions and brain health, empowering more people to seek treatment, identify their health needs, participate in the planning and delivery of services and play an active role in maintaining their own health and well-being, and strengthening public education activities related to promoting healthy brain development and brain health across the life course for community leaders, health workers, and people with lived experience as well as their families;

(e) strengthening health information systems by building national capacity to collect, monitor and report on population and health care system data related to neurological disorders;

(f) fostering strategic approaches to research on neurological disorders increasing the attention given to brain health and neurological disorders in national and global research agendas; using artificial intelligence, precision medicine and other novel technologies to consolidate fragmented research results and identify new treatment options with potential to cure more neurological disorders.

PILLAR 3: ONE BILLION MORE PEOPLE ENJOYING BETTER HEALTH AND WELL-BEING

15. Review of and update on matters considered by the Executive Board

15.1 Decade of Healthy Ageing: development of a proposal for a Decade of Healthy Ageing 2020–2030

4. At its 146th session, the Board noted the report in [document EB146/23](#) on the development of a proposal for a Decade of Healthy Ageing 2020–2030. The Board also adopted [decision EB146\(13\)](#). In response to comments made during the discussions,¹ the Secretariat has updated paragraphs 24 and 27 of document EB146/23, which are reproduced in full below.

Activities

24. The activities will:

- take place at the local, national, regional and global levels, with a focus on improving the lives of older people, their families and their communities;
- tackle the current challenges that older people face, while anticipating the future for those who will journey into older age;
- take a life course approach, which recognizes the importance of multisectoral actions that focus on a healthy start to life, in each life stage and also target the needs of people at critical periods throughout their life, but focuses on the second half of life, given the unique issues that arise in older age, and the limited attention this period has received compared with other age groups;
- be crafted in ways that overcome, rather than reinforce, inequities linked to individual and social factors² and to chronic or complex health conditions such as dementia; without doing so, policies and programmes would risk widening the gaps and leaving some older people behind;

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27. This framework to track progress prioritizes: the role of national and subnational leadership and ownership of results; building strong capacity at all levels including to monitor and evaluate; and a reduction in reporting burden by aligning multistakeholder efforts with the systems countries use to monitor and evaluate their national policies and strategies on ageing. For example, by drawing on the existing reporting mechanism for the

¹ See the summary records of the Executive Board at its 146th session, eleventh meeting, section 2, and twelfth meeting, section 2.

² Individual factors include gender, ethnicity, level of education, civil status or where a person lives.

Madrid International Plan of Action on Ageing,¹ and voluntary national reviews² on progress on the Sustainable Development Goals. The framework also recognizes that, along with traditional forms of support to develop state systems and institutions, strengthening people's voice and the engagement of civil society is critical to responsive governance and service delivery.

ACTION BY THE HEALTH ASSEMBLY

5. The Health Assembly is invited to note this report and is further invited:
- under item 11.6, to provide guidance on the next steps to advance global action on the burden of epilepsy and other neurological diseases;
 - under item 15.1, to adopt the draft decision recommended by the Executive Board in [decision EB146\(13\)](#).

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¹ <https://www.un.org/development/desa/ageing/3rdreview-mipaa/3rdreview-mipaa-globalreview.html> (accessed 12 March 2020).

² United Nations High-level Political Forum on Sustainable Development. Voluntary National Reviews (<https://sustainabledevelopment.un.org/vnrs/>, accessed 12 March 2020).