

80th World Health Assembly - 2027

Improving affordable access to essential medicines and technologies for children and adolescents living with noncommunicable diseases

Reaffirming the rights set out in the Convention on the Rights of the Child, including article 24 on the right of every child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health, article 6 on every child's inherent right to life, survival and development, and article 23 on the right of children with disabilities to special care and assistance;

Recalling resolution WHA76.16 on the health of Indigenous Peoples, and recognizing that Indigenous children and adolescents may face distinct and persistent barriers to equitable access to essential medicines, diagnostics and health technologies, and require culturally appropriate, rights-based and context-specific approaches to care;

Recognizing that childhood noncommunicable diseases encompass a broad range of chronic conditions, including rare diseases, that require timely diagnosis, quality treatment and ongoing care throughout childhood and beyond to minimize preventable morbidity and mortality;

Recalling United Nations General Assembly resolution 70/1, in particular Sustainable Development Goal 3, including targets 3.2 on ending preventable deaths of newborns and children under 5 years of age, 3.4 on reducing premature mortality from noncommunicable diseases and 3.8 on achieving universal health coverage, including access to safe, effective, quality and affordable essential medicines for all;

Recalling also resolution WHA77.5 on accelerating progress towards reducing maternal, newborn and child mortality, and recognizing the importance of newborn screening, where appropriate, as part of integrated child health services to enable early diagnosis and timely treatment during the critical early-life window;

Recalling further the Political Declaration of the fourth High-level Meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being, adopted in 2025, including its target that, by 2030, at least 80 per cent of primary health care facilities in all countries have access to affordable essential medicines and basic technologies for noncommunicable diseases and mental health conditions;

Emphasizing the importance of ensuring that the targets set out therein, including those related to prevention and control policies, financial protection, multisectoral national strategies, and surveillance and monitoring systems, are implemented in ways that explicitly address the needs of children and adolescents;

Recalling also the WHO diabetes coverage targets for 2030, endorsed by Member States at the Seventy-fifth World Health Assembly, including the target of universal access to affordable insulin and blood glucose self-monitoring for people with type 1 diabetes, and acknowledging the target of at least 60 per cent survival for children with cancer globally under the WHO Global Initiative for Childhood Cancer;

Recalling also the Political Declaration of the High-level Meeting on Universal Health Coverage, entitled “*Universal health coverage: moving together to build a healthier world*”, and resolution WHA72.2 on primary health care towards universal health coverage;

Recognizing further that childhood represents a critical window of opportunity during which early diagnosis and timely treatment can optimize survival, growth, development and long-term outcomes, that action across the life course is essential to prevent and control noncommunicable diseases, and that early investment in diagnosis and treatment can yield substantial health, social and broader societal benefits;¹

Recognizing also that a child-focused response is needed because childhood noncommunicable diseases often differ from adult noncommunicable diseases in their causes, presentation and care pathways, including a higher burden of congenital, genetic, rare and early-onset conditions, and because children require age-appropriate diagnosis, paediatric formulations, appropriately sized devices, family-centred care and long-term follow-up, while remaining dependent on caregivers and health systems for timely access to quality treatment and care;

Acknowledging the importance of existing WHO tools to support Member States in improving access to essential health products, including the WHO Model List of Essential Medicines, the WHO Model List of Essential Medicines for Children, the WHO Essential Diagnostics List, and the Global Accelerator for Paediatric Formulations;

Recognizing, where relevant, the role of preventive health technologies, including vaccines, in reducing the burden of certain noncommunicable diseases, including some cancers;

Recalling also resolution WHA72.8 on improving the transparency of markets for medicines, vaccines, and other health products, resolution WHA76.5 on strengthening diagnostics capacity, and the 2022 Human Rights Council resolution on access to medicines, vaccines and other health products in the context of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;

Recalling also resolution WHA74.4 on diabetes, WHA70.12 on cancer prevention and control, WHA71.14 on rheumatic fever and rheumatic heart disease, WHA59.20 on sickle-cell anaemia, WHA78.5 on integrated lung health, including asthma, WHA78.6 on kidney disease, WHA63.17 on birth defects (noting congenital heart disease is the most common congenital anomaly) and WHA78.11 on rare diseases;

Recognizing that equitable access to care for children and adolescents living with noncommunicable diseases depends not only on medicines, but also on diagnostics, devices, assistive products, trained health workers, and health-system capacities required to support safe, timely and uninterrupted long-term care;

Deeply concerned that many children and adolescents living with noncommunicable diseases continue to face major barriers in access to affordable essential medicines, diagnostics and other health technologies, particularly in low- and middle-income countries;

¹ Mikkelsen B, Williams J, Rakovac I, et al. “Life course approach to prevention and control of non-communicable diseases.” *BMJ*. 2019;364:l257. doi:10.1136/bmj.l257.
<https://pmc.ncbi.nlm.nih.gov/articles/PMC6349133/>

Recognizing further that such barriers are often compounded by weak procurement and supply systems, limited diagnostic and laboratory capacity, insufficient financial protection, and inadequate integration of care for noncommunicable diseases and rare diseases into primary health care;

Recognizing further that data on childhood noncommunicable diseases remain limited and fragmented in many settings; that patient registers are often lacking; and that children and adolescents under eighteen years of age are excluded from the ranges specified in Sustainable Development Goal indicator 3.4, thereby limiting visibility, policy attention and accountability;

Alarmed that over 2.1 billion children and adolescents under 20 years of age are estimated to be affected by noncommunicable diseases, and that around 1 million children aged 0–19 years die each year from preventable and treatable noncommunicable diseases, spanning a broad range of conditions including congenital birth defects, childhood cancers, severe injuries, haemoglobinopathies, epilepsy, diabetes and other endocrine conditions, chronic kidney disease, chronic respiratory diseases and mental health conditions;²;

Deeply concerned that, in 2022, 2.1 billion people experienced financial hardship due to out-of-pocket health spending, including 1.6 billion people living in poverty or pushed further into poverty³;

Recognizing also that children and adolescents living with noncommunicable diseases, including rare diseases, are especially vulnerable to interruptions in diagnosis, treatment and continuity of care during humanitarian crises, conflicts, displacement, and climate-related disasters and extreme weather events, and that catalytic humanitarian donations and other short-term initiatives may, where appropriate, help secure life-saving supplies while medium- and longer-term solutions are implemented;

Recognizing also that interruptions in access to medicines and technologies for chronic childhood conditions may lead to avoidable complications, disability, hospitalization and premature death;

Acknowledging existing progress and successful global initiatives and models to improve child health and access to essential medicines, diagnostics and health technologies, including through Gavi, the Vaccine Alliance, HIV and Tuberculosis programmes, childhood cancer initiatives, and integrated models of care for severe childhood noncommunicable diseases such as PEN-Plus, and recognizing the WHO Global Initiative for Childhood Cancer as an important model for coordinated action;

Emphasizing that coordinated national and global action, including multisectoral collaboration and integrated approaches to primary health care, will be essential to improve the affordability, availability and appropriate use of essential medicines and technologies for children and

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Global Burden of Disease Collaborative Network. *GBD 2023 Results*. Institute for Health Metrics and Evaluation, 2025.

³ World Health Organization. *Universal health coverage (UHC)*. Fact sheet. ([https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)))

adolescents living with noncommunicable diseases, as part of efforts to strengthen health systems, advance universal health coverage, and ensure that no child is left behind⁴;

1. URGES Member States,

- (1) to integrate the needs of children and adolescents living with noncommunicable diseases, including rare diseases, into national health policies, strategies and plans, including those related to universal health coverage, primary health care, essential medicines and essential diagnostics;
- (2) to promote the meaningful, age-appropriate engagement of children and adolescents living with noncommunicable diseases, their families and caregivers, and patient and family organizations in the design, implementation, monitoring and evaluation of policies, programmes and services, including those related to access to essential medicines, diagnostics, health technologies and long-term care;
- (3) to prioritize equitable and affordable access to essential medicines, diagnostics and health technologies for children and adolescents living with noncommunicable diseases within national efforts to achieve universal health coverage, including through pricing, coverage and reimbursement policies;
- (4) to integrate the prevention, early diagnosis, treatment and long-term follow-up of childhood noncommunicable diseases into primary health care and referral systems, as appropriate, in order to promote timely diagnosis, continuity of care and equitable access across all levels of the health system, and to seize the critical early-life window in which intervention can optimize outcomes across the life course;
- (5) to strengthen and progressively expand newborn screening programmes and referral pathways as part of integrated child health services, in order to enable early diagnosis and timely access to essential medicines, diagnostics and health technologies for newborns, infants and children living with noncommunicable diseases, including rare diseases;
- (6) to include, as appropriate, priority essential medicines, diagnostics and health technologies for childhood noncommunicable diseases, including rare diseases, in national essential medicines lists and essential diagnostics lists, taking into account relevant WHO tools, and to align related coverage, reimbursement and procurement policies with these priorities, with due attention to age-appropriate formulations, devices and continuity of supply;
- (7) to improve procurement, forecasting, manufacturing and supply chain systems in order to prevent stock-outs, address shortages, support reliable supply planning and ensure the continuous availability of essential medicines, diagnostics and health technologies for children and adolescents living with noncommunicable diseases at all levels of care;

⁴ World Health Organization. *Mapping multisectoral action in response to noncommunicable diseases: a policy brief*. World Health Organization; 2022. <https://iris.who.int/server/api/core/bitstreams/b0846715-8d36-4d8e-b5ca-d333fb5c43a6/content>

- (8) to strengthen preparedness and response measures to ensure uninterrupted access to essential medicines, diagnostics and health technologies, and continuity of care for children and adolescents living with noncommunicable diseases, including rare diseases, during humanitarian crises, conflicts, displacement, and climate-related disasters and extreme weather events;
- (9) to facilitate, where appropriate, catalytic humanitarian donations and other short-term initiatives to secure life-saving supplies for children and adolescents living with noncommunicable diseases, including rare diseases, while medium- and longer-term solutions are implemented;
- (10) to implement, where appropriate, innovative approaches such as prequalification, pooled procurement and regional collaboration to improve the affordability and availability of essential medicines, diagnostics and health technologies for childhood noncommunicable diseases; with especial focus on orphan drugs included in the WHO Model List of Essential Medicines for Children;
- (11) to promote sustainable local and regional production and technology transfer, consistent with quality, safety and efficacy standards, as part of efforts to improve access and strengthen supply security for essential medicines and health technologies for childhood noncommunicable diseases;
- (12) to enhance financial protection measures under universal health coverage in order to reduce out-of-pocket expenditure and protect children and adolescents living with noncommunicable diseases and their families from financial hardship;
- (13) to strengthen health-system capacity, including diagnostic and laboratory capacity, health workforce training that recognizes the role of community health workers, service delivery models that support counselling, education, linkage to care, and safe, people-centred and uninterrupted long-term care for children, adolescents and their families;
- (14) to strengthen data collection, patient registers, data governance, quality oversight, monitoring and accountability mechanisms on access to essential medicines and technologies for childhood noncommunicable diseases, including rare diseases, through age- and sex-disaggregated data, where feasible, in order to improve visibility, planning and continuity of care;

2. REQUESTS the Director-General:

- (1) to provide technical support to Member States, upon request, to strengthen policies, programmes and service delivery for equitable and affordable access to essential medicines, diagnostics and health technologies for children and adolescents living with noncommunicable diseases, including rare diseases;
- (2) to develop or strengthen guidance, tools and implementation support for the prevention, early diagnosis, treatment and long-term management of childhood noncommunicable

diseases, including in primary health care settings and referral systems, as appropriate, in order to promote timely diagnosis and continuity of care;

- (3) to provide support to Member States, upon request, in strengthening newborn screening programmes, including through guidance, tools and implementation support for screening, referral, confirmatory testing and timely initiation of treatment, as appropriate;
- (4) to support Member States, upon request, in reviewing, updating and implementing national essential medicines lists, essential diagnostics lists and related policies so as to better reflect the needs of children and adolescents living with noncommunicable diseases, including rare diseases, with due attention to age-appropriate formulations, relevant health technologies and implementation pathways that facilitate quality-assured access;
- (5) to identify, compile and disseminate good practices, policy options and implementation approaches to improve the affordability and availability of essential medicines, diagnostics and health technologies for childhood noncommunicable diseases, including, as appropriate, through national essential medicines lists, pooled procurement, financial protection measures and integration into primary health care, and increased awareness and implementation of prequalification;
- (6) to support, where appropriate, approaches to strengthen supply security for essential medicines and health technologies for childhood noncommunicable diseases, including through improved forecasting and supply planning, sustainable local and regional production, technology transfer and strategies to prevent and mitigate shortages, the use of relevant WHO mechanisms, including prequalification, and, where appropriate, catalytic humanitarian donations and other short-term initiatives, consistent with quality, safety and efficacy standards;
- (7) to support Member States, upon request, in strengthening preparedness, continuity of essential health services and continuity of care for children and adolescents living with noncommunicable diseases, including rare diseases, during humanitarian crises, conflicts, displacement, and climate-related disasters and extreme weather events, including through approaches that support resilient supply systems and uninterrupted access to essential medicines and health technologies;
- (8) to strengthen multisectoral collaboration, as appropriate, with Member States, United Nations entities, civil society, professional associations, patient and family organizations, academic institutions, the private sector and other relevant stakeholders in order to promote coordinated action on equitable and affordable access to essential medicines and technologies for childhood noncommunicable diseases, including rare diseases;
- (9) to engage, as appropriate, with the private sector in support of equitable and affordable access to essential medicines, diagnostics and health technologies for childhood noncommunicable diseases, including rare diseases, including through transparency, access-oriented pricing approaches, technology transfer and improved supply security;

(10) to support data collection, patient registers, monitoring and accountability on access to essential medicines and technologies for childhood noncommunicable diseases, including through indicators and age- and sex-disaggregated data, where feasible; and to improve the visibility of children and adolescents within global monitoring frameworks;

(11) to raise awareness of the importance of equitable and affordable access to essential medicines, diagnostics and health technologies for children and adolescents living with noncommunicable diseases, including in the context of the fiftieth anniversary of the WHO Model List of Essential Medicines and the twentieth anniversary of the WHO Model List of Essential Medicines for Children in 2027, and the 2027 high-level meeting of the United Nations General Assembly on Universal Health Coverage, as an opportunity to advance implementation by Member States;

(12) to report on progress in the implementation of the present resolution to the Health Assembly in 2029, 2031 and 2033 through the Executive Board.

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