



# Bi-annual GCM Participants' Gathering

The Global Coordination Mechanism on  
Noncommunicable Diseases (GCM/NCD)

19 May (10:00-12:30 CET)

Cross-cutting and Integration Unit (CAI)  
Department of Noncommunicable Diseases and Mental Health



# Opening Remarks

**Devora Kestel**

Director (a.i.),

Department of Noncommunicable Diseases and  
Mental Health (NMH)



# Opening Remarks

**Guy Fones**

Unit Head,

WHO Cross-cutting and Integration Unit (CAI/NMH)



# Opening Remarks

**Katia de Pinho Campos**

**Technical Lead, WHO GCM/NCD**



# Member State Remarks

**Oleg Salagay**

Deputy Director

Ministry of Health of the Russian Federation



# Meeting Objectives

**Katia de Pinho Campos**

**Technical Lead, WHO GCM/NCD**



**Support implementation of the 2025 Political Declaration by exchanging knowledge and coordinating action**



**Provide space for Member States, GCM Participants and WHO technical teams to share relevant updates and initiatives**



**Identify opportunities for engagement and joint action across the GCM network**

## Second GCM Participants Gathering

19 May 2026, 10:00 – 12:30 CET | Agenda

Welcome & Opening		
10:00-10:15	<b>Opening remarks, meeting agenda &amp; objectives</b>	<b>Devora Kestel</b> Director, NMH Dept, WHO  <b>Oleg Salagay</b> Deputy Minister of Health, Russian Federation  <b>Katia de Pinho Campos</b> Technical Lead, GCM, NMH Dept, WHO
Session 1: Multisectoral Governance		
10:15-10:20	<b>GCM-led multisectoral governance project: Overview</b>	<b>Katia de Pinho Campos</b> Technical Lead, GCM, NMH Dept, WHO
10:20-10:35	<b>Reflections from Member States</b>	<b>Belinda Afriye Nimako</b> Ministry of Health, Ghana  <b>Champika Wickramasinghe</b> Ministry of Health, Sri Lanka  <b>Aurelia Popov</b> Ministry of Health, Republic of Moldova
10:35-10:50	<b>Insights &amp; exchange</b>	<b>Katia de Pinho Campos</b> (Moderation) Technical Lead, GCM, NMH Dept, WHO
Session 2: Access to Medicines and Medical Devices for NCDs in Primary Care		
10:50-11:00	<b>Draft WHO Operational Framework on access to medicines and medical devices for NCDs in primary care</b>	<b>Alexandra Rauch</b> Consultant, NMH Dept, WHO
11:00-11:10	<b>Perspectives from civil society</b>	<b>Joanna Laurson-Doube</b> Senior Manager, NCD Alliance  <b>Mohammed Seyam</b> Lived Experience Advocate
11:10-11:30	<b>Insights &amp; exchange</b>	<b>Rodrigo Cataldi</b> (Moderation) Technical Officer, NMH Dept, WHO
11:30-11:45	<b>Coffee Break</b>	
Session 3: Global Monitoring Framework		
11:45-12:00	<b>WHO Global Monitoring Framework on NCDs, Q&amp;A</b>	<b>Leanne Riley</b> Team Lead, Surveillance, Monitoring & Reporting, NMH Dept, WHO
Session 4: Collaboration Opportunities		
12:00-12:15	<b>Disability and Health Equity, Rehabilitation</b>	<b>Kaloyan Kamenov</b> Technical Lead, Disability Programme, NMH Dept, WHO  <b>Wouter de Groote</b> Technical Advisor, Rehabilitation Programme, NMH Dept, WHO  <b>Amy Jo Collins</b> Coordinator, World Rehabilitation Alliance, NMH Dept, WHO
12:15-12:25	<b>Insights &amp; exchange</b>	<b>Ramya Kancharla</b> (Moderator) Consultant, GCM, NMH Dept, WHO
12:25-12:30	<b>Closing remarks</b>	<b>Guy Fones</b> Head of Unit, CAI, NMH Dept, WHO

# Agenda



- The session will be recorded only for note-taking purposes; any public use of participant quotes by WHO will require consent.
- For those in the room, please raise your hands when you wish to participate in the discussion. Please step towards the microphone when speaking so that you can be heard.
- For those online, please raise your hand or type in the chat when you wish to participate in the discussion. Please keep on mute unless you are speaking.



# Session 1

## Multisectoral Governance

# Multisectoral governance for policy coherence and joint action on NCDs

## Phase I – Understanding enablers and challenges on implementing multisectoral action

Global mapping report



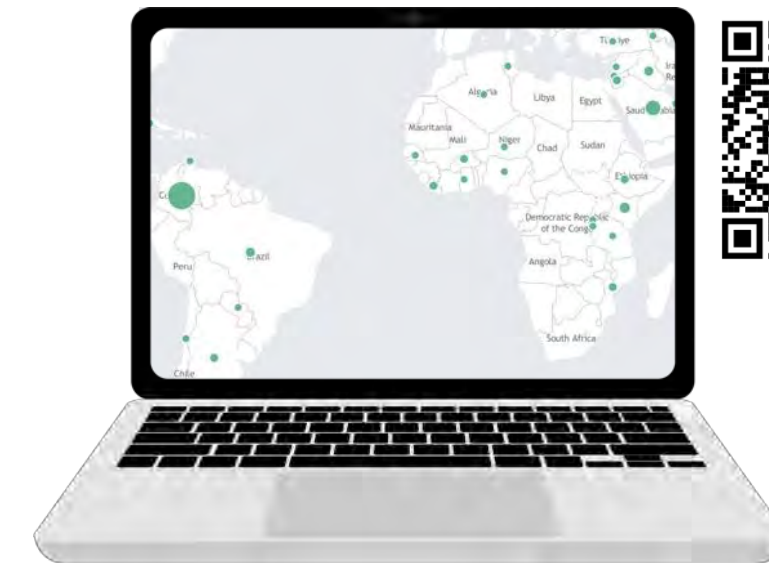
- Guiding framework with four multisectoral pillars:
  - Governance & accountability
  - Leadership at all levels
  - Ways of working
  - Resources & capabilities
- Map 95 multisectoral experiences in 46 countries



Compendium report



- Development of 17 country case studies
- Lessons learned on implementing multisectoral actions: key enablers and challenges
- Technical meeting with Member States to discuss implementation pathways (July 2024)



Supported by an [online repository on the Knowledge Action Portal on NCDs \(KAP\)](#).



Built the basis for the Phase II project on strengthening multisectoral governance on NCDs

# Strengthening multisectoral action at country level is critical to accelerating NCD impact

## Phase 2

**Having a multisectoral NCD policy is not enough.**

A key barrier is the absence of effective governance—clearly mandated, with defined roles and responsibilities, strong cross-sector accountability, sustained financing, and strategic communication processes that build cross-sector ownership and support accountability through consistent information-sharing and awareness-building, while preventing and managing conflicts of interest.

**This enables coherent, whole-of-government and whole-of-society action on NCDs and their determinants.**

# Strengthening multisectoral governance in low- and middle-income countries

## Project objectives

- Strengthen **multisectoral governance mechanisms** and building capacity for the design, implementation and monitoring of multisectoral actions on in selected low- and middle-income countries.
- Enhance **stakeholder engagement and knowledge collaboration** at global, national, and subnational levels by documenting and disseminating country-level experiences and promising practices

## Envisioned outcomes

- At least two low- and middle-income countries have further established, consolidated, and measurably strengthened their multisectoral governance mechanisms
- National health authorities in selected countries have adopted the latest WHO guidance on multisectoral action and multistakeholder engagement
- Lessons, good practices and core tools on implementing multisectoral action at country level are documented and summarized as hybrid digital knowledge material and training modules

# Ghana article



World Health Organization

Knowledge Action Portal on NCDs

Seleziona lingua

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COUNTRY STORIES

## From interministerial engagement to coherent health policies: Strengthening multisectoral governance on NCDs in Ghana

Ghana



World Health Organization | 04 May 2026

In Ghana, the Multisectoral National Steering Committee on NCDs convenes government and civil society organizations to support coherent policies and coordinated action for the prevention and control of noncommunicable diseases (NCDs). Through a new project designed to strengthen multisectoral governance mechanisms in low- and middle-income countries, the World Health Organization (WHO) is supporting the Ministry of Health to expand the Committee's role and reach.

### Multisectoral governance to address NCDs and their structural determinants

Noncommunicable diseases (NCDs), such as cardiovascular diseases, cancers, and diabetes pose a growing health and development concern in Ghana, accounting for 47% of all deaths in the country.



# Reflections from Member States

## Speakers



**Belinda Nimako**  
Ministry of Health, Ghana



**Champika Wickramasinghe**  
Ministry of Health, Sri Lanka



**Aurelia Popov**  
Ministry of Health, Republic of Moldova

A network diagram with nodes and connecting lines, rendered in a light blue color against a dark blue background. The nodes are small circles, and the lines are thin, creating a complex web of connections.

# Insights and Exchange



# Session 2

Access to Medicines and Medical Devices for  
NCDs in Primary Care



# **Draft WHO Operational Framework on Access to Medicines and Medical Devices for NCDs in Primary Care**

**Alexandra Rauch**

**Consultant, NMH Department, WHO**

## Department of Noncommunicable Diseases and Mental Health

Management of Noncommunicable Diseases / Cross-cutting and Integration

Dr Alarcos Cieza

Dr Guy Fones

# *WHO Operational framework on access to medicines and medical devices for noncommunicable diseases in primary care*

Dr Alexandra Rauch

Dr Rodrigo Cataldi



# 1. Background: The problem



NCDs

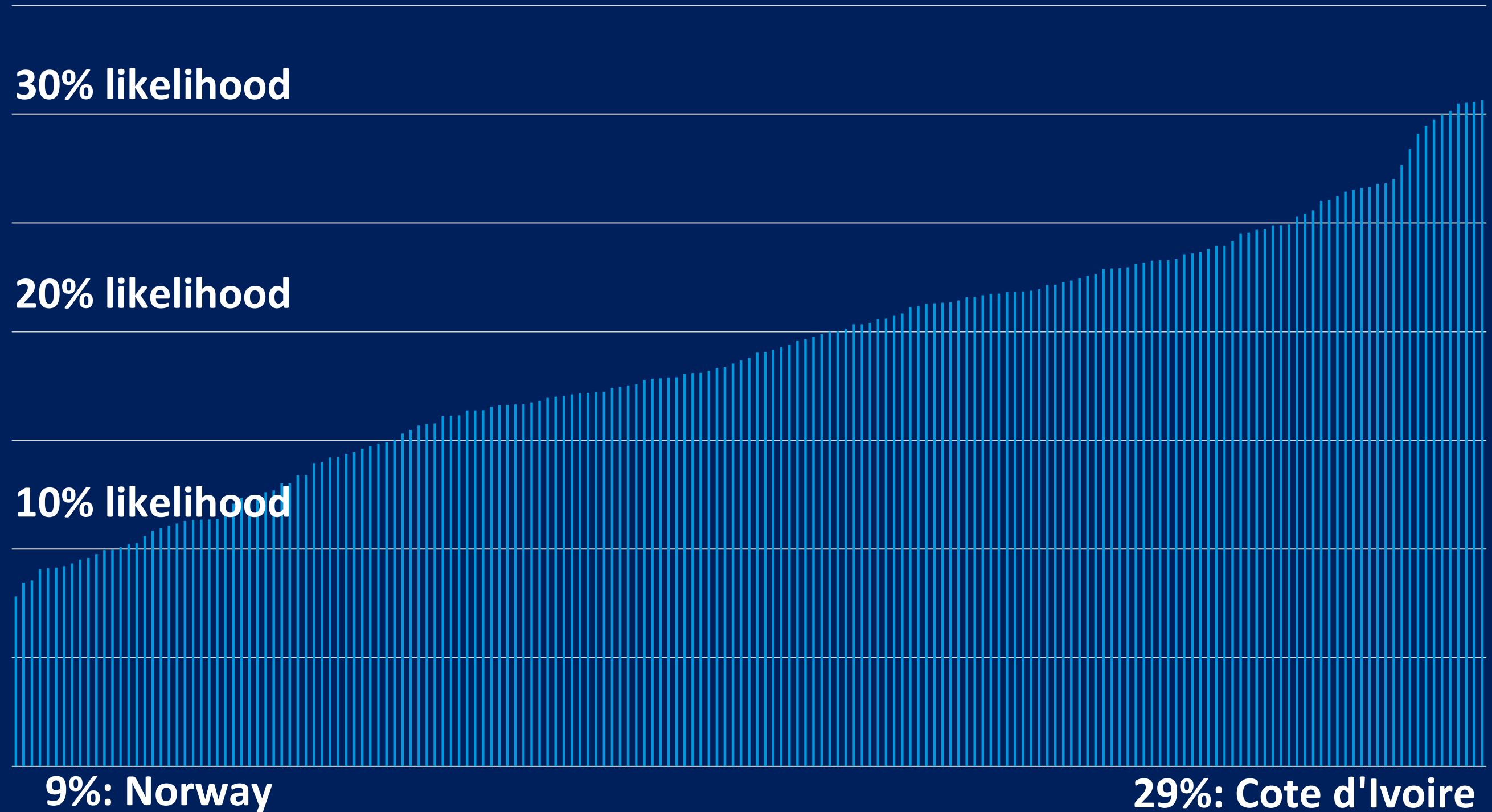
- 43 million deaths
- Of these, **18 million** are under the age of 70



# 1. Background: The problem

Likelihood of premature death from NCDs

**82% of these premature deaths** occur in low- and middle-income countries.



# 1. Background: The problem

Availability of 11 essential medicines and six diagnostic tests for NCDs

- Globally, only **44% of countries** reported the availability of 11 essential medicines and six diagnostic tests and procedures for NCDs in public health sector primary care facilities (8).
- Only **12% of low-income countries** had these 11 essential medicines available, compared to **90% of high-income countries**.
- **40% of the low-income countries reported to have only five or fewer** of these essential medicines available.



# 1. Background: The problem

UN General Assembly: Political declaration of the 4<sup>th</sup> high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being

*Target: at least 80 per cent of primary health care facilities in all countries have availability of World Health Organization-recommended essential medicines and basic technologies for noncommunicable diseases and mental health conditions, at affordable prices, by 2030.*

Availability

*Target: at least 60 per cent of countries have financial protection policies or measures in place that cover or limit the cost of essential services, diagnostics, medicines and other health products for noncommunicable diseases and mental health conditions by 2030.*

Affordability



World Health  
Organization

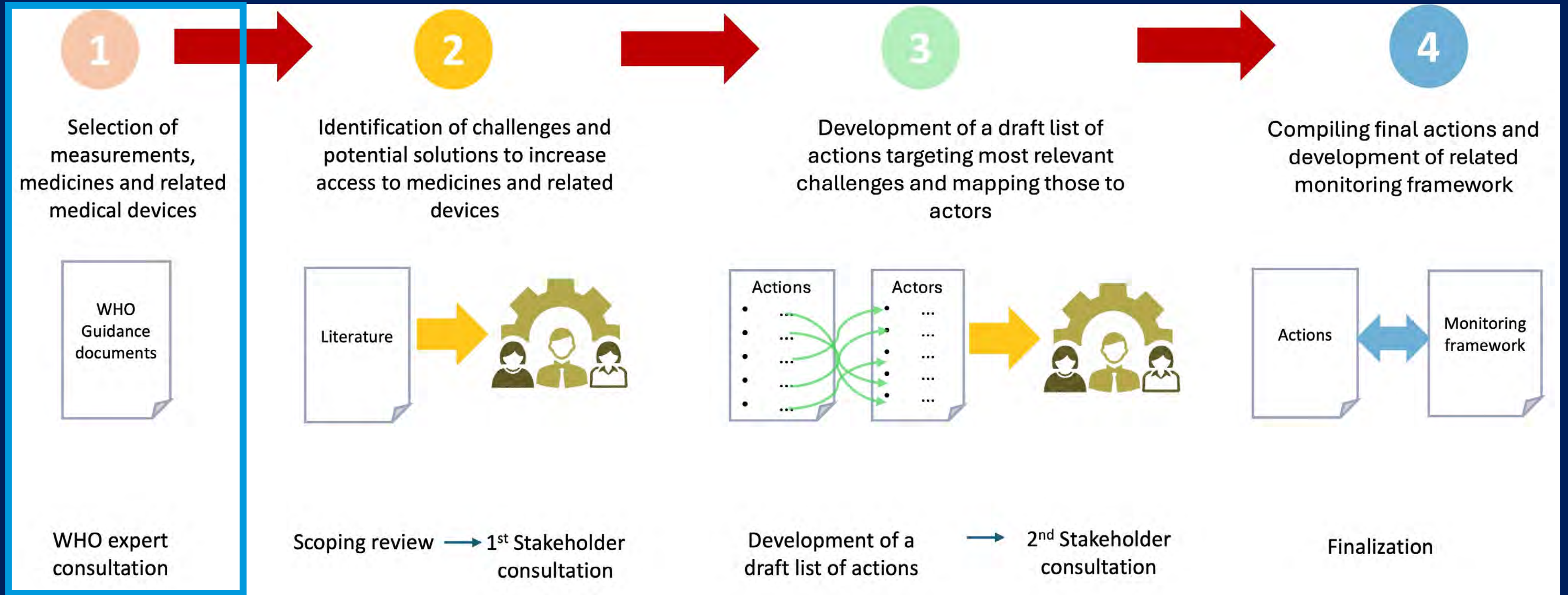
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## 2. Objective

The overall objective of the ***WHO Operational Framework on access to medicines and medical devices for NCDs in primary care*** is to

- provide a clear strategic approach to the **actions** required by stakeholders (including WHO) to address the unmet need for essential medicines and medical devices for NCDs in primary care, and
- facilitate **coordination** and **monitoring** of their implementation.

# 3. Development



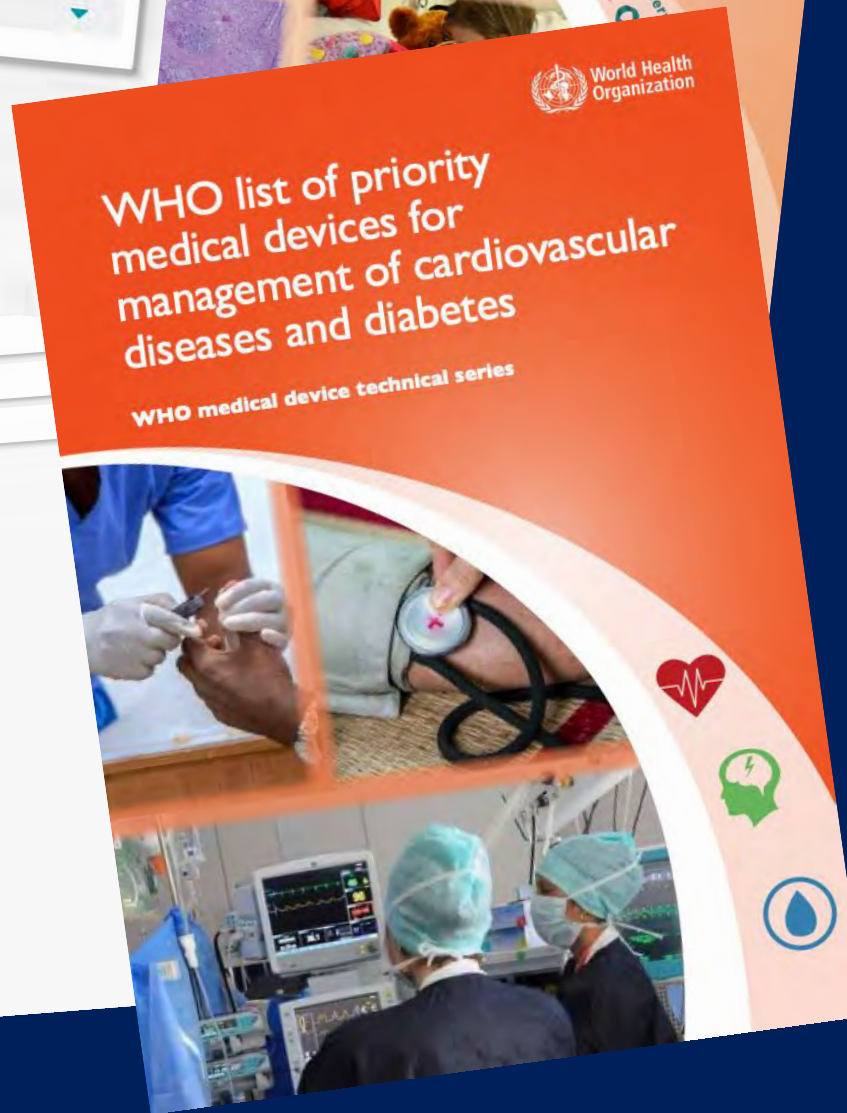
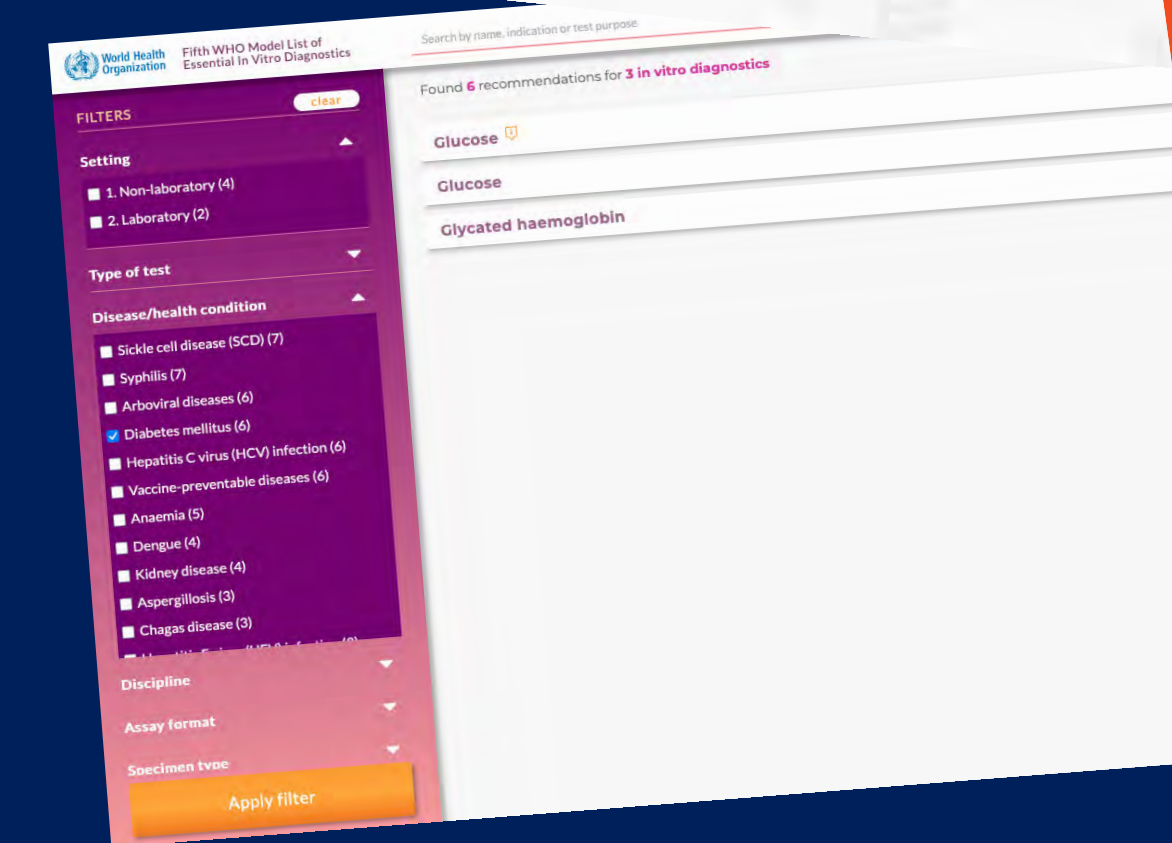
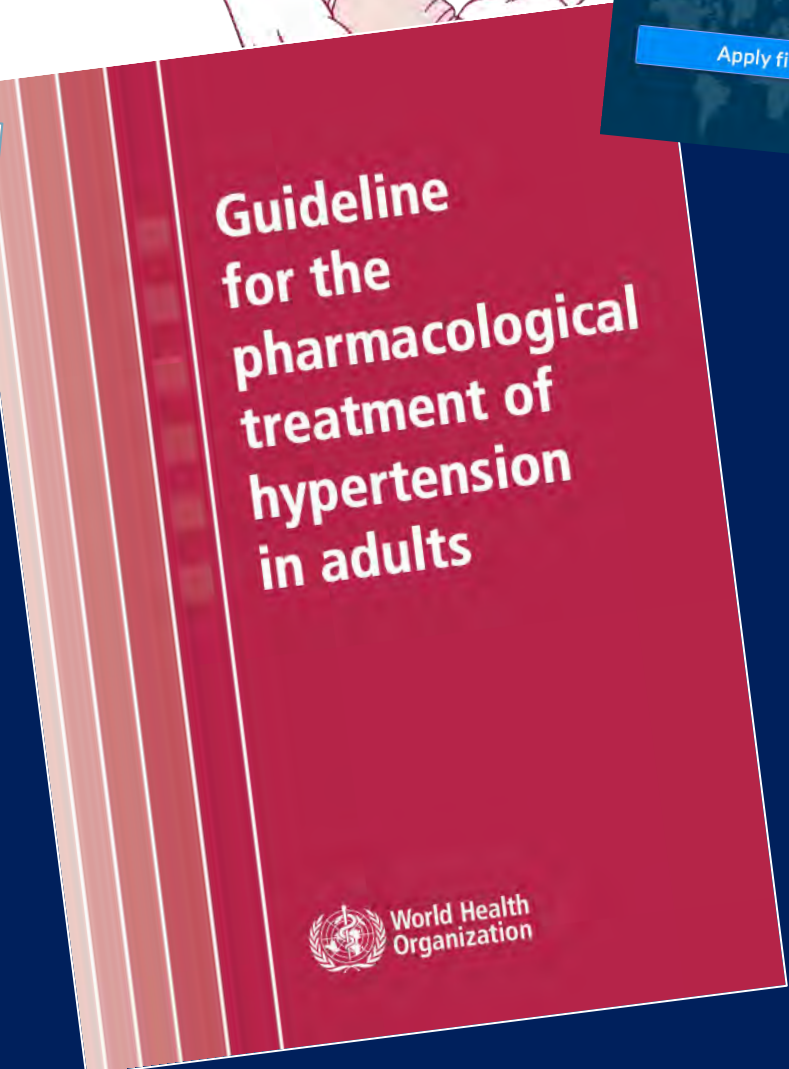
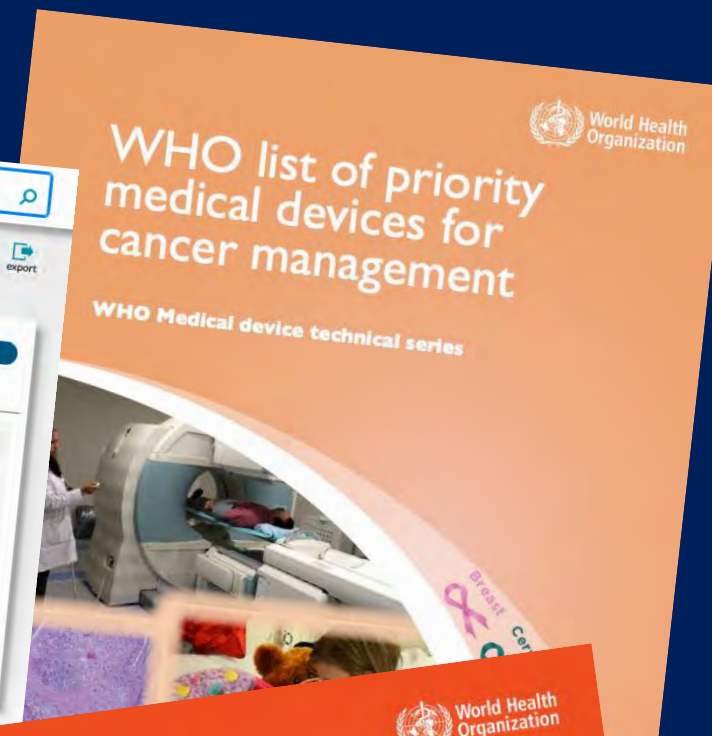
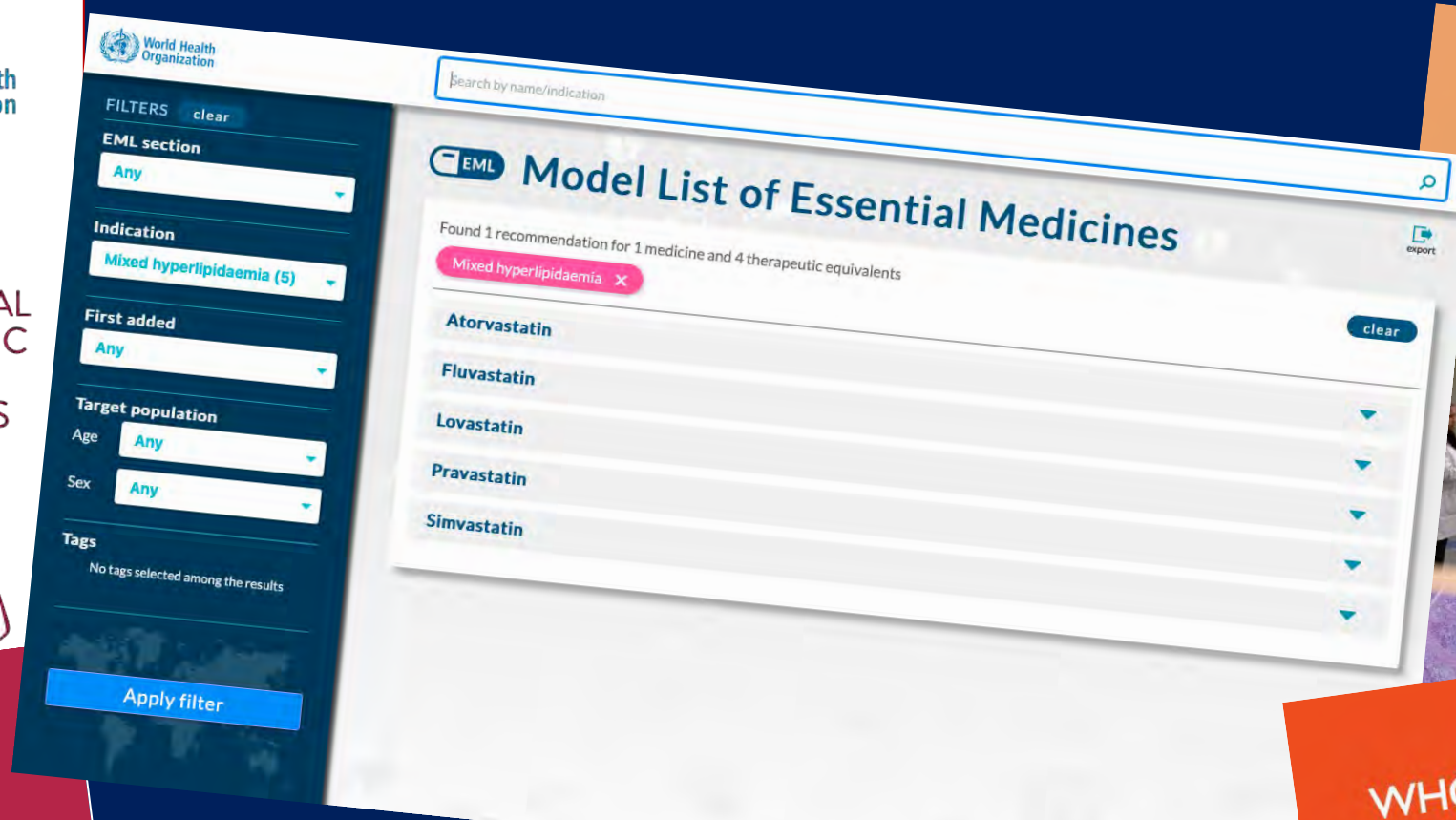
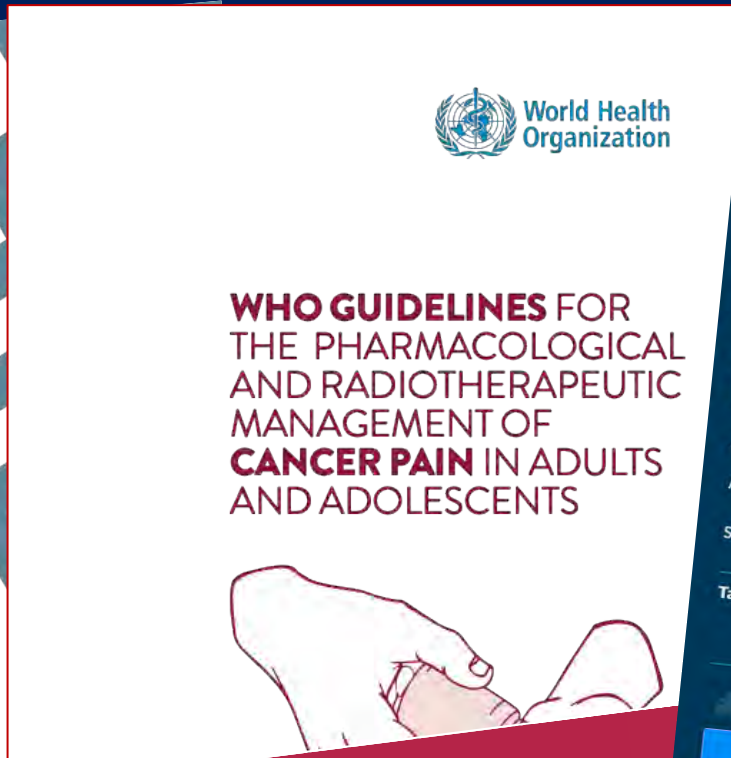
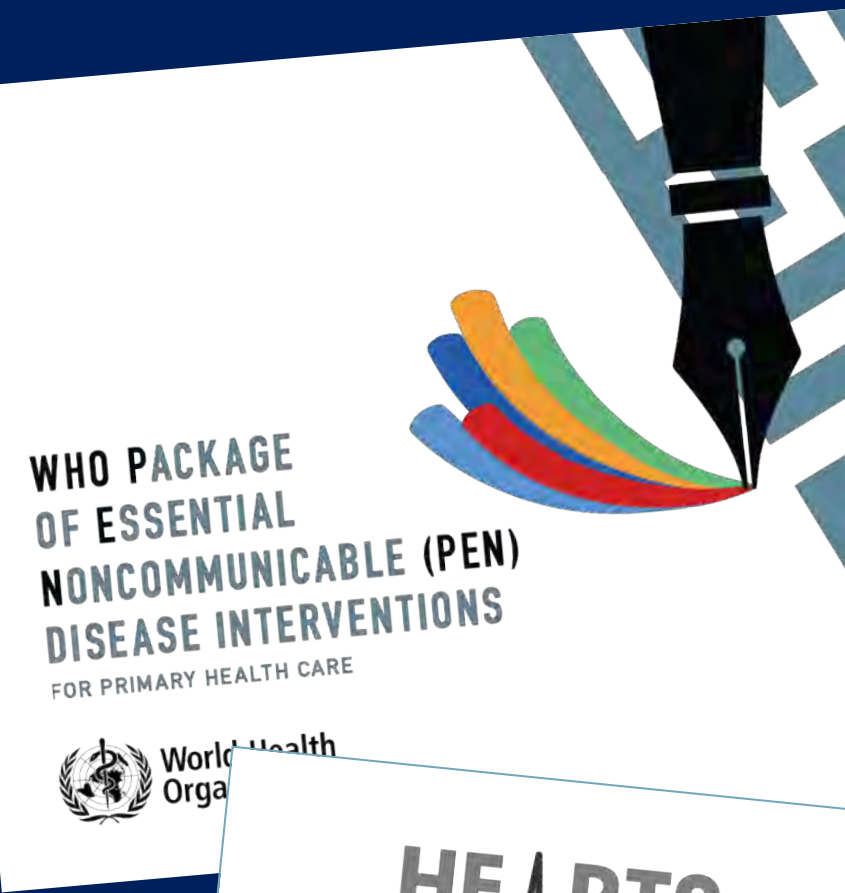
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## 3. Development: Disease areas

- Diabetes
- Hypertension
- Dyslipidaemia
- Chronic respiratory diseases (Asthma, COPD)
- Cancer (chronic cancer pain management)



# 3. Development: Medicines and medical devices



# 3. Development: Medicines and medical devices

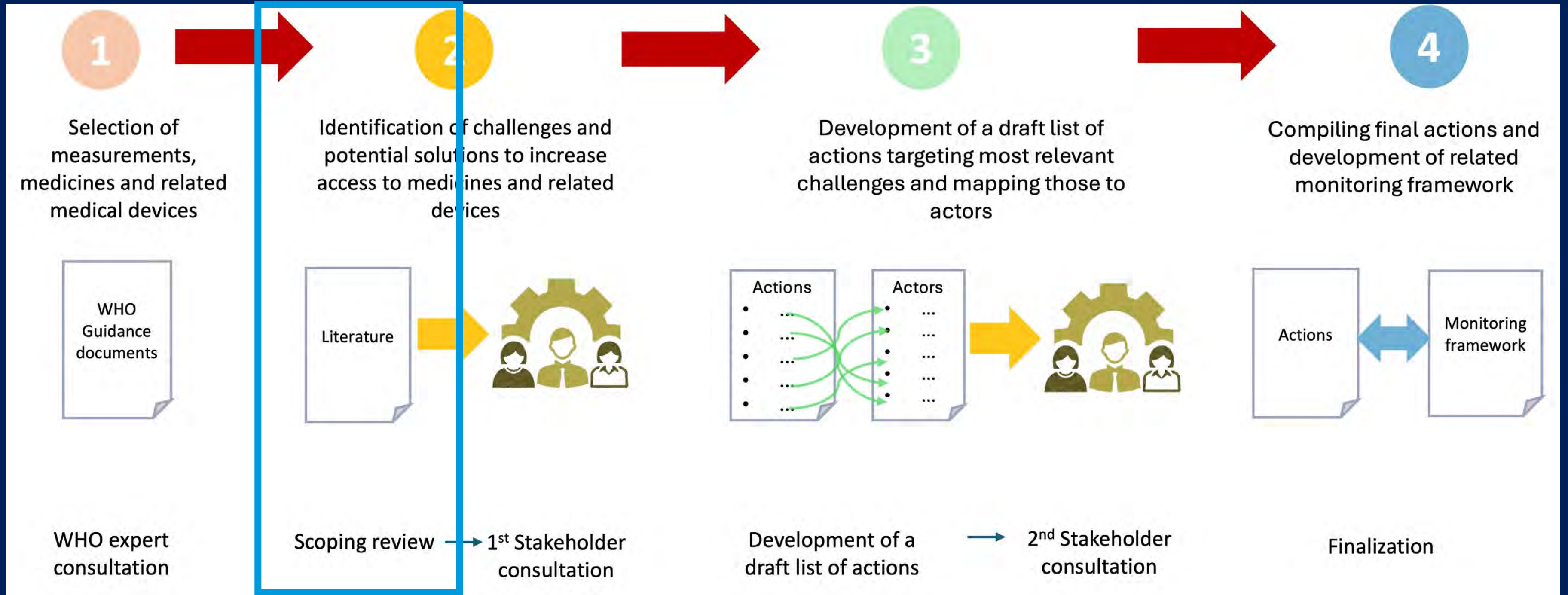
## Hypertension

Intervention	Medical device	Consumables
<i>Diagnosis and monitoring</i>		
<ul style="list-style-type: none"> <li>Blood pressure measurement</li> </ul>	<ul style="list-style-type: none"> <li>Automated and semi-automated blood pressure measurement device (validated)</li> <li>Cuffs (various sizes)</li> </ul>	-
<i>Medicines</i>		
<i>Single medicines</i>		
<ul style="list-style-type: none"> <li>Angiotensin-converting enzyme (ACE) inhibitors</li> <li>Angiotensin II receptor blockers (ARBs)</li> <li>Calcium channel blockers</li> <li>Thiazide and thiazide-like diuretics</li> <li>Beta blocker (Bisoprolol)</li> </ul>	-	-
<i>For combination therapy</i>		
<ul style="list-style-type: none"> <li>Thiazide and thiazide-like diuretics</li> <li>Angiotensin-converting enzyme (ACE) inhibitors/ Angiotensin II receptor blockers (ARBs)</li> <li>Long-acting dihydropyridine calcium channel blockers</li> </ul>	-	-

## Chronic respiratory diseases (Asthma and COPD)

<b>Asthma - diagnosis and pharmaceutical management</b>		
Intervention	Medical device	Consumables
<i>Diagnosis and monitoring</i>		
<ul style="list-style-type: none"> <li>Peak expiratory flow</li> <li>Oxygen saturation</li> </ul>	<ul style="list-style-type: none"> <li>Peak flow meter</li> <li>Pulse oximeter</li> </ul>	<ul style="list-style-type: none"> <li>Mouth pieces/Disposable nozzles</li> </ul>
<i>Medicines</i>		
<i>Single medicines</i>		
<ul style="list-style-type: none"> <li>Inhaled salbutamol</li> <li>Inhaled ipratropium</li> <li>Inhaled corticosteroids (beclomethasone, budesonide)</li> <li>Oral prednisolone</li> <li>Oxygen</li> </ul>	<ul style="list-style-type: none"> <li>(Metered dose) inhaler; spacers for inhalers</li> <li>Nebulizer</li> <li>Oxygen devices</li> </ul>	<ul style="list-style-type: none"> <li>Oxygen masks and tubes</li> </ul>
<i>Combination therapy</i>		
<ul style="list-style-type: none"> <li>Inhaled budesonide + formoterol</li> </ul>		
<b>Chronic obstructive pulmonary disease (COPD) - diagnosis and pharmaceutical management</b>		
Intervention	Medical device	Consumables
<i>Diagnosis and monitoring</i>		
<ul style="list-style-type: none"> <li>Peak expiratory flow test</li> <li>Pulmonary function test</li> <li>Oxygen saturation</li> </ul>	<ul style="list-style-type: none"> <li>Peak flow meter</li> <li>Spirometer</li> <li>Pulse oximeter</li> </ul>	<ul style="list-style-type: none"> <li>Mouth pieces/Disposable nozzles</li> <li>Mouth pieces/Disposable nozzles</li> </ul>
<i>Medicines</i>		
<ul style="list-style-type: none"> <li>Inhaled salbutamol</li> <li>Inhaled ipratropium</li> <li>Inhaled tiotropium bromide</li> <li>Oral prednisolone</li> <li>Oxygen</li> </ul>	<ul style="list-style-type: none"> <li>(Metered dose) inhaler; spacers for inhalers</li> <li>Nebulizer</li> <li>Oxygen devices</li> </ul>	<ul style="list-style-type: none"> <li>Oxygen masks and tubes</li> </ul>

# 3. Development: Scoping review



# 3. Development



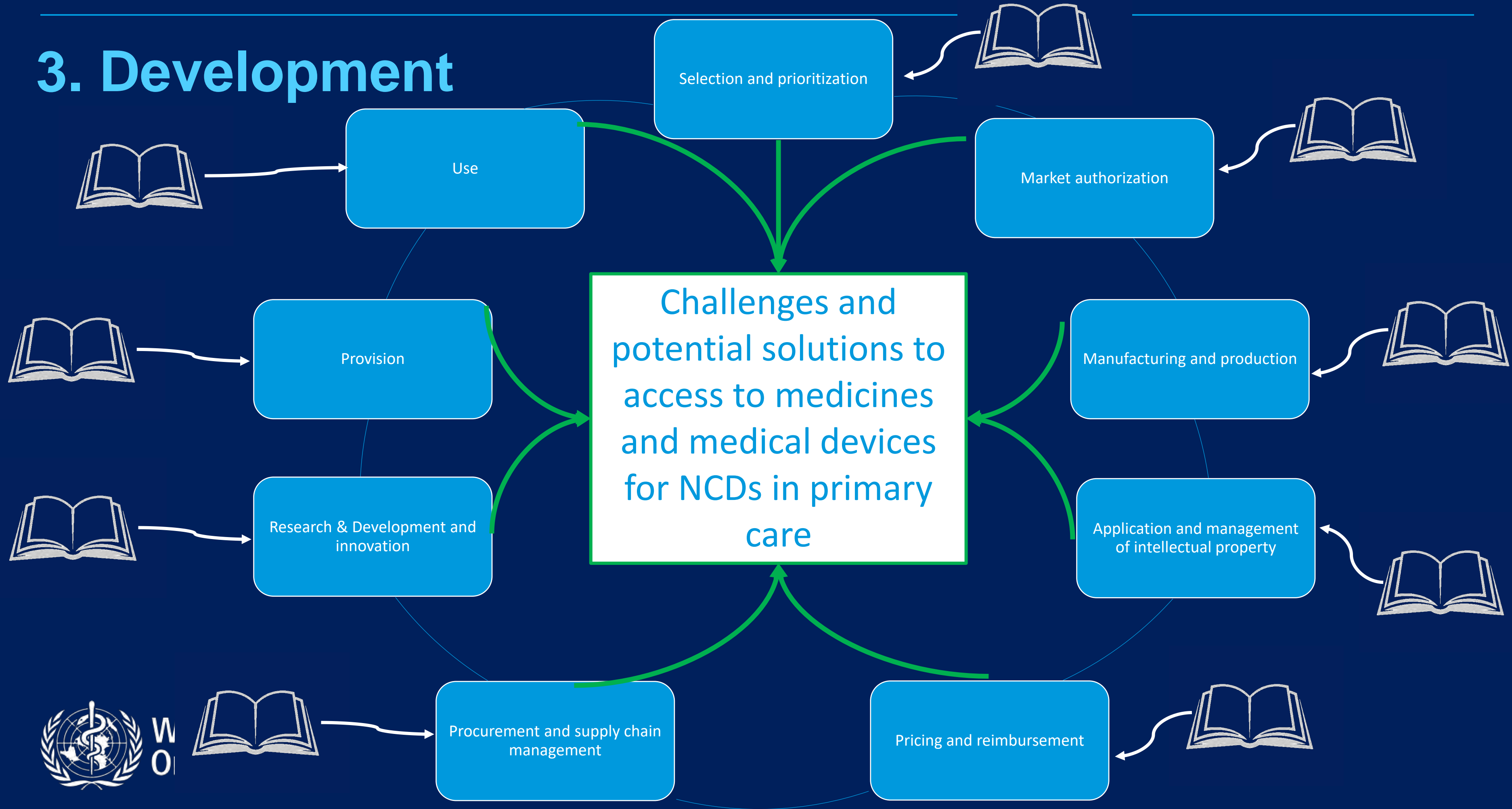
WHO literature  
Scientific literature



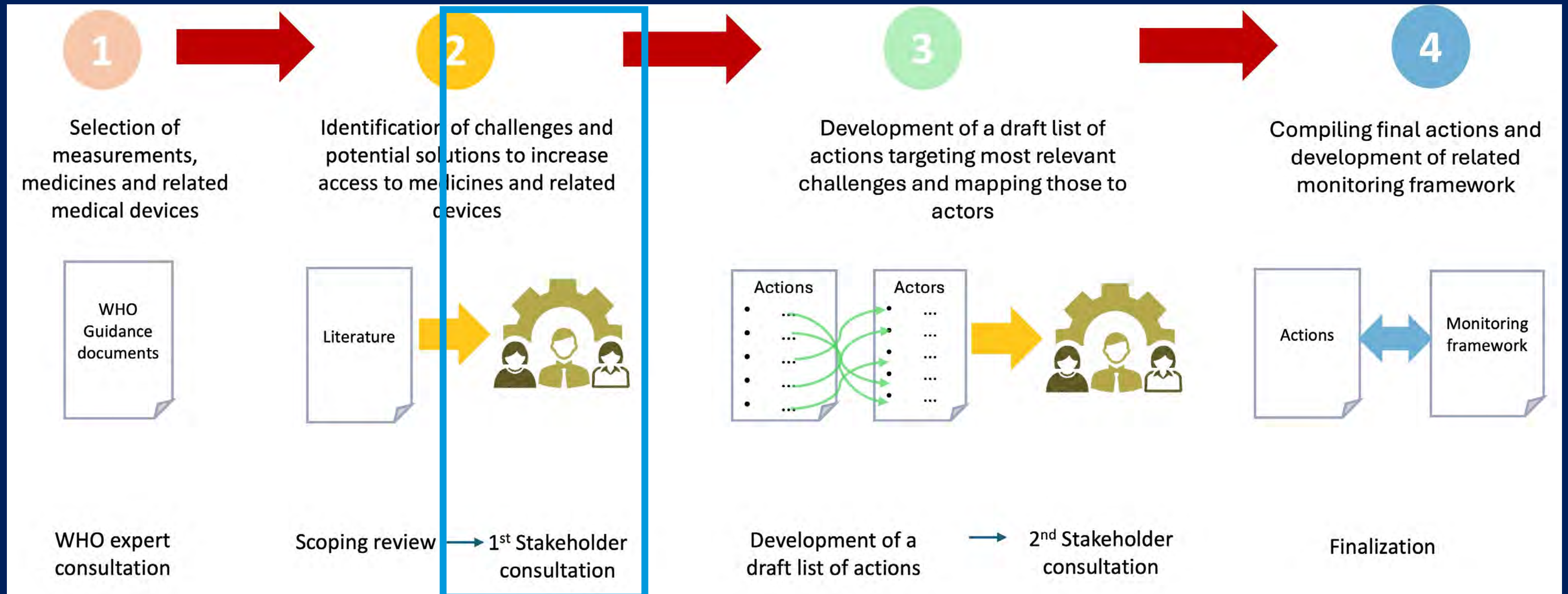
**Access to safe, effective  
and quality-assured  
health products and  
technologies**

**Roadmap for WHO action  
2025–2030**

# 3. Development



# 3. Development: Consultation with People With Lived Experience (PWLE)

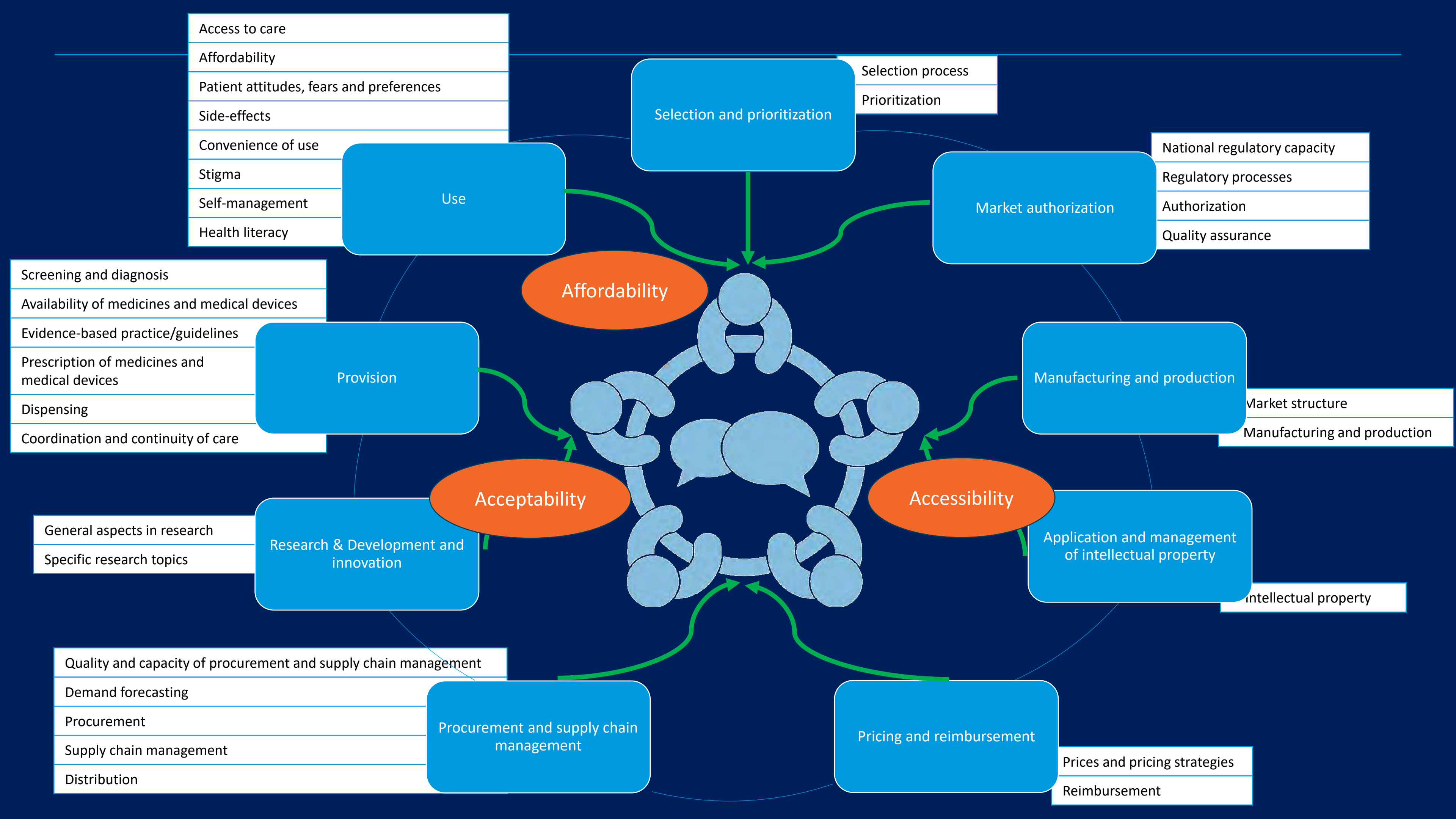


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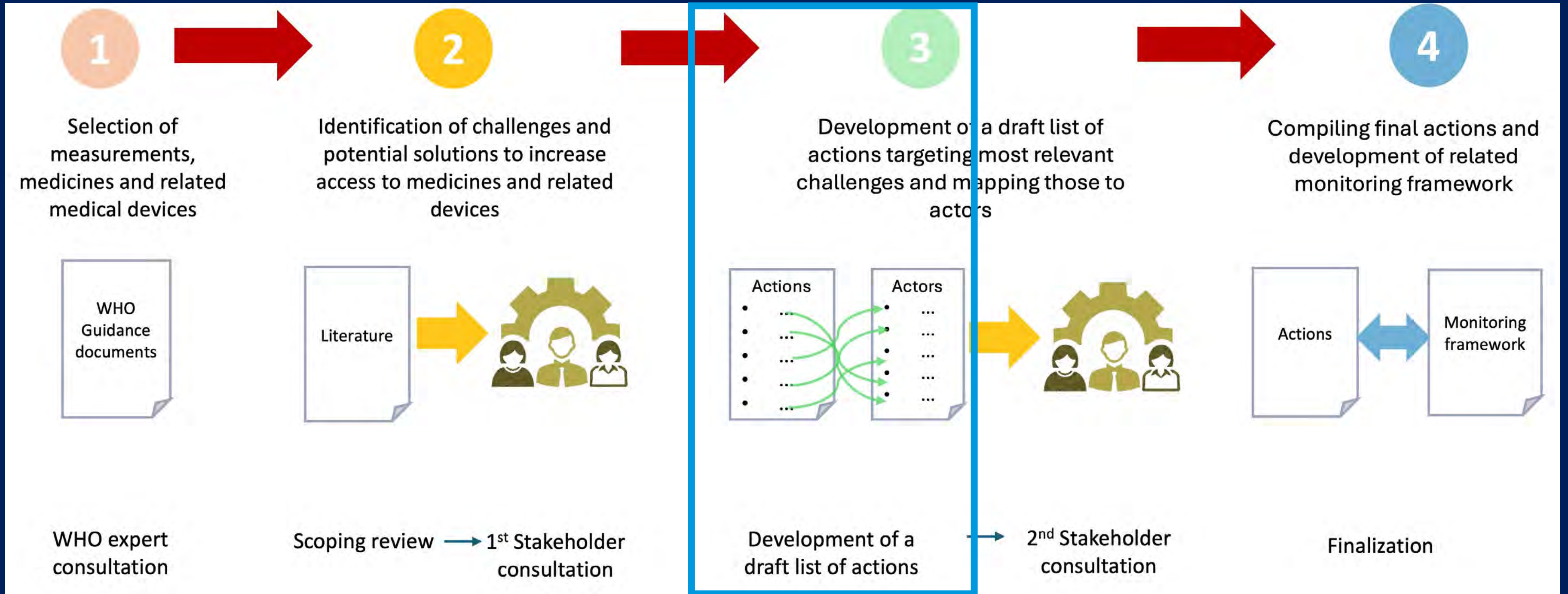
## 3. Development: Consultation with People With Lived Experience (PWLE)

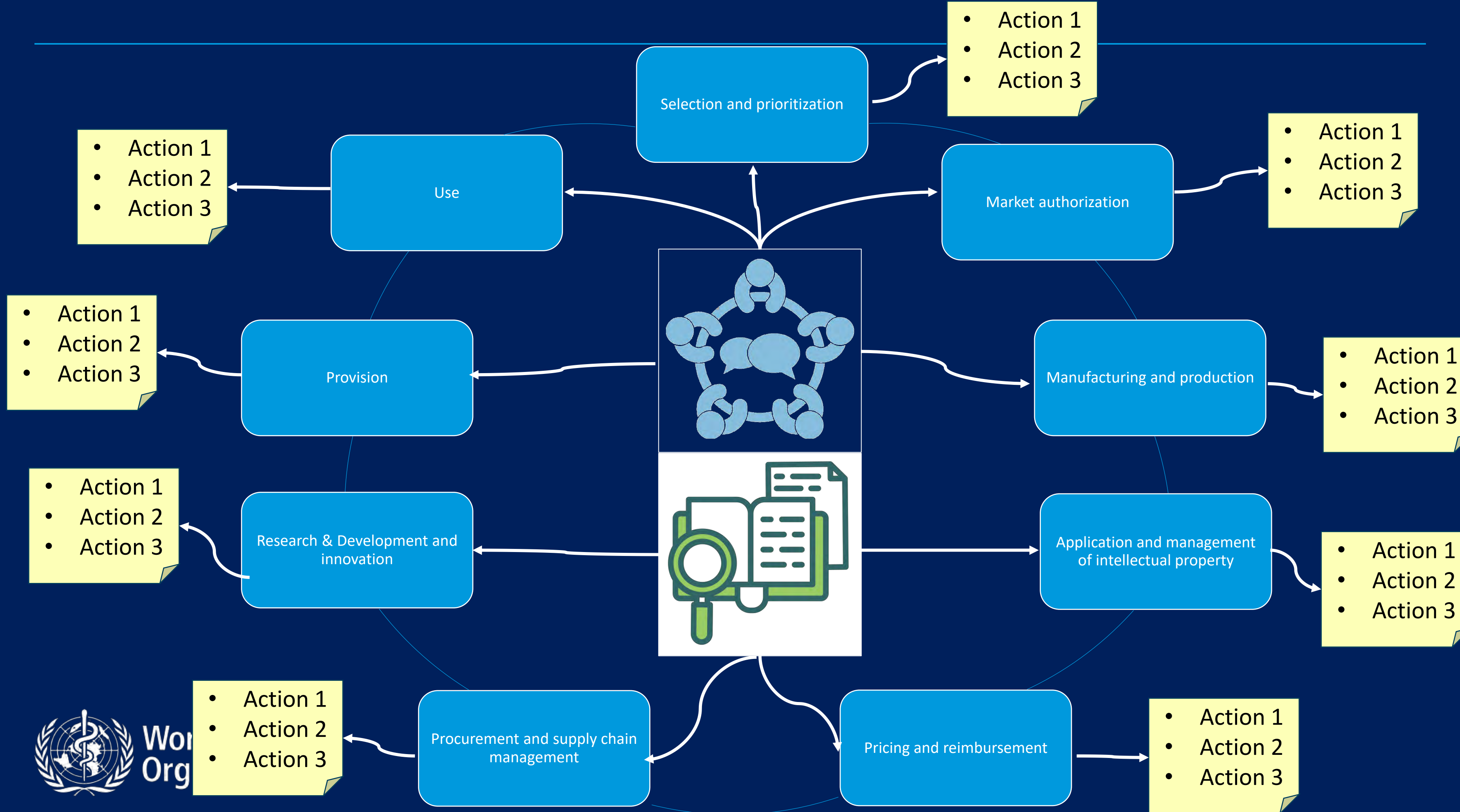
### Objective:

To meaningfully engage PWLE and to gain insights into the lived experience of people living with noncommunicable diseases related to challenges and potential solutions to **access to medicines and medical devices in primary care.**



# 5. Next step after the consultation





World  
Org

- Action 1
- Action 2
- Action 3

Procurement and supply chain management

Pricing and reimbursement

- Action 1
- Action 2
- Action 3

Research & Development and innovation

- Action 1
- Action 2
- Action 3

Provision

- Action 1
- Action 2
- Action 3

Use

- Action 1
- Action 2
- Action 3

Selection and prioritization

- Action 1
- Action 2
- Action 3

Market authorization

- Action 1
- Action 2
- Action 3

Manufacturing and production

- Action 1
- Action 2
- Action 3

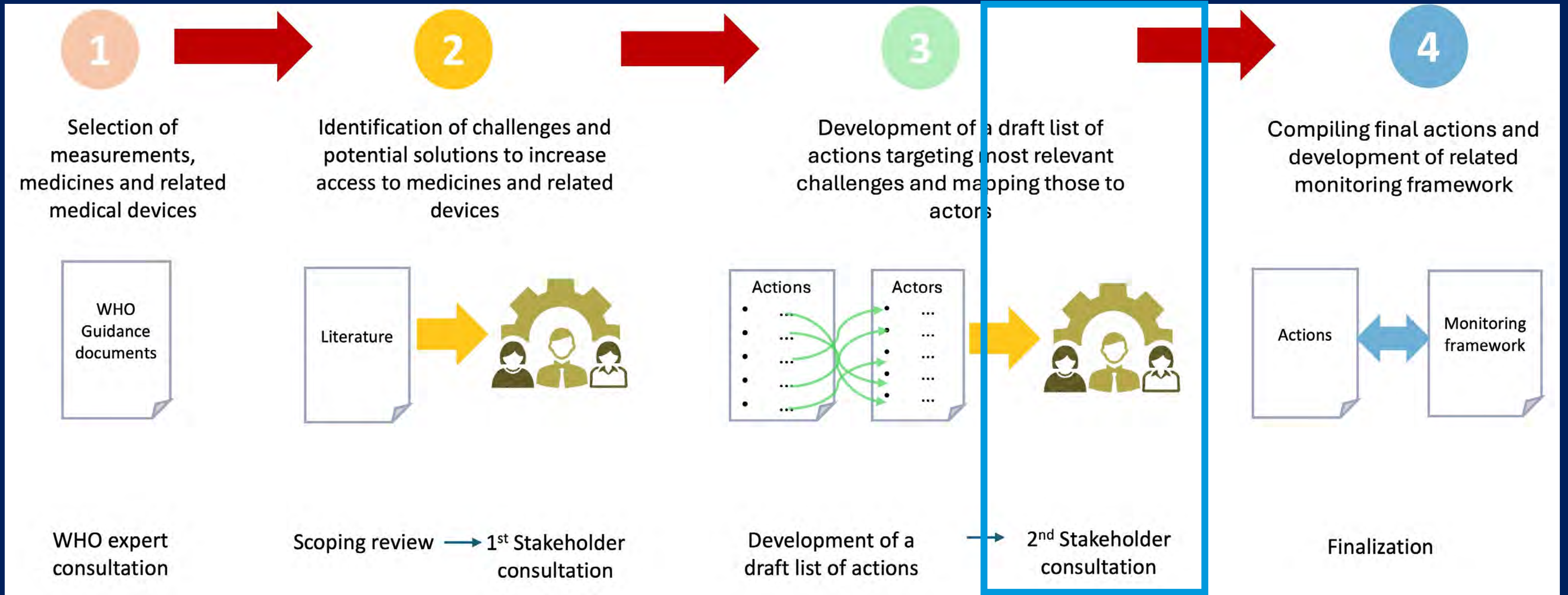
Application and management of intellectual property

- Action 1
- Action 2
- Action 3

# 3. Development

Step of the value chain	Actions	Stakeholder
Selection and prioritization	Action 1	<ul style="list-style-type: none"> <li>Member states</li> <li>WHO/UN organizations</li> <li>Pharmaceutical and medical device industry</li> <li>Academia</li> <li>Civil society</li> </ul>
	Action 2	
	Action 3	
Pricing and reimbursement	Action 1	
	Action 2	
	Action 3	
Procurement and supply chain management	Action 1	Stakeholder D, H
	Action 2	
	Action 3	

# 5. Next step after the consultation



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## 4. Launch

The intention is to present the (draft) WHO OF at the 3<sup>rd</sup> Dialogue for Sustainable Financing on NCDs and Mental Health.

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# Thank you





# Reflections from Civil Society

**Joanna Laurson-Doube**

Policy & Advocacy Senior Manager,  
NCD Alliance

# Global NCD Access Advocacy Platform (GNAAP)

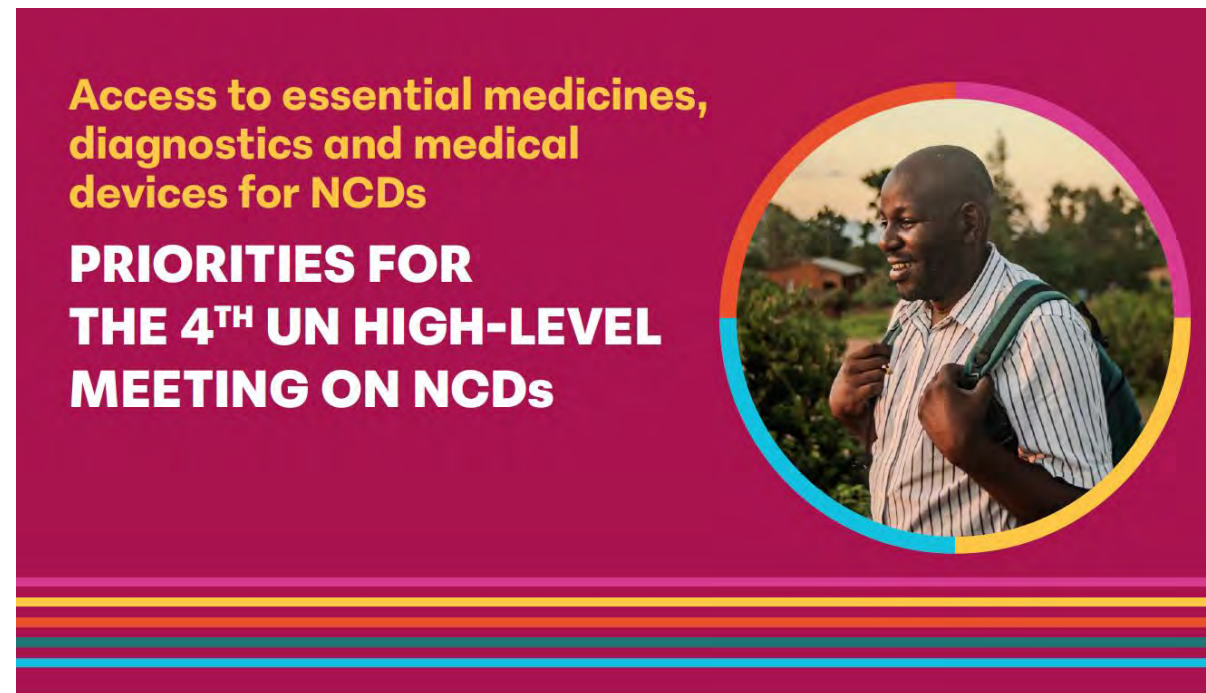
Access to medicines and medical devices for NCDs in primary care

*Second GCM Participants Gathering  
19th May 2026*

Joanna Laurson-Doube  
Policy & Advocacy Senior Manager, NCD Alliance



# Advocacy brief on access to medicines, diagnostics and medical devices



1. Facilitate the transfer of technology, skills, and know-how
2. Develop and implement pricing policies
3. Streamline regulatory processes
4. Build capacity for effective forecasting and supply chain management, and promote pooled procurement
5. Ensure the rational selection and procurement of NCD medicines and diagnostics in UHC packages



The NCD Alliance, NCD Policy Lab and the University of Geneva developed this policy brief in collaboration with the following organizations:



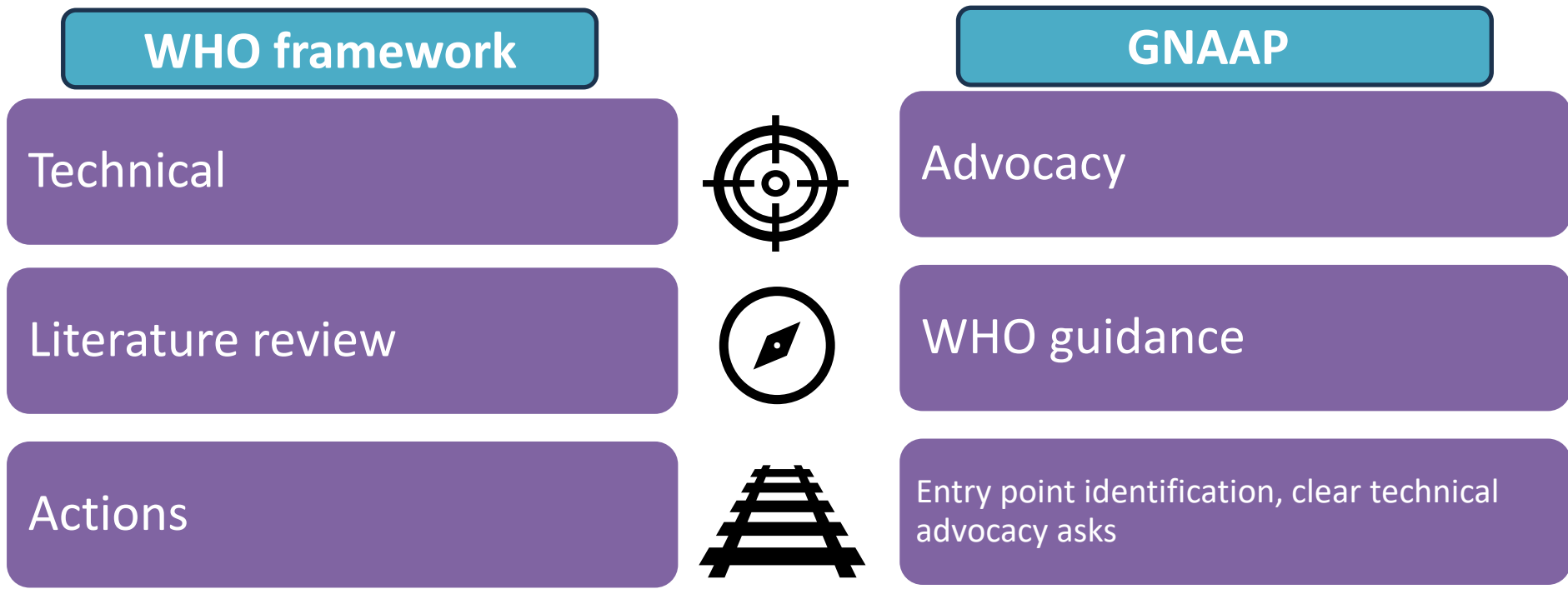


# “Global recommendations to regional and country-specific entry points”

### 3. Development

Step of the value chain	Actions	Stakeholder
Selection and prioritization	Action 1	<ul style="list-style-type: none"> <li>• Member states</li> <li>• WHO/UN organizations</li> <li>• Pharmaceutical and medical device industry</li> <li>• Academia</li> <li>• Civil society</li> </ul>
	Action 2	
	Action 3	
Pricing and reimbursement	Action 1	
	Action 2	
	Action 3	
Procurement and supply chain management	Action 1	
	Action 2	
	Action 3	
...	...	

World Health Organization





“... help national NCD alliances and CSOs in LMICs engage their ministries of health on Essential Medicines List (EML) updates. **Many of these groups lack the technical vocabulary or clear entry points for such discussions**”

“I would also recommend this toolkit to colleagues working in WHO country offices and to regional NCD alliances who regularly interface with procurement and regulatory stakeholders. **It would be particularly useful for those who are technically oriented but less experienced in translating technical bottlenecks into actionable advocacy asks**”

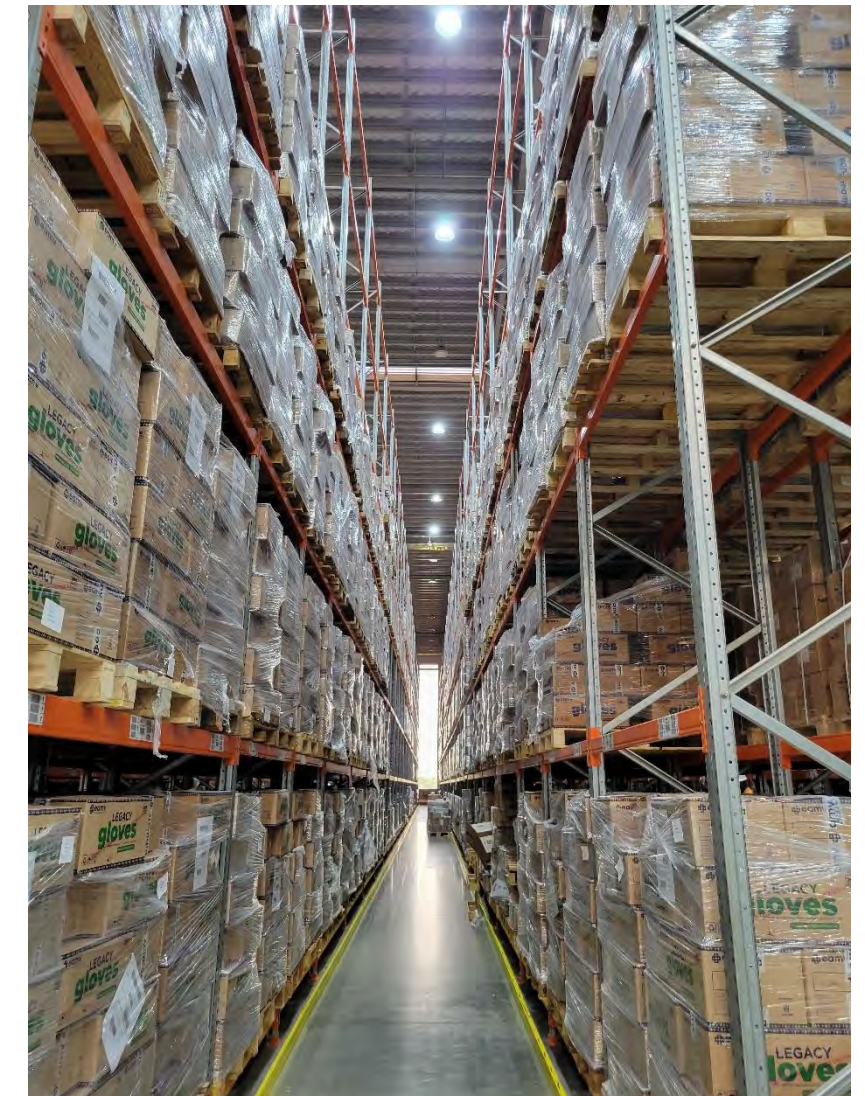


*GNAAP consultation: Mohammed Seyam (Our Views, Our Voices Global Advisory Committee)*

*Please email if you want more information [jlaurson-doube@ncdalliance.org](mailto:jlaurson-doube@ncdalliance.org)*

**Shared access priorities across NCDs:** promotes a unified, cross-disease approach to shared access barriers.

Designed to **connect and contextualise** existing resources and efforts  
(not duplicate)





UNIVERSITÉ  
DE GENÈVE



# THANK YOU

SHARE. DISCUSS. ENGAGE. CHANGE.



#NCDs

@ncdalliance



MAKING NCD PREVENTION AND CONTROL A PRIORITY, EVERYWHERE



# Lived Experience Perspectives

**Mohammed Seyam**

Lived Experience Advocate

A network diagram with nodes and connecting lines, set against a dark blue background. The nodes are represented by small circles, and the lines are thin, light-colored lines connecting the nodes in a complex, interconnected pattern.

# Insights and Exchange



**Break**



World Health  
Organization

# Session 3

## Global Monitoring Framework



# **NCD Global Monitoring Framework**

**Leanne Riley**

Team Lead, Surveillance, Monitoring & Reporting, NMH Department, WHO

# *Ensuring impact of the Political Declaration of the 4<sup>th</sup> UN high-level meeting on NCDs and the promotion of mental health and well-being*

- **Renewed Global Monitoring Framework for NCDs**
- **Implementation Roadmap for the 2025 Political Declaration**



# New high level global targets

**150 MILLION**



fewer people using tobacco

**Risk Factor exposure**

**150 MILLION**



more people with their  
hypertension under control

**Health System response to PLW or  
at risk of NCDs**

**150 MILLION**

more people with access to mental  
health care

**Health System response to PLW or  
at risk of mental health conditions**

*"Fast-track efforts to accelerate progress on noncommunicable diseases and mental health and well-being over the next five years, focusing on tobacco and nicotine control, preventing and scaling up the effective treatment of cardiovascular risk factors, such as hypertension, and improving mental health care, with the aim to reduce by one third premature mortality from noncommunicable diseases..."*



# Five strategic directions and targets for 2030

Create health-promoting environments



80% of countries have implemented policies and legislative, regulatory and fiscal measures

Strengthen primary healthcare



80% of PHC facilities in all countries have availability of WHO-recommended essential medicines and basic technologies, at affordable prices

Mobilise adequate and sustainable financing



60% of countries have financial protection policies or measures in place that cover or limit the cost of essential services, diagnostics, medicines and other health products

Strengthen governance

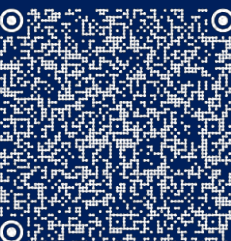


80% of countries have an operational, multisectoral, integrated policy, strategy or action plan

Support research, data and surveillance



80% of countries have an operational noncommunicable diseases and mental health surveillance and monitoring system



# Renewing the Global Monitoring Framework (GMF) for

## History NCDs

- Adopted in 2013 by WHA
- GMF has 25 indicators and 9 selected as global targets to be achieved by 2025
- Targets (and GMF) intended to focus global attention, be ambitious but achievable and lead to measurable change in prevention and control of NCDs
- Additional indicators to monitor “process” and “progress” on NCD prevention and control responses adopted by WHA in 2014 and 2015

## Challenges

- Progress has been weak and uneven
- Some targets difficult to measure – eg: health systems targets -due to lack of standardized data
- Strong focus on risk factors, less on NCD management
- Doesn't reflect the 5 x 5 approach endorsed in 2018 and 2025
- Doesn't link with newer coverage targets adopted on diabetes, cxa etc
- Emerging NCD issues and new UNHLM metrics not captured

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# NCD GMF and Targets– updating process

- Conduct a scoping/canvassing exercise to gather expert opinion
- Establish an informal Expert Reference Group
- Review of existing targets and indicators to refine, recalibrate
- Systematic review to propose new metrics and targets
- Background paper outlined proposed new GMF and targets
- Online consultation to cast wide net for feedback and revision
- Further consultation with Member States
- Present new GMF to WHA through EB in 2027



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# NCD GMF and Targets – overview of timeline

- **Scoping canvassing exercise** **May- June 2026**
- **Establishment of Expert Reference Group** **By July 2026**
- **Review of current indicators and targets** **June – August 2026**
- **Systematic review for new metrics** **Sept – Nov 2026**
- **Background paper developed** **By December 2026**
- **Online consultation** **Jan – Feb 2027**
- **Additional consultation with Member States** **March - May 2027**
- **Revised GMF and Targets** **October 2027**
- **Presented to EB/WHA** **Jan 2028 & May 2028**



# Q & A



# Session 4

Disability Health Equity and Rehabilitation



# WHO Disability Health Equity Network

**Kaloyan Kamenov**

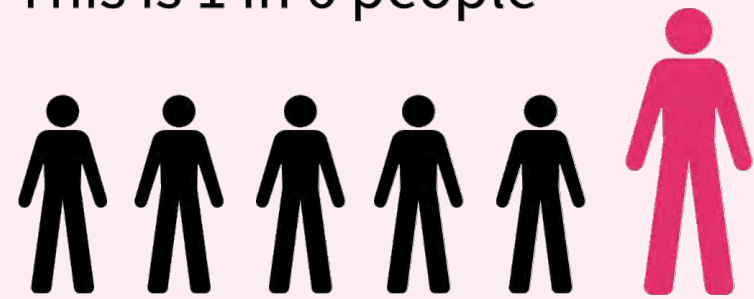
Technical Lead, Disability Programme,  
NMH Department, WHO

# People with Disability and NCDs



**Over 1.3 billion people have a disability worldwide.**

This is 1 in 6 people



**Premature death**  
up to 20 years earlier



**Poorer health**  
more than double the risk for certain health conditions



## Major risk factors for NCDs

Significantly more likely to be physically inactive, have poor nutrition, higher levels of obesity, higher exposure to air pollutants, tobacco and alcohol use

## Persons with disabilities have reduced healthcare coverage

Cardiovascular and diabetes control  
up to 45%



Cervical cancer and HPV screening  
up to 33%



□ Coverage for persons with disabilities

■ Coverage for persons without disabilities

# Political declaration of the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being



20. Recognize that persons with disabilities are at increased risk of noncommunicable diseases and mental health conditions and often face disproportionate discrimination, stigma and exclusion from accessing health services, and that noncommunicable diseases and mental health conditions are leading causes of years lived with a disability

Commitments include:

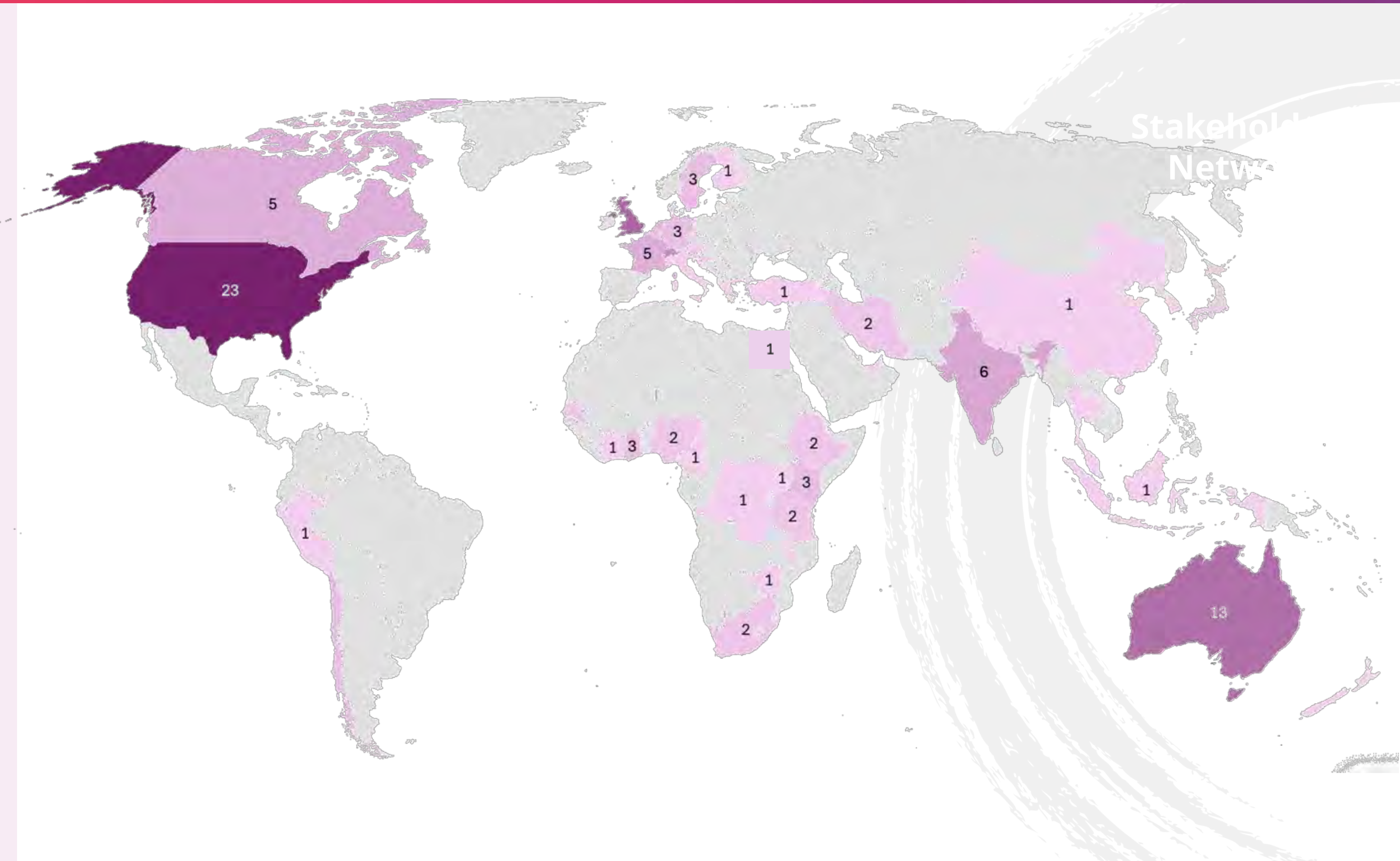
- ✓ **Promote social connection and integration and addressing social exclusion and isolation of people living with NCDs and mental health conditions, older persons, young people, persons with disabilities, and those living in rural and underserved areas.**
- ✓ **Promote measures to increase the number, capacity, retention and competencies, including cultural competency, of trained health care workers, to implement integrated primary health care for health promotion, prevention, screening, diagnosis, treatment, rehabilitation and palliative care for people living with or at risk of noncommunicable diseases and mental health conditions, including persons with disabilities, and to strengthen knowledge and skills related to the implementation of laws, policies, services and practices in the area of mental health.**

# WHO Disability Health Equity Network

155 MEMBERS

## Member categories

Member States	34
Intergovernmental organizations	14
Civil society organizations	71
Academia	32
Private sector	4



# Why engage with the WHO Disability Health Equity Network?

## **A platform for collaboration, learning, and inclusive NCD action**

- Connects the disability and NCD agendas to advance health equity and UHC
- Provides a space to exchange practical experiences, tools, and good practices
- Brings together civil society, organizations of persons with disabilities, technical experts, and partners
- Supports more inclusive approaches to prevention, care, and rehabilitation
- Elevates lived experience and strengthens participation in policy and implementation
- Creates opportunities for partnership, joint advocacy, and cross-sector collaboration



# Thank you!

**Website**

[who.int/health-topics/disability](https://who.int/health-topics/disability)

**Contact us**

[disability@who.int](mailto:disability@who.int)



# WHO Rehabilitation Programme

**Wouter de Groot**

Technical Advisor, Rehabilitation  
Programme, NMH Department, WHO



Rehabilitation is an essential service for healthcare, supporting people to optimize their functioning when they experience a health condition.

Working

Moving around

Eating and drinking

Dressing

Relationships

Hearing

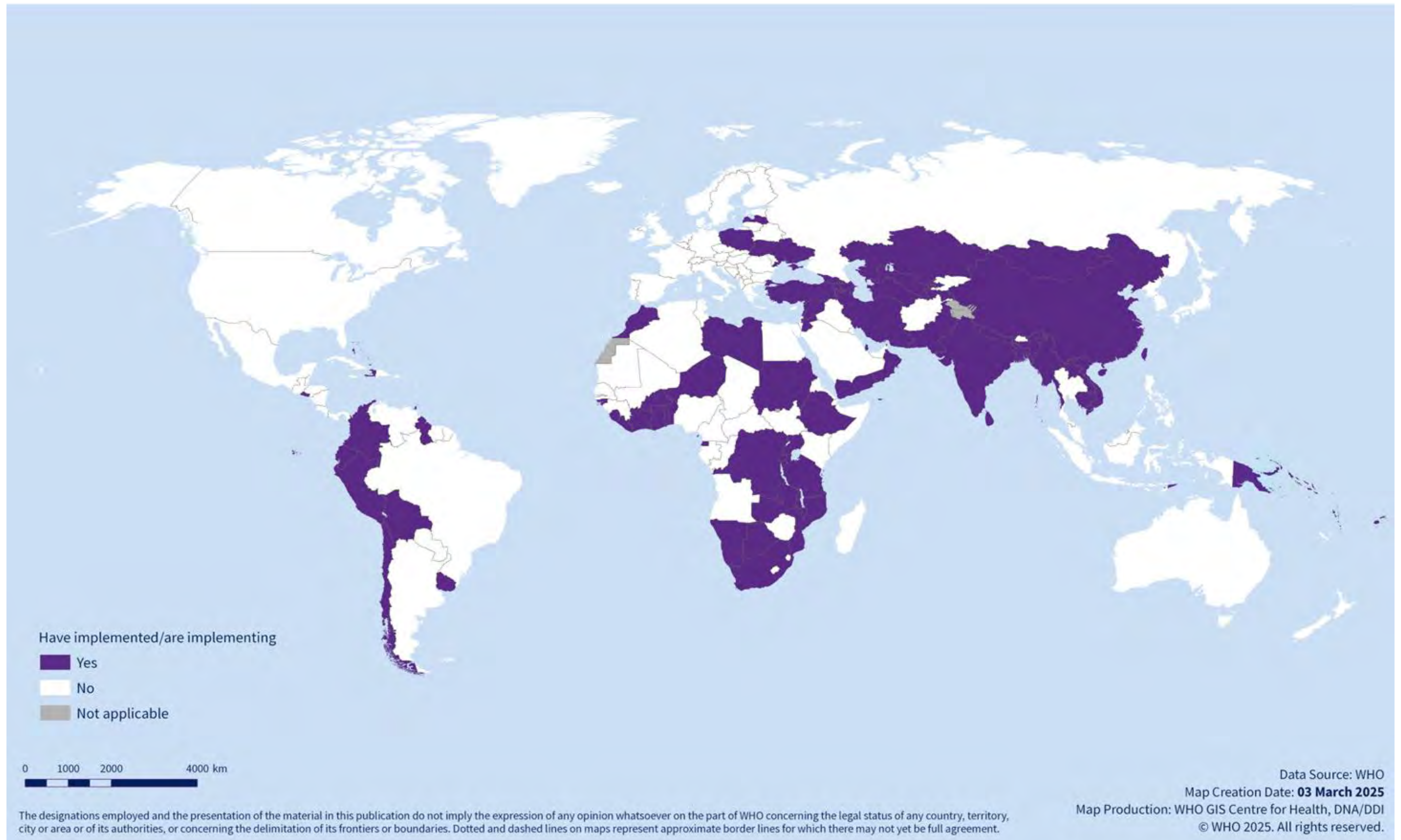
Playing

Communicating

Breathing

Managing stress

# WHO Rehabilitation 2030 global footprint



# Armenia – rehabilitation workforce planning

- Noncommunicable diseases account for approximately 93% of all deaths in the country.
- A significant proportion of individuals with noncommunicable diseases experience impairments in sleep, mobility, communication, respiratory capacity, cognition and mental health.
- The Ministry of Health expressed a need for integrated and comprehensive rehabilitation services.
- Evaluation of rehabilitation workforce availability, supply, absorption, distribution, quality, .. (GROWE)
- This evaluation is the result of a collaborative effort between the Ministry of Health, the Ministry of Education, Science, Culture and Sports, the Ministry of Labour and Social Affairs and WHO.

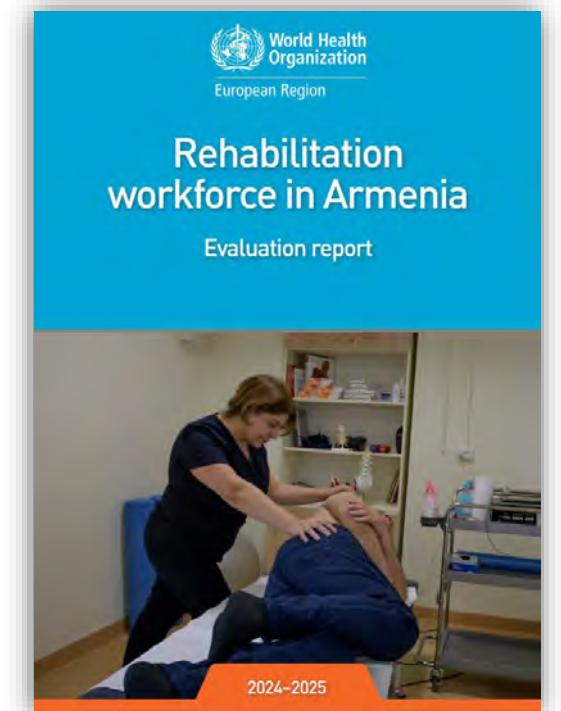
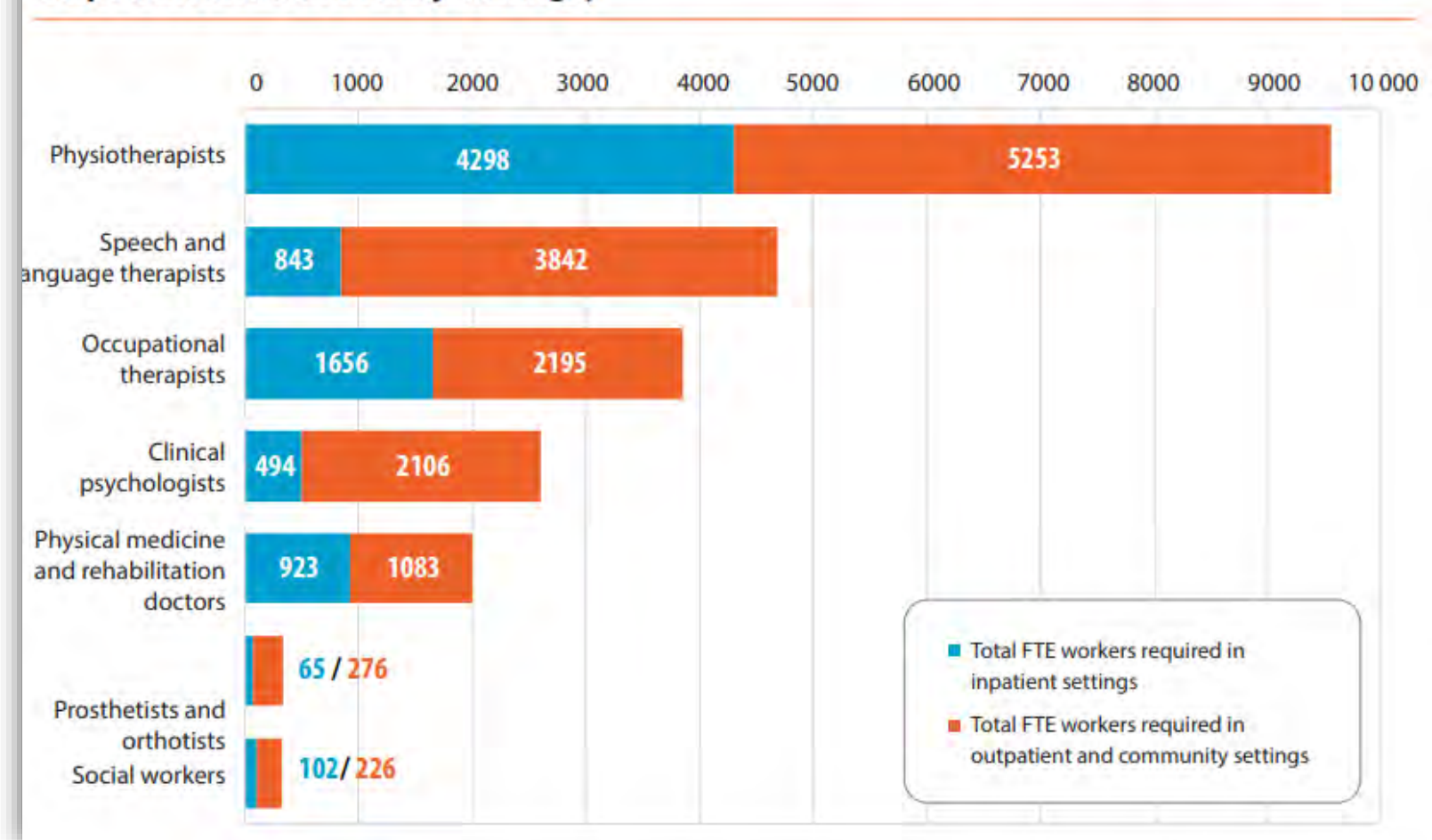
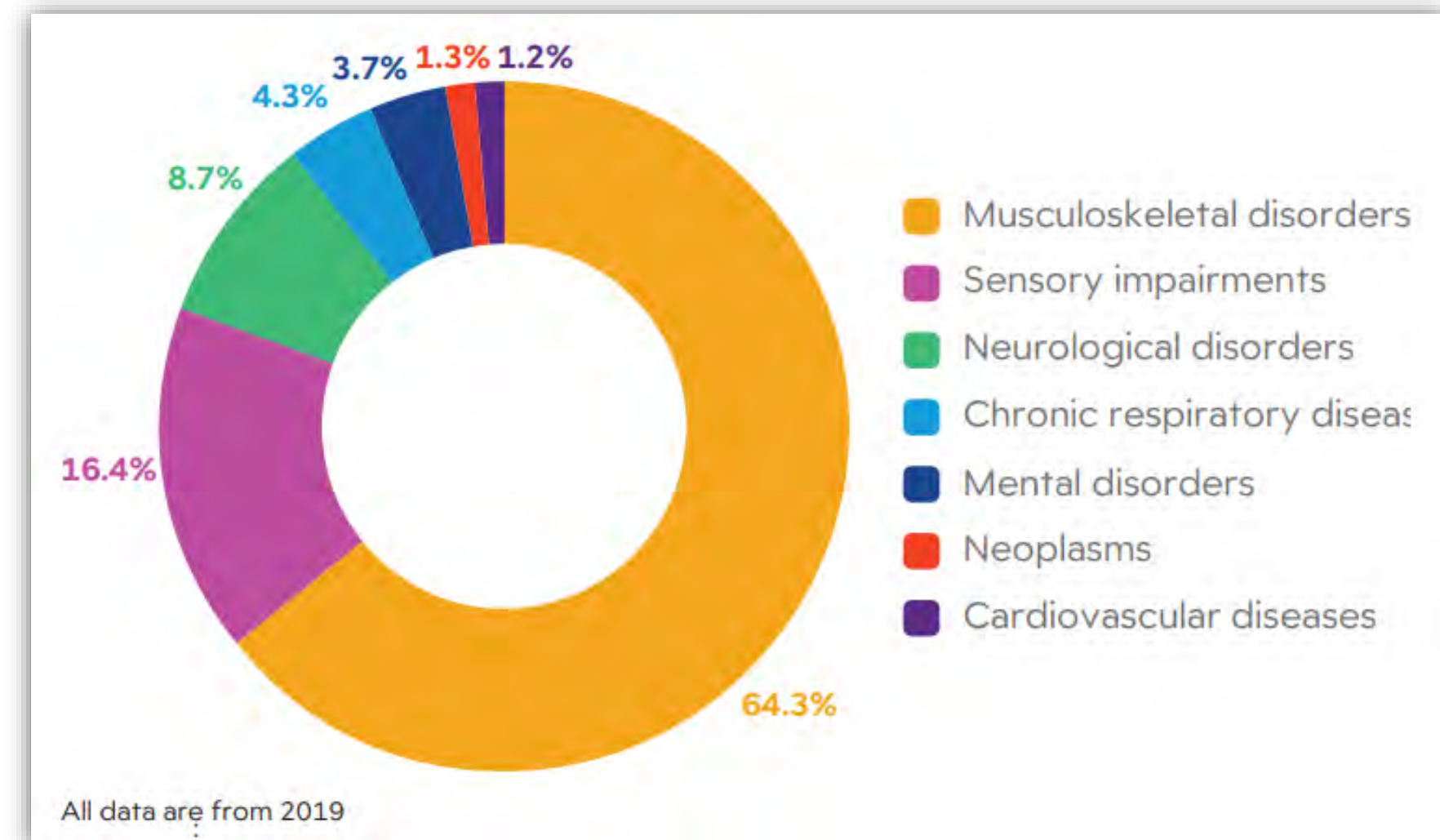
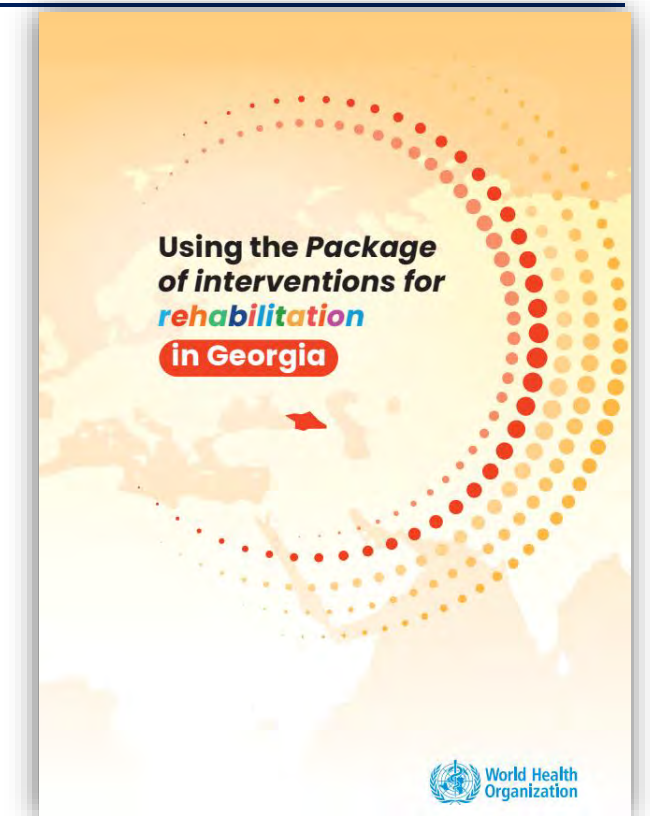


Fig. 7. Number of workers (FTE) from each occupation required to meet the needs of the 24 selected health conditions in Armenia, disaggregated by setting (inpatient and outpatient and community settings)



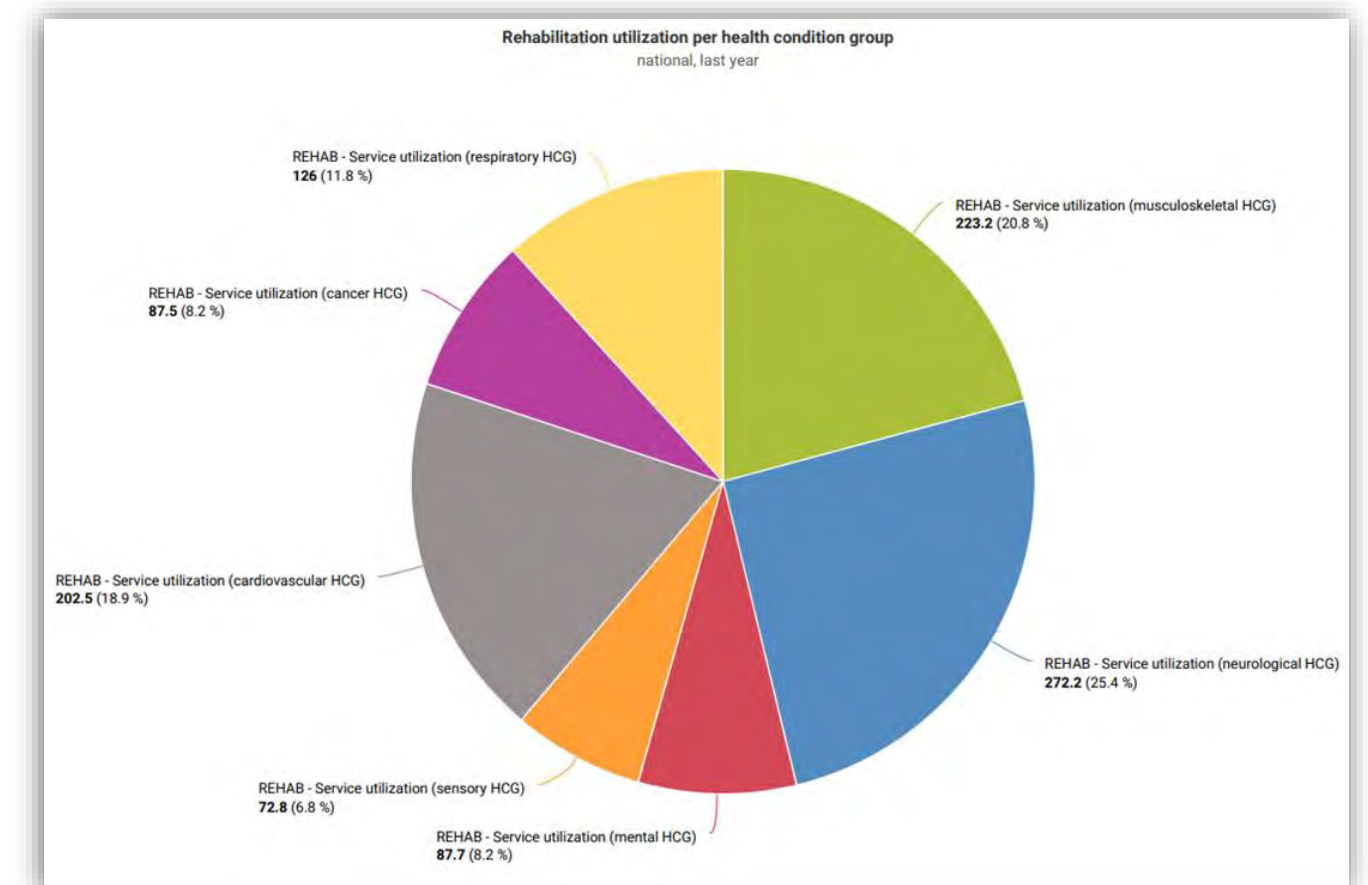
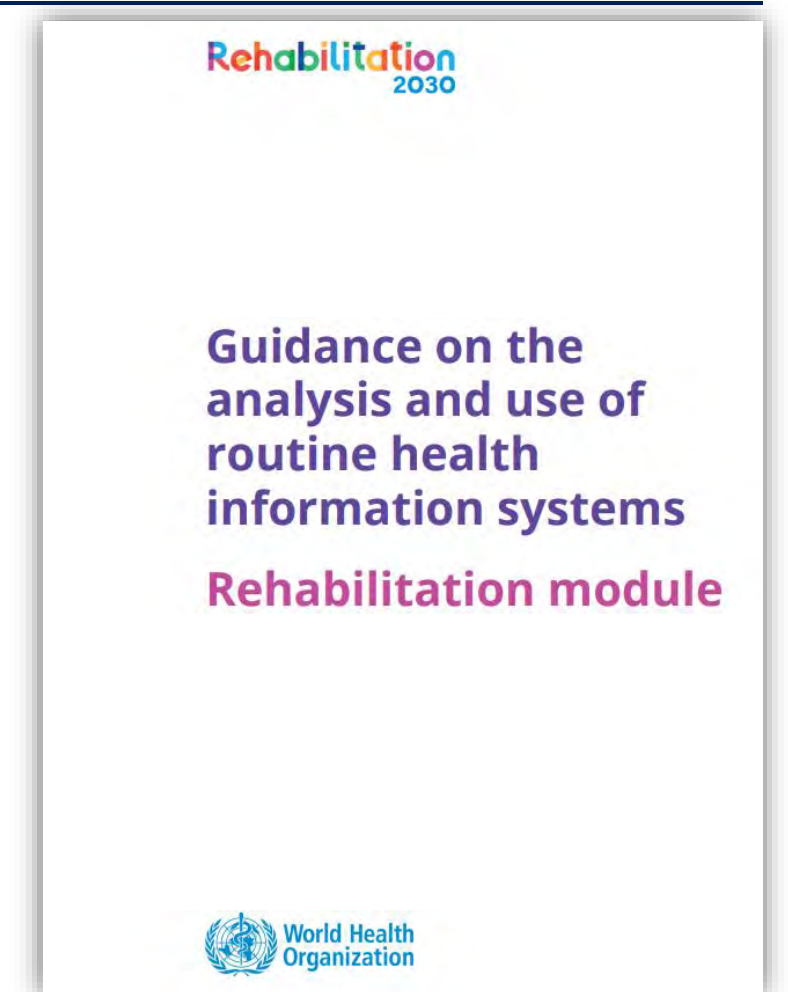
# Georgia - essential package development

- Universal Health Care Programme (UHCP) is the primary mechanism for health financing.
- However, rehabilitation was not addressed in these benefit packages - people pay almost exclusively 'out of the pocket'
- Ministry of Internally Displaced Persons, Labour, Health, and Social Affairs requested to
  - a) prioritize beneficiaries; cerebral palsy, vision impairment, hearing loss, disorders of intellectual development, autism spectrum disorders, stroke, traumatic brain injury, spinal cord injury, low back pain, fractures and amputation
  - b) define the rehabilitation interventions from WHO PIR
  - c) cost and budget the rehabilitation service package



# Uganda - monitoring accessibility of rehabilitation

- Uganda is a country with a considerable unmet need for rehabilitation services, particularly for NCD's.
- Ministry of Health decided there is a need to establish reporting infrastructure to assess unmet needs, monitor service provision, and support informed decision-making and resource allocation.
- Integration of rehabilitation indicators for routine data collection (RHIS)
  - To what extent are rehabilitation services used by people with neurological, musculoskeletal, respiratory, cardiovascular health conditions, and cancer?
  - How timely is rehabilitation service delivery?
  - To what extent do people have access to assistive products?



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# Thank you

For more information, please contact:



WHO Rehabilitation Programme  
[rehabilitation@who.int](mailto:rehabilitation@who.int)



# World Rehabilitation Alliance

**Amy Jo Collins**

Coordinator, World Rehabilitation Alliance, NMH Department, WHO



# WRA at a glance

*A WHO-hosted global network supporting implementation of the Rehabilitation 2030 Initiative.*

# 120+

## MEMBERS

Member organisations convened across all sectors of the rehabilitation field.

*Established 2023 · WHA Resolution 76.6 (2023)*

### Members span the full rehabilitation ecosystem

- **UN agencies and intergovernmental organisations**  
Global health and development partners
- **Civil society organisations**  
Advocacy networks and service partners
- **Academic and research institutions**  
Evidence generation and policy translation
- **Professional associations**  
Spanning the rehabilitation workforce
- **Private sector**  
Industry and innovation partners

**WRA convenes and champions. Its power lies in the reach and commitment of its members.**

# The scale of the rehabilitation need

*Of the 2.6 billion people globally who would benefit from rehabilitation, the majority are living with noncommunicable diseases.*

**2.6**  
**BILLION**

people globally live with a health condition that would benefit from rehabilitation.

*1 in 3 people worldwide · Cieza et al., Lancet 2020 (GBD 2019)*

## Most of this need is driven by noncommunicable diseases

- **Musculoskeletal**  
1.71 billion people — the largest contributor. Low back pain leads in 134 of 204 countries.
- **Neurological**  
Stroke, traumatic brain injury, dementia, spinal cord injury, cerebral palsy (50 million).
- **Sensory impairments**  
Vision and hearing loss — second largest contributor, mostly age-related.
- **Cardiovascular and chronic respiratory**  
COPD is the largest single condition. Cardiac rehabilitation is among the best-evidenced interventions.
- **Cancer and mental health conditions**  
Growing rehabilitation need across the survivorship continuum.

**The need has grown 63% since 1990 — driven by ageing, rising NCDs, and people surviving longer with chronic conditions.**

# NCDs as a WRA priority

Rehabilitation was absent from the 2018 Political Declaration. The WRA February 2025 policy brief set out 8 asks — 5 are directly reflected in the adopted text, 2 are addressed in adjacent forums, and 1 remains an open dialogue with the GMF revision under way.

WRA asked for	
Rehabilitation as an essential and integral part of comprehensive NCD management	<i>Paragraphs 25, 48(b), 59, 61, 68</i>
National NCD policies embedding rehabilitation with sustained funding	<i>Paragraph 25 (UHC)</i>
Strengthened multidisciplinary rehabilitation workforce	<i>Paragraph 59 (workforce)</i>
Rehabilitation integrated into primary health care	<i>Paragraph 59 (PHC)</i>
Coverage of rehabilitation and assistive technology; reduced out-of-pocket cost	<i>Paragraph 68 (financial protection)</i>
Research funding on rehabilitation in NCD contexts	<i>Paragraph 61 (research and innovation)</i>
Rehabilitation in humanitarian emergencies	<i>Through WHA76.6 implementation</i>
<b>Functioning and rehabilitation reporting in the NCD Global Monitoring Framework</b>	<b>Open dialogue — GMF revision under way</b>



After absence from the 2018 declaration, rehabilitation is now woven through the NCD response. The political framework has widened.

# How do we move forward from here?

*The political moment has arrived. There is collective work to be done.*

## Two architectural priorities

### Rehabilitation integration

Into health systems — across NCDs, ageing, injuries, and humanitarian emergencies.

### Functioning as a dimension

Recognised alongside mortality and morbidity in the global health architecture. WRA's advocacy position.

## Entry points for the GCM community

### Membership

GCM Participants not yet WRA members are welcome to join. Open across UN agencies, civil society, academia, professional associations and member states.

### Thematic/Workstream engagement

NCDs is the natural entry; primary care, workforce, emergencies, and research workstreams are also active.

### Open invitation

Space for a joint piece across the disability, rehabilitation, and NCD communities — think piece, commentary, or convening on next steps.

Functioning matters · Rehabilitation works · Now is the moment

A network diagram with nodes and connecting lines, set against a dark blue background. The nodes are represented by small circles, and the lines are thin, light-colored lines connecting the nodes in a complex, interconnected pattern.

# Insights and Exchange



# Closing Remarks

**Guy Fones**

Unit Head,

WHO Cross-cutting and Integration Unit (CAI/NMH)



# Closing Remarks

**Katia de Pinho Campos**

**Technical Lead, WHO GCM/NCD**



# Thank You

## The Global Coordination Mechanism on Noncommunicable Diseases (GCM/NCD)



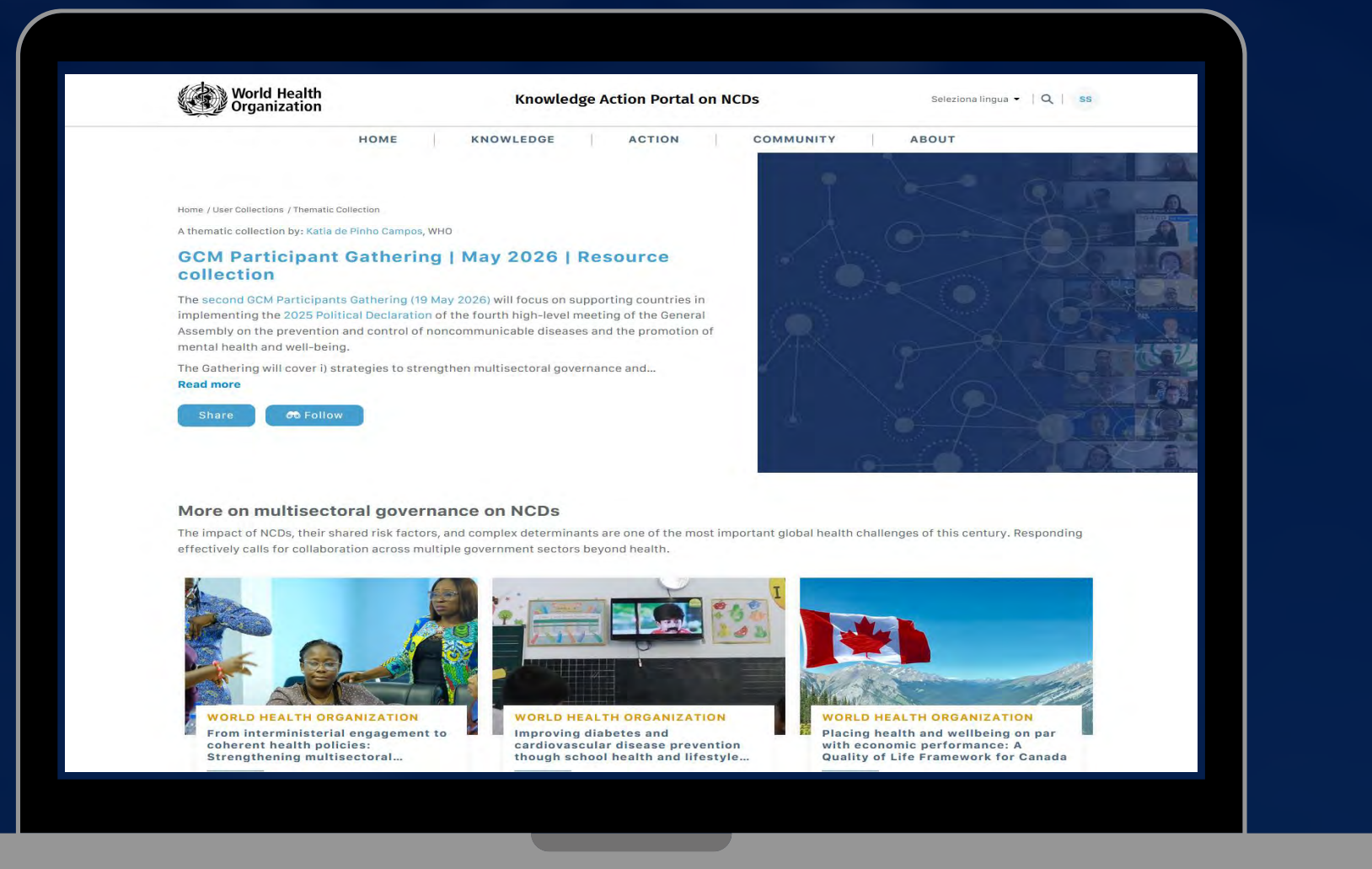
### Contact Us:

**Katia de Pinho Campos, WHO HQ**  
Technical Lead (GCM/NCD) ([depinhocamposk@who.int](mailto:depinhocamposk@who.int))

► **Team Mailbox**  
[gcmncd@who.int](mailto:gcmncd@who.int)

Cross-cutting and Integration Unit (CAI)  
**Department of Noncommunicable  
Diseases and Mental Health**

# Explore the Thematic Collection on the Knowledge Action Portal



A network diagram with white nodes and lines on a dark blue background, representing a group or community.

# Group Photo