



Side Event on the Margins of the 78th World Health Assembly

“Global Health Equity: A Shared Responsibility in Addressing NCDs Burden for All, including Migrants and Refugees”



Auditorium, Fondation Campus Biotech, Geneva

18:30, May 20th, 2025 | Hybrid Format | 100 Minutes

Hosted by: The Arab Republic of Egypt, The Republic of Peru, World Health Organization (WHO), International Organization for Migration (IOM)



Co-sponsored by: Bahamas, Burundi, Colombia, Cuba, Greece, Iraq, Japan, Malta, Mauritania, Morocco, Nepal, Nigeria, North Macedonia, Oman, Palestine, Portugal, Spain, Sudan, São Tomé et Príncipe, Tunisia, Uzbekistan, and Vanuatu, University of Calgary, the United Nations High Commissioner for Refugees (UNHCR), the United Nations Relief and Works Agency (UNRWA), United Nations Development Programme (UNDP), the International Federation of Red Cross and Red Crescent Societies (IFRC), the World Federation of Hemophilia (WFH), NCD Alliance, Coalition for Global Hepatitis Elimination (CGHE).



Executive Summary

In an era marked by complex global crises; including conflict, humanitarian crisis, climate change, disasters, economic instability, and public health emergencies —addressing the burden of non-communicable diseases (NCDs) has become an urgent global health priority. NCDs and mental health conditions constitute a serious global health crisis, posing a major obstacle to achieving sustainable development. The increasing global crisis of climate change is bringing into focus the multiplier effect of climate change on NCD burden, especially for those most vulnerable. The disproportionate burden of NCDs in Africa, developing nations, and people in vulnerable situations, including migrants and refugees, highlights the urgent need for global cooperation and shared responsibility in addressing this challenge.

NCDs account for 71% of all deaths worldwide, with the majority occurring in low- and middle-income countries (LMICs), where health systems often struggle to provide comprehensive prevention and care.

The United Nations (UN) and the World Health Organization (WHO) have spearheaded multiple global initiatives to tackle NCDs, including the Global Action Plan for the Prevention and Control of NCDs (2013–2020, extended to 2030), and key World Health Assembly (WHA) resolutions such as WHA53 on NCD prevention and control, WHA56 on the WHO Framework Convention on Tobacco Control, and WHA61 on implementing the global NCD strategy. Despite these efforts, the burden continues to rise, exacerbated by climate change, economic instability, conflicts, humanitarian crises, and weak healthcare systems. Furthermore, WHO's global action plan on promoting the health of refugees and migrants, 2019-2030 (GAP) recommends the development of national guidance, models and standards that are designed to underpin the prevention and management of NCDs.

Egypt has demonstrated leadership in combating NCDs through initiatives such as the Presidential “100 Million Healthy Lives Initiative”, which provides free nationwide screening and treatment for chronic diseases, including for migrants and refugees. However, developing nations alone cannot bear the cost of this crisis. Developed countries have a moral and economic obligation to support global NCD prevention and management through technical assistance, financial investments, and equitable healthcare policies. As a Champion Country of the Global Compact for Safe, Orderly and Regular Migration (GCM), Egypt's efforts exemplify how inclusive national health initiatives can support equitable access to NCD services for all, including migrants and refugees.

This side event at the 78th World Health Assembly (WHA78) will provide a platform for high-level discussions, cross-sectoral partnerships, and policy dialogue to address NCDs, particularly among people in most vulnerable situations such as refugees and migrants. It will highlight the need for a coordinated international response to ensure equitable healthcare solutions worldwide. Furthermore, the outcomes of this event can contribute to shaping discussions and commitments ahead of the High-Level Meeting on NCDs at the 80th session of the UN General Assembly, ensuring sustained global momentum and policy action on NCD prevention and management. The outcomes may also encourage Member States to integrate the health needs of refugees and migrants in the political declaration negotiations.



I. Background Information:

NCDs are the leading cause of death and disability worldwide, responsible for at least 43 million deaths in 2021, equivalent to 75% of non-pandemic-related deaths globally. The burden is especially severe in LMICs, where 77% of NCD deaths occur. The most prevalent NCDs include cardiovascular diseases (17.9 million deaths annually); cancers (9.3 million); respiratory diseases (4.1 million); and diabetes (1.5 million). Mental health conditions are also a major contributor to NCD-related disability worldwide. Seven of the ten leading causes of death worldwide are NCDs, including ischemic heart disease, stroke, chronic obstructive pulmonary disease, lung cancer, dementias, diabetes, and kidney diseases. Beyond mortality, NCDs result in long-term disabilities, economic hardship, and reduced workforce productivity, further exacerbating global health inequalities.

The worldwide burden of NCDs is compounded by health inequalities hitting the poorest and most vulnerable people, including refugees and migrants, particularly those in irregular situations. The migration trajectory – whether voluntary or forced – shapes health risks, access to care, and exposure to NCD determinants. The compounding effects of forced displacement, climate change, food insecurity, environmental degradation, and fragile health systems leave millions – especially refugees and migrants – without consistent access to prevention, treatment, and continuity of care for NCDs. WHO's Global Evidence Review on Health and Migration (GEHM) on NCDs underscored the urgent need for migrant-inclusive policies that ensure uninterrupted NCD prevention, treatment and management across all stages of migration.

The key to reducing NCD-related mortality is healthy lifestyles, access to preventative support, and long-term continuity of care. NCDs require lifelong management, yet migrants and refugees often face fragmented health systems, legal barriers, financial constraints, and limited access to preventive care, as well as challenges in accessing continuity of care. These challenges disrupt diagnosis, treatment, and continuity of care, particularly for those in transit or living in humanitarian settings or without. There is a need for strengthened governance and policies, research and data monitoring, and health service delivery to ensure inclusive NCD actions in internationally agreed goals and targets.

Amidst escalating global challenges; including conflict, humanitarian crisis, climate change, natural disasters, economic instability, and public health challenges – NCDs disproportionately impact LMICs, especially in Africa, the Global South, and regions with large, displaced populations. While these crises amplify health vulnerabilities worldwide, developing countries often lack the resources and infrastructure to respond effectively, forcing them to shoulder an unequal burden with limited external support.

The economic burden of NCDs in developing nations is staggering, with NCD treatment costs projected to exceed \$7 trillion in LMICs by 2030. Households in developing countries often face catastrophic out-of-pocket healthcare costs, pushing millions into poverty due to medical expenses. Productivity losses due to NCD-related deaths and disabilities hinder economic growth, further widening the gap between developed and developing nations. Without intervention, these economic strains will continue to exacerbate poverty cycles and slow national development efforts in regions already struggling with financial constraints.



The intersection of climate change, migration, displacement, and health has exacerbated NCD risk factors, including food insecurity, air pollution, extreme heat exposure, and disruptions in healthcare access, particularly affecting people living in vulnerable situations. Climate-related displacement further disrupts the social determinants of health, exacerbating risk factors and interrupting healthcare access and continuity of care and support, leading to disrupted primary, secondary and tertiary prevention, and worsened health outcomes. Without urgent action, the rising tide of NCDs will hinder global efforts to achieve Sustainable Development Goal (SDG) 3.4, which calls for a one-third reduction in premature mortality from NCDs by 2030.

Despite global progress in reducing premature deaths from NCDs, the number of people affected is increasing due to aging populations, urbanization, changing lifestyles, and climate change. Modifiable risk factors – including tobacco use, alcohol consumption, physical inactivity, and unhealthy diet – significantly increase the risk of developing NCDs. Air pollution alone is responsible for 6.7 million deaths annually, with 5.7 million linked directly to NCDs such as heart disease, stroke, and lung cancer. Addressing these risk factors through prevention, screening, and treatment remains a key global priority.

Air pollution alone causes over 1.1 million deaths annually in Africa due to respiratory diseases. Food insecurity caused by droughts and extreme weather patterns increases malnutrition and diet-related NCDs, particularly in sub-Saharan Africa and South Asia. Heat-related illnesses are worsening cardiovascular and respiratory conditions, particularly among urban poor and displaced populations, further straining already overburdened health systems. Migrants and those forcibly displaced are especially vulnerable to these exposures. These environmental factors highlight the interconnected nature of global health challenges and the urgent need for integrated approaches to climate change adaptation and health system strengthening.

In Africa, NCDs caused 37% of deaths in 2019, up from 24% in 2000, with cardiovascular diseases, diabetes, and cancers leading the toll. Africa is also experiencing a triple burden of disease, struggling with infectious diseases, rising NCDs, and high rates of injuries. Cardiovascular diseases are responsible for 37% of all NCD deaths in Africa, causing approximately 13% of all deaths on the continent. Cancer remains a critical issue, with 1.1 million new cancer cases and 700,000 deaths recorded in 2020. Cancer deaths in Africa are projected to exceed the global average by 30% in the next 20 years. Diabetes is another growing health crisis, with 24 million people diagnosed in Africa in 2021, a number expected to increase by 129% to 55 million by 2045. Sickle Cell Disease (SCD) is also a major concern, with 75% of the 300,000 to 400,000 newborns diagnosed annually worldwide being born in Africa.

Latin America and Asia also bear a significant burden of NCDs, with rapid urbanization, aging populations, and environmental degradation worsening the crisis. In Latin America, NCDs account for nearly 80% of all deaths, with cardiovascular diseases and diabetes being the leading causes. Many countries in the region struggle with high obesity rates and poor access to essential healthcare services, particularly in rural and marginalized urban areas.

Asia, home to more than half of the global population, faces an increasing NCD crisis, with the region accounting for over 60% of global diabetes cases. Air pollution remains a severe public health threat in many Asian megacities, contributing to rising rates of respiratory diseases, heart



disease, and stroke. Both regions face unique challenges but share common barriers such as economic inequality, healthcare disparities, and the need for stronger policy commitments to curb the growing NCD burden.

Egypt has taken a proactive approach to NCD prevention and control through the 100 Million Healthy Lives Initiative, which has screened over 65 million people for hypertension, diabetes, and obesity. The initiative has also included migrants and refugees in national healthcare programs and expanded access to cancer screenings, cardiovascular disease treatment, and tobacco control programs. Additionally, Egypt has implemented anti-smoking regulations and healthy lifestyle campaigns. While Egypt's efforts serve as a model, sustaining such initiatives requires global partnerships and financial commitments.

The UN and WHO have led various global initiatives to combat NCDs, including the Global Action Plan for the Prevention and Control of NCDs (2013–2020 extended to 2030), which provided a roadmap and strategies to reduce premature NCD deaths worldwide, with a target of reducing global mortality from NCDs by one third by 2030, in alignment with the SDGs. The NCD global action plan recommends Member States to integrate the prevention and control of NCDs into health-planning processes and development plans, with special attention to social determinants of health, gender equity and the health needs of people living in vulnerable situations, including migrant populations. The WHA53 in 2000 recognized NCDs as a global challenge and urged national strategies, while WHA56 in 2003 established the WHO Framework Convention on Tobacco Control (FCTC), reducing tobacco-related deaths. WHA61 in 2008 strengthened commitments for integrating NCD prevention into national health policies. Despite these efforts, developed nations must take greater responsibility in assisting LMICs through financial investments, policy support, and knowledge-sharing. The economic and humanitarian cost of inaction is too great to ignore.

In 2022, the 69th Eastern Mediterranean Regional Committee endorsed a strategy to enhance the health and well-being of refugees, migrants, and other displaced populations. The goals are: integrating them into national health policies, responding to emergencies swiftly, addressing social determinants of health, and strengthening partnerships. This aligns with WHO's vision of health for all by improving the health of refugees and migrants across all settings and migration routes.

WHO has also prioritized improving the health of refugees and migrants at the global level. In May 2023, the Seventy-sixth World Health Assembly extended the timeframe of the GAP until 2030 (WHA76.14). This decision underscores the ongoing commitment to improving health equity and healthcare access for displaced populations, including recommendations to support the development of national guidance, models and standards designed to underpin the prevention and management of communicable and noncommunicable diseases and mental health conditions. This is aligned with the Global Compact for Migration (GCM), which encourages Member States to integrate the health needs of migrants into national systems; Egypt, as a GCM Champion Country, has played a visible role in advancing such efforts with the support of IOM and other partners.

In 2024, the WHO's Fourteenth General Programme of Work (GPW14) for the first time prioritized refugee and migrant health as a key global health agenda item.



At WHA78, the WHO Secretariat will present the first progress report on the implementation of the GAP, reflecting progress from early 2023 until early 2025. The report highlights several initiatives aimed at advancing the health of refugees and migrants, promoting collaboration, and monitoring GAP implementation globally. These include the WHO GAP Monitoring Framework, which, in consultation with Member States, establishes the first baseline for monitoring refugee and migrant health and measuring GAP implementation and GPW14 progress. Additionally, WHO's Dashboard of Global Initiatives showcases global efforts and Member States' successes and challenges in implementing health policies, systems, and action plans tailored for refugee and migrant populations.

Finally, research initiatives, such as the WHO Global Research Agenda on Health, Migration, and Displacement, and the reviews on health system strengthening for displaced and migrant populations in the context of climate change, and on internally displaced persons and access to health, further contribute to strengthening the evidence base on NCDs and on health systems response for migrant and displaced populations, supporting informed policy decisions, and promoting effective health interventions.

Despite the global nature of these challenges, wealthier nations have greater capacity to invest in healthcare infrastructure, research, and policy innovations, yet the responsibility for addressing the growing NCD crisis remains heavily shifted toward countries already facing economic and humanitarian pressures.

II. Event Details:

Type	Side-event on the margins of the 78th World Health Assembly
Title	Global Health Equity: A Shared Responsibility in Addressing NCDs Burden For All, including Migrants and Refugees
Date	Tuesday, 20 th May 2025
Venue	Auditorium, Fondation Campus Biotech, Geneva
Time	18:30
Duration	100 minutes
Format	Hybrid (English only)
Host	Egypt, Peru, WHO, IOM
Co-sponsors	Bahamas, Burundi, Colombia, Cuba, Greece, Iraq, Japan, Malta, Mauritania, Morocco, Nepal, Nigeria, North Macedonia, Oman, Palestine, Portugal, Spain, Sudan, São Tomé et Príncipe, Tunisia, Uzbekistan, and Vanuatu, University of Calgary, the United Nations High Commissioner for Refugees (UNHCR), the United Nations Relief and Works Agency (UNRWA), United Nations Development Programme (UNDP), the International Federation of Red Cross and Red Crescent Societies (IFRC), the World Federation of Hemophilia (WFH), NCD Alliance, Coalition for Global Hepatitis Elimination (CGHE).

III. Objectives

This side event will serve as a critical platform for dialogue and collaboration, fostering evidence-based policymaking and advocating for more equitable burden-sharing to ensure that no nation or people in most vulnerable situations such as refugees and migrants are left behind, with the aim to reach the furthest behind first and that global health and well-being remain a priority.



This side event will bring together key partners from Member States, policy makers, intergovernmental international and regional organizations, non-state actors, academic institutions, among others, to share experiences and discuss progress, challenges, and strategies for addressing the burden of NCDs globally and among refugees and migrants, especially in the changing global landscape.

It will build on the WHO GAP progress report prepared by the WHO Secretariat for the WHA78 as well as important developments and lessons learned in addressing NCDs at global, regional, national and subnational levels.

The primary objectives of this event are to highlight the global NCD burden and its impact on people in the most vulnerable situations, emphasize the role of developed nations in supporting NCD prevention and management in LMICs, explore the intersection between NCDs, migration, displacement, and climate change, and provide a platform for sharing best practices, research, and innovative solutions.

Additionally, this event will contribute to shaping discussions and informing commitments ahead of the upcoming high-level meeting on NCDs during the 80th UN General Assembly, ensuring continued momentum and coordinated global action in tackling this growing crisis.

IV. Expected Outcomes

1. **Momentum for the 80th UN General Assembly:** Shaping discussions and commitments leading up to the High-Level Meeting on NCDs at the 80th UNGA, ensuring that insights and policy directions from WHA78 contribute to sustained global momentum and coordinated action.
2. **Increased Political Commitment:** Strengthened political will from Member States and international organizations to prioritize NCD prevention and management within national and global health agendas, to support populations most at risk including refugees and migrants.
3. **Enhanced Policy and Financial Commitment:** Advocacy for increased investment in NCD prevention and treatment, including sustainable financing mechanisms and policy innovations, particularly for LMICs, humanitarian settings, and refugees and migrants.
4. **Strengthened Multi-sectoral Collaboration:** Promotion of partnerships between governments, international organizations, academia, civil society, and the private sector to accelerate action on NCDs.
5. **Integration of Refugee and Migrant Health into NCD Strategies:** Support for policies ensuring equitable access to NCD prevention and care for displaced populations, aligning with WHO's Global Action Plan on Promoting the Health of Refugees and Migrants.
6. **Knowledge Sharing and Best Practices:** Dissemination of evidence-based solutions and innovative approaches to tackling NCDs across different regions, with a focus on addressing climate change, migration, and economic instability as key determinants of health.
7. **Mobilization of International Cooperation:** Advancement of sustainable solutions to NCD prevention and management, ensuring that no nation or vulnerable population is left behind.

V. Participation:

A. Member States

High-level officials from the Ministries of Health, Foreign Affairs and other senior officials responsible for health policies nationally and regionally, as well as those concerned with refugee and migrant health policies worldwide.

B. Representatives from United Nations Agencies

Representatives from:

- The International Organization for Migration (IOM).
- The United Nations High Commissioner for Refugees (UNHCR).
- The World Health Organization (WHO).

C. Non-State Actors

Including representatives from refugee and migrant communities and non-governmental organizations:

- World Economic Forum (WEF)
- International Committee of the Red Cross (ICRC)
- International Federation of Red Cross and Red Crescent Societies (IFRC)
- Medicines Sans Frontières (MSF)
- Union for International Cancer Control (UICC)
- Program for Appropriate Technology in Health (PATH)
- Global Health Alliances
- Institute of Philanthropy (IOP).
- Private-Sector Partners Engaged in NCDs Prevention and Management
- Refugee and Migrant Health Advocates

D. International and Regional Organizations

- Arab League
- African Union

E. Academic Institutions

- University of Calgary

F. Policy Makers

VI. Draft agenda:

Time	Item	Description
18:30 – 18:33	Opening	Moderator: Dr. Hatem Amer, Associate Minister of Health and Population for International Relations and Treaties, Egypt
18:34 – 19:00 (4 mins + 1 min introduction / transition)	Keynote Addresses	<ol style="list-style-type: none"> 1. H.E. Prof. Dr. Khaled Abdel Ghaffar, Deputy Prime Minister for Human Development, Minister of Health and Population, the Arab Republic of Egypt 2. H.E. Ambassador Luis Chuquihuara Chil, Permanent Representative of the Republic of Peru to the United Nations Office at Geneva 3. Dr. Santino Severoni, Director, Health and Migration, World Health Organization (WHO) on behalf of the WHO Director-General. 4. Mr. Vincent Hoover, Director, Department of Mobility Pathways and Inclusion, International Organization for Migration (IOM) on behalf of the IOM Director-General.
19:00 – 19:10 (2 minutes each)	High-level Remarks	<p><i>Up to 7 Ministers/High Level Representatives (TBC)</i></p> <ol style="list-style-type: none"> 1. H. E. Dr. Mustapha Ferjani, Minister of Health, Tunisia 2. H. E. Dr. Jo Etienne Abela, MP, Minister for Health and Active Ageing, Malta 3. H.E. Mr. Pradip Paudel, Minister of Health and Population, Nepal (TBC) 4. H. E. Dr. Haitham Mohamed Ibrahim, Minister of Health, Sudan 5. H.E. Dr. Salih Al-Hasnawi, Minister of Health, Iraq (TBC) 6. H.E. Dr. Maged Abu Ramadan, Minister of Health, Palestine 7. H.E. Dr. Iziaq Adekunle Salako, Minister of State, Health & Social Welfare, Nigeria 8. H. E. Dr. Javier Padilla, State Secretary for Health, Spain 9. H.E. Ambassador João António da Costa Mira Gomes, Permanent Representative to the United Nations, Portugal 10. H. E. Ambassador Eldiyor Toshmatov, Permanent Representative to the United Nations, Uzbekistan 11. H.E. Archbishop Ettore Balestrero, Permanent Observer to the United Nations, Holy See (Vatican) 12. Mr. Yoshizane Ishii, Deputy Permanent Representative, Japan
19:15 – 20:00 45 mins (3 mins each + 1 min transition)	Panel Discussion	<p><i>Up to 6 speakers (TBC)</i></p> <ol style="list-style-type: none"> 1. Dr. Samuel Posikai TAPO, Director of Corporate Services & Policy Planning Unit, Ministry of Health, Vanuatu 2. Dr. Abdelkarim Meziane Belfkih, Secretary General of the Ministry of Health and Social Protection, Morocco 3. Dr. José Armando Arronte Villamarin, Cuba (TBC) 4. Dr. Poonam Dhavan, Director, Migration Health Division, IOM 5. Mr. Daniel Mic, Health and Migration, WHO 6. Dr. Allen Gidraf Kahindo Maina, Chief, Public Health Section, UNHCR 7. Dr. Gabriel Fabreau, Associate Professor, University of Calgary 8. Ms. Caroline Holt, Director for Disasters, Climate and Crises, IFRC 9. Mr. Cesar Garrido, President, World Federation of Hemophilia (WFH)

19:55 – 20:05	Q & A	Discussion with the audience
20:09 – 20:10	Closing remarks	Moderator: Dr. Hatem Amer, Associate Minister of Health and Population for International Relations and Treaties, Egypt
20:10 – 21:30	Reception	Networking Reception

DRAFT