



Seventy-second session

Agenda item 117

Follow-up to the outcome of the Millennium Summit

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**Progress on the prevention and control of
non-communicable diseases****Report of the Secretary-General****Summary*

Pursuant to General Assembly resolution [68/300](#), the present report sets out the progress achieved since 2014 in the implementation of the outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases and of the political declaration of the high-level meeting of the Assembly on the prevention and control of non-communicable diseases, in preparation for a comprehensive review and assessment in 2018 of the progress achieved in the prevention and control of non-communicable diseases.

In the report, it is underscored that action to realize the commitments made in 2011 and 2014 is inadequate, that the current level of progress is insufficient to meet target 3.4 of the Sustainable Development Goals on non-communicable diseases and that the world has yet to fulfil its promise of implementing measures to reduce the risk of dying prematurely from non-communicable diseases through prevention and treatment.

Initiatives to improve access to good-quality essential health-care services and to safe, effective, good-quality and affordable essential medicines and vaccines for the prevention and control of non-communicable diseases have not been scaled up in the majority of developing countries. Political commitments have often not been translated into concrete action. Serious constraints driven by economic and trade promotion interests are impeding the implementation by many Governments of some of the “best buys” and other recommended interventions for the prevention and control of non-communicable diseases, including the taxation of tobacco, alcohol and sugar-sweetened beverages and policies to reduce the impact on children of the marketing of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars or salt. There is also a visible gap in respect of each country’s policy space and leadership to establish and implement policies for the prevention and control of non-communicable diseases.

* The present report was submitted late so as to include the most recent information.



Through the monitoring of progress since 2011, it has been shown that, despite the modest financing requirements and the cost-effectiveness of interventions, funding for national programmes from domestic resources and international finance is still grossly insufficient in developing countries. The level of official development assistance to catalyse additional resource mobilization from other sources has remained close to zero since 2011. While there are undeniable examples of progress, such progress is patchy and will not have a significant impact in terms of reaching target 3.4.

Given the outstanding deficits, it is crucial to reach agreements on a new strategic course and approach to support countries in implementing the “best buys” and other recommended interventions, strengthening health systems, engaging the private sector and measuring progress towards target 3.4.

Going forward, delivering on the world’s promises will require an innovative way of finding new development pathways that effectively address impediments and at the same time encourage creativity and innovation. Such an effort must be accompanied with a reshaping of the ways of working together and the leveraging of genuine partnerships and inclusive action that make full use of existing expertise, technology and resources in supporting the implementation of the “best buys” and other recommended interventions.

The present report is intended to serve as a first reference for the broader consultations to take place.

Prevention and control of non-communicable diseases

I. Introduction

1. The present report is submitted pursuant to paragraph 38 of the outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases, held on 10 and 11 July 2014 (General Assembly resolution [68/300](#)). In that document, ministers and representatives of States and Governments and heads of delegations requested the Secretary-General, in collaboration with Member States, the World Health Organization (WHO) and relevant funds, programmes and specialized agencies of the United Nations system, to submit to the Assembly, by the end of 2017, for consideration by Member States, a report on the progress achieved in the implementation of the outcome document and of the political declaration of the high-level meeting of the Assembly on the prevention and control of non-communicable diseases, in preparation for a comprehensive review, in 2018, of the progress achieved in the prevention and control of non-communicable diseases.

2. The progress achieved from 2011 to 2013 is summarized in the third report of the Director-General of WHO on the prevention and control of non-communicable diseases (see [A/68/650](#)), which should be read in conjunction with the present report.

3. The present report provides an overview of the progress achieved since the adoption of the outcome document, including national efforts (sect. II), global action to accelerate national efforts (sect. III) and recommendations (sect. IV).

4. The progress achieved by the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases is summarized in its reports to the Economic and Social Council of 2014, 2015, 2016 and 2017 (see [E/2014/55](#), [E/2015/53](#), [E/2016/53](#) and [E/2017/54](#)). The corresponding resolutions of the Council, resolutions [2014/10](#), [2015/8](#), [2016/5](#) and [2017/8](#), should be read in conjunction with the present report.

II. National efforts

Where the world stands today

5. Premature deaths from non-communicable diseases are one of the major challenges for development in the twenty-first century, leaving no country untouched. A total of 15 million people aged from 30 to 70 died from non-communicable diseases in 2015. The number of women and men who die prematurely from non-communicable diseases continues to rise disproportionately in low-income and lower-middle-income countries, where, in 2015, 47 per cent (7 million) of the premature deaths from non-communicable diseases occurred, as shown in table 1.

Table 1
Premature deaths from non-communicable diseases, 2015

(Among individuals aged from 30 to 70)

	<i>Women (millions)</i>	<i>Men (millions)</i>	<i>Total (millions)</i>	<i>Percentage</i>
Low-income countries	0.4	0.4	0.8	6
Lower-middle-income countries	2.6	3.6	6.2	41
Upper-middle-income countries	2.4	3.5	5.9	39
High-income countries	0.8	1.3	2.1	14
Total	6.2	8.8	15.0	100

6. As premature deaths from non-communicable diseases are largely preventable, the 15 million deaths among individuals aged from 30 to 70 in 2015 should be viewed in the context of the 12 million preventable deaths from communicable diseases and perinatal conditions and the 5 million from injuries and violence in the same year.¹

7. Globally, the risk of dying prematurely from non-communicable diseases among individuals aged from 30 to 70 declined from 23 per cent in 2000 to 19 per cent in 2015.² The decline was mainly due to the reduction in the number of deaths from cardiovascular and chronic respiratory diseases. While the risk declined in both developed and developing countries, the decline was much steeper in developed countries.³ In 2015, the risk of dying prematurely from non-communicable diseases among individuals aged from 30 to 70 ranged from 8 per cent in some of the richest countries to 36 per cent in some of the poorest countries.

8. Within countries at all levels of development, non-communicable diseases affect the poorest people and those furthest behind in particular, and their increased risk of dying prematurely from non-communicable diseases is, therefore, a marker of the devastating impact of the high burden of non-communicable diseases on the lives of the poor, their untold suffering and the threat to sustainable development.

9. In order to reach target 3.4 of the Sustainable Development Goals (by 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being), the existing political commitments made at the General Assembly in 2011 and 2014 need to be implemented on a dramatically higher scale. Without a significant scaling up of efforts before 2020, the current rate of decline in the risk of dying prematurely from non-communicable diseases is insufficient to meet the target by 2030.

10. Premature deaths from non-communicable diseases among individuals aged from 30 to 70 can be largely prevented or delayed by implementing a set of 16 “best buys”, which are considered to be the most cost-effective and feasible interventions for implementation in developing countries, and 72 other recommended interventions, which have proved to be effective for the prevention and control of

¹ Data available from www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html.

² World Health Organization (WHO), *World Health Statistics 2017: Monitoring Health for the Sustainable Development Goals* (2017). Available from www.who.int/gho/publications/world_health_statistics/2017/en/.

³ Graduate Institute of International and Development Studies and WHO, “The NCD challenge: where do we stand today? How did we get to 2011? What happened in 2014? How are we getting to 2018?”, background paper, para. 4. Available from www.who.int/nmh/events/2017/background-paper-for-the-ncd-who-gi-meeting-final.pdf?ua=1.

non-communicable diseases, as endorsed by the World Health Assembly in its resolution WHA70.11 in 2017. Together, these 88 interventions, which have been outlined in full by WHO,⁴ range from increasing excise taxes on tobacco products and alcoholic beverages to providing drug therapy and counselling to persons who have had a heart attack or stroke, or to persons who are at a moderate to high risk of having such an event in the next 10 years, and include the vaccination of girls aged from 9 to 13 against human papillomavirus and the prevention of cervical cancer by screening women aged from 30 to 49. While prevention is key and can prevent from one half to two thirds of premature deaths from non-communicable diseases, effective health care can prevent from one third to one half of premature deaths, and investing in better management of the four major non-communicable diseases is an essential component of any national response to non-communicable diseases.⁵

Achievements measured against the agreed scorecard

11. In the outcome document of 2014, it was recognized that some progress had been achieved at the national level since 2011 but that overall progress had been insufficient and highly uneven. In paragraph 30 of the outcome document, Member States committed themselves to taking the following four time-bound measures:

(a) By 2015, consider setting national targets for 2025 and process indicators based on national situations, taking into account the nine voluntary global targets for non-communicable diseases;

(b) By 2015, consider developing or strengthening national multisectoral policies and plans to achieve the national targets by 2025, taking into account the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2020;

(c) By 2016, as appropriate, reduce risk factors for non-communicable diseases and underlying social determinants through the implementation of interventions and policy options to create health-promoting environments, building on the guidance set out in appendix 3 to the Global Action Plan;

(d) By 2016, as appropriate, strengthen and orient health systems to address the prevention and control of non-communicable diseases and the underlying social determinants through people-centred primary health care and universal health coverage throughout the life cycle, building on the guidance set out in appendix 3 to the Global Action Plan.

12. The Director-General of WHO published a technical note on 1 May 2015, updated on 4 September 2017, setting out a scorecard for each Member State to measure the implementation of those time-bound commitments.⁶

13. The progress measured against that scorecard is shown in table 2.

⁴ WHO, "Tackling NCDs: 'best buys' and other recommended interventions for the prevention and control of non-communicable diseases", 2017. Available from <http://apps.who.int/iris/bitstream/10665/259232/1/WHO-NMH-NVI-17.9-eng.pdf?ua=1>.

⁵ See www.who.int/nmh/events/un_ncd_summit2011/qa/overview_brochure.pdf?ua=1.

⁶ WHO, *Noncommunicable Diseases Progress Monitor 2017* (Geneva, 2017). Available from www.who.int/nmh/publications/ncd-progress-monitor-2017/en/.

Table 2
Progress in the implementation of the commitments measured against the scorecard

<i>Indicator</i>	<i>Number of Member States</i>		<i>Increase (percentage)</i>
	<i>2015</i>	<i>2017</i>	
Member States that have set national targets to address non-communicable diseases	59	93	58
Member States that have established operational multisectoral strategies to address non-communicable diseases	64	94	48
Member States that have developed guidelines for managing the four major non-communicable diseases	50	90	80

14. Notwithstanding those areas of improvement, overall progress in the implementation of the time-bound commitments remains far below the bar set in 2014. In 2017, 138 Member States demonstrated very poor or no progress towards implementing the time-bound commitments. The scorecard was launched during a side event at the beginning of the general debate of the seventy-second session of the General Assembly. Tracked against 19 indicators, the overall score for each Member State is given in the *Noncommunicable Diseases Progress Monitor 2017*, with a full explanation of the methodology used, using data collected in the first half of 2017.⁷

Impediments to progress by Member States in reaching target 3.4 of the Sustainable Development Goals

15. Current efforts to implement “best buys” and other recommended interventions for the prevention and control of non-communicable diseases continue to lack the scale necessary to accelerate progress towards target 3.4, in particular in low- and lower-middle income countries. Obstacles to progress at the national level are described in table 3.

Table 3
Challenges to the implementation of the “best buys” and other recommended interventions for the prevention and control of non-communicable diseases

<i>Challenge</i>	<i>Obstacles</i>	<i>Political responsibility</i>
<i>Political choices</i>	<ul style="list-style-type: none"> – Weak political action by Heads of State and Government to integrate the prevention and control of non-communicable diseases into national responses to the 2030 Agenda for Sustainable Development – With the exception of a few, Member States did not include progress towards target 3.4 of the Sustainable Development Goals in their voluntary national reviews of 2016 and 2017 at the high-level political forum on sustainable development of the Economic and Social Council, which is not coherent with the acknowledgement by Heads of State and Government in 2011 that non-communicable diseases constituted one of the 	Heads of State and Government

⁷ Ibid.

Challenge	Obstacles	Political responsibility
	<p>major challenges for development in the twenty-first century (see General Assembly resolution 66/2, annex, para. 1)</p>	
	<p>– In increasing numbers, high-income and upper-middle-income Member States are pursuing policy coherence among economic goals and interests, the trade-related Sustainable Development Goals and target 3.4 in national responses to the 2030 Agenda. Low-income and lower-middle-income countries have no capacity to make such trade-offs when developing national responses to the Sustainable Development Goals</p>	
<i>Health systems</i>	<p>– Lack of access for all to affordable, safe, effective and good-quality essential medicines and vaccines for non-communicable diseases</p> <p>– The implementation of the WHO package of essential non-communicable disease interventions for primary health care in low-resource settings⁹ and other packages is scattered across primary health-care entities and lacks sufficient impact</p> <p>– “Best buys” and other recommended interventions for the prevention and control of non-communicable diseases are insufficiently integrated into national universal health coverage packages provided by the public sector</p> <p>– Health systems in the poorest developing countries do not have the capacity required to integrate the “best buys” and other recommended interventions for the prevention and control of non-communicable diseases into primary health care, referral services, human resources and monitoring systems</p> <p>– Limited progress towards target 3.8 of the Sustainable Development Goals on achieving universal health coverage</p>	Ministers of health
<i>National capacities</i>	<p>– Most low-income and lower-middle-income countries have no policy backbone or advanced technical expertise for the prevention and control of non-communicable diseases</p> <p>– Most Member States have no capacity to establish cross-sectoral partnerships for the prevention and control of non-communicable diseases or to manage the complexity of such partnerships during the implementation of national responses to non-communicable diseases</p> <p>– The development of proposals to increase the price of and introduce tax-related measures on tobacco, alcohol and sugar-sweetened beverages as an effective and important way of reducing consumption and health-care costs and generating a national revenue stream, as well as catalysing other financing streams, requires appropriate skill sets, which are not available in most low-income and lower-middle-income countries</p>	Ministers of commerce, finance, health and trade

	<p>–Most Member States lack the capacity to find common ground between policymakers and private sector entities in the prevention and control of non-communicable diseases and to convert such consensus into new public health approaches</p>	
<i>International finance</i>	<p>–Despite the commitments made in 2011, members of the Development Assistance Committee of the Organization for Economic Cooperation and Development (OECD) have not made the prevention and control of non-communicable diseases a priority in bilateral development cooperation. The level of official development assistance to catalyse additional resource mobilization from other sources, for example, from the taxation of tobacco, alcohol and sugar-sweetened beverages, or unlock additional finance through blended or pooled financing remains almost zero</p> <p>–Demands for technical cooperation from the poorest developing countries to support national efforts to implement the “best buys” and other recommended interventions are largely unmet, owing mainly to the lack of international financing to strengthen the capacity of WHO and the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases to expand the delivery of technical assistance. The programme area responsible for the prevention and control of non-communicable diseases at WHO has been chronically underfunded since 2011 and is currently (in percentage terms) the most underfunded programme area in the WHO programme budget</p> <p>–In June 2017, the Economic and Social Council, in its resolution 2017/8, noted that the four global joint programmes developed by the Task Force remained unfunded to date, recognized that the Task Force’s support to Member States to reflect the targets relating to non-communicable diseases in the 2030 Agenda in national development plans and policies could not be fulfilled with the current resources and urged bilateral donors to strengthen development assistance for non-communicable diseases, in particular with regard to legal, fiscal and regulatory systems, including for evidence-based strategies such as taxation. The situation, however, remains unchanged since June 2017</p> <p>–International development cooperation and national responses to non-communicable diseases are still not aligned, despite continued requests from low-income and lower-middle-income countries. In such countries, there is a lack of projects that can be submitted to international financing institutions for their consideration and of skills to</p>	<p>Ministers of health, finance, planning and development cooperation</p>

Challenge	Obstacles	Political responsibility
<i>Industry interference</i>	<p>engage with public and private financing partners, in particular the World Bank and regional development banks, in order to make project financing proposals for national responses to non-communicable diseases, which is a major impediment to greater investment by international financing institutions in initiatives to address non-communicable diseases</p> <p>– Industry interference impedes the implementation of the “best buys” and other recommended interventions, including the taxation of tobacco, alcohol and sugar-sweetened beverages</p> <p>– Multinationals with vested interests routinely interfere with health policymaking, including by lobbying against the implementation of recommended interventions, working to discredit proven science and pursuing legal challenges to oppose progress. In some instances, such efforts are actively supported by other countries, such as through international trade disputes. Industry interference is one of the commercial determinants of health, a concept that extends to governmental policies and practices such as trade promotion^b</p> <p>– Countries hosting headquarters of multinationals that have the largest market share in exporting cigarettes, alcoholic beverages and sugar-sweetened beverages to low- and middle-income countries rely on those multinationals to “responsibly market” their health-harming products in other countries</p> <p>– High-income countries show limited interest in reflecting in their international development cooperation the interconnectedness of promoting economic goals and promoting health as two mutually reinforcing policies in terms of achieving the Sustainable Development Goals</p> <p>– Some Member States consider that it is not the role of the organizations of the United Nations system to advocate particular outcomes in legal challenges related to non-communicable diseases between Member States or between a Member State and a private sector entity^c</p>	Ministers of commerce, finance, development cooperation, economic affairs and trade

^a WHO, *Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-Resource Settings* (Geneva, 2010). Available from www.who.int/cardiovascular_diseases/publications/pen2010/en.

^b The commercial determinants of health are the commercial conditions, actions and omissions that affect health. Commercial determinants arise in the context of the provision of goods or services for payment and include commercial activities, as well as the environment in which commerce takes place. Commercial determinants can have a beneficial and/or detrimental impact on health.

^c See, for example, the statement of the Government of the United States of America on the Montevideo Road Map 2018–2030 on Non-Communicable Diseases as a Sustainable Development Priority. Available from www.who.int/conferences/global-ncd-conference/statements/en.

III. Global action to accelerate national efforts

2030 Agenda for Sustainable Development

16. In July 2015, Heads of State adopted the Addis Ababa Action Agenda of the Third International Conference on Financing for Development, in which they recognized that, as part of a comprehensive strategy of prevention and control, price and tax measures on tobacco could be an effective and important means to reduce tobacco consumption and health-care costs and represented a revenue stream for financing for development in many countries (see General Assembly resolution 69/313, annex, para. 32). In a study by WHO, it was shown that at least 30 countries had chosen to earmark tobacco tax revenues for health purposes.⁸

17. In September 2015, Heads of State adopted the 2030 Agenda for Sustainable Development, which includes target 3.4 of the Sustainable Development Goals on non-communicable diseases. The target derives directly from the global target adopted by the World Health Assembly in its resolution WHA66.10 in 2013 relating to a relative reduction of 25 per cent in overall mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases by 2025. In that resolution, the World Health Assembly noted that the target concerned premature mortality from non-communicable diseases between ages 30 and 70.

18. In its resolution 70/259, the General Assembly decided to proclaim 2016–2025 the United Nations Decade of Action on Nutrition, conscious of the need, inter alia, to reverse the rising trends in overweight and obesity and reduce the burden of diet-related non-communicable diseases. The Food and Agriculture Organization of the United Nations and WHO are leading on its implementation.

World Health Organization

19. To support Member States in their efforts, WHO prioritized, from 2014 to 2018, its technical support to Member States to help them to achieve the nine voluntary global targets for 2025 for the prevention and control of non-communicable diseases, adopted by the World Health Assembly in its resolution WHA66.10 in May 2013, as part of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2020.⁹ When reached collectively by Member States by 2025, the targets will help Member States to achieve target 3.4 of the Sustainable Development Goals on non-communicable diseases by 2030. In order to accelerate action on preventing non-communicable diseases from 2019 to 2023, taking into account that progress from 2013 to 2018 has been largely insufficient, WHO will establish a platform to work with Member States and other partners in scaling up efforts to prioritize the implementation of interventions to reach the following set of intermediate targets for 2023:

(a) A relative reduction of 25 per cent in the overall mortality from cardiovascular diseases, cancer, diabetes and chronic respiratory diseases;

(b) A relative reduction of 25 per cent in the prevalence of current tobacco use in persons aged 15 years and over;

⁸ WHO, “The economic and health benefits of tobacco taxation”, 2015. Available from www.who.int/ftc/mediacentre/news/2015/WHOTobaccoReport.pdf.

⁹ See www.who.int/nmh/publications/ncd-action-plan/en/.

(c) A relative reduction of 10 per cent in the harmful use of alcohol, as appropriate, within the national context;

(d) A relative reduction of 25 per cent in the mean population intake of salt/sodium;

(e) Halt and begin to reverse the rise in childhood overweight (0–4 years) and obesity (5–19 years);

(f) Eliminate industrially produced trans fats (increase the percentage of people protected by effective regulation);

(g) Reduce physical inactivity among persons aged 18 years and over from 28 per cent (2016) to 26 per cent (2023).¹⁰

20. To scale up its support in those areas, WHO has developed technical assistance packages, which are presented in table 4.

Table 4
Technical assistance packages of the World Health Organization

<i>Package</i>	<i>Objective</i>
MPOWER ^a	Reduce the demand for tobacco in line with the demand reduction provisions of the WHO Framework Convention on Tobacco Control
HEARTS ^b	Scale up cardiovascular disease management in primary health care
SHAKE ^c	Reduce population salt intake
Implementation package for the WHO Global Strategy to Reduce the Harmful Use of Alcohol ^d	Reduce the harmful use of alcohol
Package of essential non-communicable disease interventions ^e	Integrate essential non-communicable disease interventions into primary health care
Commission on Ending Childhood Obesity ^f	Reduce childhood obesity
Essential Nutrition Actions ^g	Address malnutrition in all its forms
Mental Health Gap Action Programme intervention guide	Increase service coverage for severe mental health disorders

^a See www.who.int/tobacco/mpower/en/.

^b See www.who.int/cardiovascular_diseases/hearts/en/.

^c WHO, *The SHAKE Technical Package for Salt Reduction* (Geneva, 2016). Available from www.who.int/dietphysicalactivity/publications/shake-salt-habit/en/.

^d See www.who.int/nmh/ncd-tools/alcohol-use/en/.

^e See www.who.int/ncds/management/pen_tools/en/.

^f See www.who.int/end-childhood-obesity/en/.

^g WHO, *Essential Nutrition Actions: Improving Maternal, Newborn, Infant and Young Child Health and Nutrition* (Geneva, 2013). Available from www.who.int/nutrition/publications/infantfeeding/essential_nutrition_actions/en/.

¹⁰ WHO, “Draft thirteenth general programme of work 2019–2023”. Available from www.who.int/about/what-we-do/gpw13-expert-group/Draft-GPW13-Advance-Edited-5Jan2018.pdf?ua=1.

21. The assignments given to WHO by the General Assembly in 2014 and the World Health Assembly since 2014 have resulted in a number of assignments being completed before the third high-level meeting in 2018, as reflected in table 5.

Table 5
Assignments given to the World Health Organization by the General Assembly and the World Health Assembly

<i>Assignment</i>	<i>Date of completion</i>	<i>Outcome</i>
Update appendix 3 to the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2020 (i.e. the “best buys” and other recommended interventions for the prevention and control of non-communicable diseases)	May 2017 ^a	Provide guidance to Member States on how to strengthen national responses to non-communicable diseases
Develop an implementation plan for the report of the WHO Commission on Ending Childhood Obesity	May 2017 ^b	Provide guidance to Member States on how to strengthen national responses to non-communicable diseases
Develop a global action plan to promote physical activity ^c	November 2017	Provide guidance to Member States on how to strengthen national responses to non-communicable diseases
Develop an approach that can be used to register and publish contributions of non-State actors to the achievement of the nine voluntary global targets for non-communicable diseases	Phase 1: 2016 ^d Phase 2: 2017 ^e Phase 3: pending	Provide a platform to track self-reported contributions from non-governmental organizations, the private sector, philanthropic foundations and academic institutions to the implementation of national responses to non-communicable diseases, using a common set of comparable indicators and an assessment, which is independently verifiable
Through the Development Assistance Committee of OECD, develop a purpose code for non-communicable diseases in order to track official development assistance for non-communicable diseases	June 2017	Track official development assistance for technical support to strengthen national responses to non-communicable diseases
Conduct a midpoint evaluation of progress on the implementation of the WHO Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013–2020 ^f	Pending (2018)	Take stock of lessons learned and recommend corrective actions
Conduct a preliminary evaluation of the WHO Global Coordination Mechanism on the Prevention and Control of Non-Communicable Diseases to assess its results and added value ^g	Ongoing	Take stock of lessons learned and recommend corrective actions, if any

<i>Assignment</i>	<i>Date of completion</i>	<i>Outcome</i>
Organize the first global meeting of national non-communicable disease directors and programme managers ^h	February 2016	Supported national non-communicable disease directors in identifying solutions to address bottlenecks in realizing the four time-bound commitments

^a The updated appendix 3 was endorsed by the seventieth World Health Assembly and is available in WHO document A70/27, annex 1, p. 8. Available from http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_27-en.pdf.

^b The implementation plan was welcomed by the seventieth World Health Assembly in WHO document A70/31. Available from http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_31-en.pdf.

^c WHO, "Physical activity for health: more active people for a healthier world — draft global action plan on physical activity 2018–2030", discussion paper, December 2017. Available from www.who.int/ncds/governance/physical_activity_plan/en/.

^d See WHO document A69/10, annex 4, p. 26. Available from http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_10-en.pdf.

^e See WHO document A70/27, annex 2, p. 25.

^f *Ibid.*, para. 20.

^g *Ibid.*, para. 21.

^h See www.who.int/nmh/events/2016/ncd-focal-points/en/.

22. In preparation for 2018, WHO, in collaboration with the Graduate Institute of International and Development Studies in Geneva, organized a meeting of international experts and global advocates on 8 and 9 June 2017 to share ideas about priority actions to reinforce collective global action on non-communicable diseases. The meeting resulted in a report with recommendations for Member States, WHO and stakeholders, which may serve as an input into the preparatory process leading to the comprehensive review and assessment in 2018.¹¹

23. WHO organized the Global Conference on Non-Communicable Diseases, held in Montevideo from 18 to 20 October 2017, with the participation of Member States, organizations of the United Nations system, civil society, the private sector, philanthropic foundations and academic institutions. Participants from Member States attending the Conference adopted the Montevideo Road Map 2018–2030 on Non-Communicable Diseases as a Sustainable Development Priority,¹² which may serve as an input into the preparatory process leading to the high-level meeting in 2018.

24. The Director-General of WHO established the WHO Independent Global High-level Commission on Non-communicable Diseases in October 2017, inter alia, to make recommendations that may contribute to the preparatory process leading to the comprehensive review and assessment in 2018.¹³ The Commission will issue its first report with recommendations in May 2018. The Director-General also established the WHO civil society working group to make bold and practical recommendations on mobilizing civil society in a meaningful manner to enable a highly successful high-level meeting that proves to be a tipping point for the non-communicable disease and mental health response.¹⁴

¹¹ Graduate Institute of International and Development Studies and WHO, "The NCD challenge: current status and priorities for sustained action on the road to 2030 (Geneva, 8–9 June 2017)", 2017. Available from www.who.int/nmh/events/2017/ncd-challenge/en/.

¹² See www.who.int/monteideo2017.

¹³ See www.who.int/ncds/governance/third-un-meeting/en/.

¹⁴ See www.who.int/ncds/governance/high-level-meetings/working-group-third-high-level-meeting/en/.

Global Coordination Mechanism on the Prevention and Control of Non-Communicable Diseases of the World Health Organization

25. The sixty-seventh World Health Assembly endorsed the terms of reference of the Global Coordination Mechanism on the Prevention and Control of Non-Communicable Diseases.¹⁵ Workplans covering the periods 2014–2015, 2016–2017 and 2018–2019 were submitted to the World Health Assembly in 2015, 2016 and 2017, respectively.¹⁶ Progress reports were submitted to the WHO governing bodies in 2016 and 2018. An extended progress report covering the period 2014–2016 was published in October 2017.¹⁷

26. The Global Coordination Mechanism has organized dialogues, which are presented in table 6.

Table 6
Dialogues of the Global Coordination Mechanism on the Prevention and Control of Non-Communicable Diseases

<i>Date</i>	<i>Question addressed</i>	<i>Main conclusions</i>
April 2015	How to encourage the continued inclusion of non-communicable diseases in development cooperation agendas and initiatives ^a	<ul style="list-style-type: none"> – Improve analysis of the effect of non-communicable diseases on the poorest 20 per cent of the population – Shape the non-communicable disease narrative into one of poverty and inequity – Map the supply and demand of technical assistance for non-communicable diseases – Call for catalytic official development assistance (to be provided through aid and expertise) to develop national responses to non-communicable diseases and build capacity for domestic resource mobilization (e.g., through tobacco taxes)
April 2016	How to strengthen international cooperation on non-communicable diseases within the framework of North-South, South-South and triangular cooperation ^b	<ul style="list-style-type: none"> – Integrate non-communicable diseases into existing national health programmes (e.g., HIV/AIDS, tuberculosis, reproductive health) and avoid a siloed approach to non-communicable diseases – Build national investment cases for non-communicable diseases

¹⁵ See WHO document A67/14 Add.1, appendix 1.

¹⁶ WHO document A67/14 Add.3 Rev.1, available from http://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_14Add3Rev1-en.pdf; WHO document A68/11, annex 3, available from http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_11-en.pdf; WHO document A70/27, annex 3.

¹⁷ WHO, “WHO global coordination mechanism on the prevention and control of non-communicable diseases: progress report 2014–2016”. Geneva, 2017. Available from www.who.int/global-coordination-mechanism/news/progress-report14-16/en/.

Date	Question addressed	Main conclusions
October 2016	The role of non-governmental organizations, the private sector, philanthropic foundations and academic institutions in supporting Member States in their efforts to tackle non-communicable diseases ^c	<ul style="list-style-type: none"> – Deepen the understanding of the differences in the roles that non-State actors, such as non-governmental organizations, the private sector, philanthropic foundations and academic institutions, can play in contributing to a whole-of-society national response to non-communicable diseases – Acknowledge the diversity of the private sector, including its resources, knowledge and ingenuity – Make clear calls to non-governmental organizations, the private sector, philanthropic foundations and academic institutions on how to contribute to national responses to non-communicable diseases

^a WHO, “Report of the first dialogue convened by the World Health Organization Global Coordination Mechanism on Noncommunicable Diseases”, Geneva, 2015. Available from www.who.int/global-coordination-mechanism/final_meeting_report_dialogue_ncd_development_april15_en.pdf?ua=1.

^b WHO, “Dialogue on how to strengthen international cooperation on noncommunicable diseases within the framework of North-South, South-South and triangular cooperation: second dialogue convened by the World Health Organization Global Coordination Mechanism on Noncommunicable Diseases”, 2016. Available from www.who.int/global-coordination-mechanism/publications/dialogue-report-nov-dec-2015.pdf?ua=1.

^c WHO, “Working together to tackle noncommunicable diseases: Global Coordination Mechanism on Noncommunicable Diseases global dialogue meeting on the role of non-State actors in supporting Member States in their national efforts to tackle noncommunicable diseases as part of the 2030 Agenda for Sustainable Development”, final report, 2016. Available from www.who.int/global-coordination-mechanism/dialogues/global-dialogue-meeting-report-oct2016.pdf?ua=1.

27. The co-chairs of the dialogue on the role of non-State actors in supporting Member States in their national efforts to tackle non-communicable diseases as part of the 2030 Agenda, held in Mauritius from 19 to 21 October 2016, issued a statement clarifying the roles of non-State actors in supporting Governments and national efforts to reach target 3.4 of the Sustainable Development Goals on non-communicable diseases, which may serve as an input into the preparatory process leading to the comprehensive review in 2018.¹⁸

28. The Global Coordination Mechanism has established four working groups, the work of which is presented in table 7.

¹⁸ Available from www.who.int/global-coordination-mechanism/dialogues/global-dialogue-meeting-2030-agenda-for-sustainable-development/en/.

Table 7
Working groups of the Global Coordination Mechanism on the Prevention and Control of Non-Communicable Diseases

<i>Year</i>	<i>Question addressed</i>	<i>Main recommendations</i>
2016	<p>How Governments can engage with the private sector to:</p> <ul style="list-style-type: none"> – Implement the set of recommendations of WHO to reduce the impact of the marketing of food and non-alcoholic beverages to children – Produce and promote more products that are consistent with a healthy diet – Promote healthy behaviours among workers in the workplace – Reduce the use of salt in the food industry – Improve access to affordable medicines for non-communicable diseases^d 	<ul style="list-style-type: none"> – The Government sets national targets for non-communicable diseases and develops national responses to non-communicable diseases, and the private sector contributes to their implementation – Analyse the rationale, principles, benefits and risks of encouraging the private sector to protect and promote public health and contribute to the attainment of national targets on non-communicable diseases – Manage the risks of engagement, including conflicts of interest – Build a strong regulatory framework, ranging from statutory to self-regulatory, to align private sector incentives with public-health goals and national targets for non-communicable diseases – Establish a robust mechanism to publish and register commitments and contributions that are specific, measurable, achievable, relevant and time-bound – Establish a multi-stakeholder platform to track the implementation of national targets for non-communicable diseases – Exchange data to support collective global action
2016	<p>How Governments can provide funding for national responses to non-communicable diseases through domestic, bilateral and multilateral channels^e</p>	<ul style="list-style-type: none"> – Establish taxes on health-harming products, such as tobacco and sugar-sweetened beverages, as a revenue stream to finance national responses to the Sustainable Development Goals, including national responses to non-communicable diseases – Seek official development assistance to catalyse resource mobilization from domestic sources, both public and private. For instance, catalytic official development assistance can support improved tobacco tax collection or be used to unlock blended or pooled financing for the implementation of national responses to non-communicable diseases
2016 and 2017	<p>How Governments can include the prevention and control of non-communicable diseases in responses to HIV/AIDS, tuberculosis, reproductive health and maternal and child health^f</p>	<ul style="list-style-type: none"> – Build a national business case for integration – Integrate the prevention and control of non-communicable diseases into primary care – Train the health workforce in task-sharing

<i>Year</i>	<i>Question addressed</i>	<i>Main recommendations</i>
		<ul style="list-style-type: none"> – Use mobile health and other innovative technologies – Establish a high-level commission to oversee the integration
2016 and 2017	How Governments can align international cooperation with national responses to non-communicable diseases ^d	<ul style="list-style-type: none"> – Integrate national responses to non-communicable diseases into national responses to the Sustainable Development Goals – Establish an international cooperation framework to mobilize official development assistance for non-communicable diseases as part of national responses to the 2030 Agenda – Promote policy coherence to attain target 3.4 of the Sustainable Development Goals on non-communicable diseases – Prioritize evidence-based advocacy to mobilize all stakeholders

^a WHO, “WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases: final report and recommendations from the working group on ways and means of encouraging Member States and non-State actors to realize the commitment included in paragraph 44 of the political declaration of the high-level meeting of the United Nations General Assembly on the prevention and control of non-communicable disease”. Available from www.who.int/global-coordination-mechanism/working-groups/final_3_1report_with_annexes_6may16.pdf?ua=1.

^b WHO, “WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases: final report and recommendations from the working group on ways and means of encouraging Member States and non-State actors to realize the commitment included in paragraph 45 (d) of the political declaration of the high-level meeting of the United Nations General Assembly on the prevention and control of non-communicable diseases”. Available from www.who.int/global-coordination-mechanism/working-groups/final_5_1with_annexes6may16.pdf?ua=1.

^c WHO, “WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases: interim report with preliminary recommendations from the working group on the integration of NCDs in other programmatic areas (WG 3.1, 2016–2017)”. Available from www.who.int/global-coordination-mechanism/working-groups/working-group-3-1/en/.

^d WHO, “WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases: interim report with preliminary recommendations from the working group on alignment of international cooperation with national NCD plans”. Available from www.who.int/global-coordination-mechanism/working-groups/working-group-3-2/en/.

29. On the occasion of the high-level political forum on sustainable development of the Economic and Social Council in 2016, the Global Coordination Mechanism launched a global communications campaign to raise awareness of the feasibility of reducing premature deaths from non-communicable diseases.¹⁹

United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases and its members

30. The Economic and Social Council, in paragraph 1 of its resolution 2013/12, requested the Secretary-General to establish the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases by expanding the mandate of the existing Ad Hoc Inter-Agency Task Force on Tobacco Control. Pursuant to that request, the Task Force was convened and is led by WHO, reports to the Council through the Secretary-General and incorporates the work of the Ad Hoc

¹⁹ See www.who.int/beat-ncds/en/.

Inter-Agency Task Force on Tobacco Control, including the work to support the accelerated implementation by parties to the WHO Framework Convention on Tobacco Control.

31. The aim of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases is to coordinate the activities of the relevant United Nations funds, programmes and specialized agencies and other intergovernmental organizations to support the realization of the commitments made by Heads of State and Government in the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases of 2011 (see General Assembly resolution 66/2, annex).

32. Pursuant to the terms of reference of the Task Force, WHO provides a secretariat to lead efforts to build a strategic coalition of United Nations organizations and other international organizations to ensure a United Nations development system that is fit for purpose to strengthen national efforts to reach target 3.4 of the Sustainable Development Goals on non-communicable diseases and target 3.a on tobacco.²⁰

33. The Task Force has harnessed system-wide action to support Governments in the integration of non-communicable diseases into national responses to the 2030 Agenda. In 2017, more than 60 per cent of the United Nations agencies that are members of the Task Force reported that they had included non-communicable diseases in their mandates, which is an increase from the 30 per cent reported in 2014.²¹ At the national level, there has been a year-to-year increase in the number of countries that have included non-communicable diseases in their United Nations Development Assistance Frameworks.

34. The Task Force has responded to requests to organize joint programming missions to Bahrain, Barbados, Belarus, Bhutan, Cambodia, the Democratic Republic of the Congo, Ethiopia, India, Kenya, Kuwait, Kyrgyzstan, Mongolia, Mozambique, Oman, Paraguay, Saudi Arabia, Sri Lanka, Tonga, Turkey, the United Arab Emirates, Viet Nam and Zambia to support United Nations country teams in scaling up their technical assistance to Governments to develop and implement national responses to non-communicable diseases. Up to 17 United Nations agencies participated in each mission, together with the resident United Nations country teams. The missions have resulted in prioritized and costed national responses to non-communicable diseases, national investment cases and fiscal, legislative and regulatory policies.

35. A number of United Nations organizations have collaborated in the development of global joint programmes to provide technical support to countries. Examples of programmes and projects taken forward by the organizations are described in more detail in the workplans of the Task Force and their reviews.²²

36. The Task Force has also provided support for the ratification and implementation of the WHO Framework Convention on Tobacco Control. A model policy has been developed for United Nations agencies to prevent tobacco industry

²⁰ WHO, "Terms of reference for the UN Interagency Task Force on the Prevention and Control of Noncommunicable Diseases", Geneva, 2015. Available from www.who.int/ncds/un-task-force/ToR_UNIATF.pdf?ua=1.

²¹ WHO, "How NCDs are reflected in governing body policies, strategies and plans", 7 March 2017. Available from www.who.int/ncds/un-task-force/ncds-governingbypolicies-7march2017.pdf?ua=1.

²² See www.who.int/ncds/un-task-force/en/.

interference in order to ensure consistent and effective separation between the activities of the United Nations system and the tobacco industry.

37. The World Bank continues to support countries that wish to finance national responses to non-communicable diseases through loans. The Task Force has also provided a platform to mobilize resources for the work of its members. Japan and the Russian Federation have provided funds to scale up the technical assistance provided by the Task Force.

38. The International Telecommunication Union and WHO, which have been working since 2013 to help Governments to use mobile phones to implement national responses to non-communicable diseases, currently support 10 countries with text-messaging services for diabetes, cervical cancer and tobacco cessation. There are close to 3 million users, and early results indicate good health outcomes.

World Health Organization Framework Convention on Tobacco Control

39. With 181 State parties, the WHO Framework Convention on Tobacco Control is one of the treaties with the most ratifications in the history of the United Nations, covering more than 90 per cent of the world's population.

40. At the seventh session of the Conference of the Parties to the Convention, held in Delhi in November 2016, 30 decisions were adopted, together with the Delhi Declaration, in which, *inter alia*, the parties were called upon to prevent interference by the tobacco industry. The decisions include the strengthening of synergies between the Conference of the Parties and the World Health Assembly and the contribution of the Conference of the Parties to the achievement of the voluntary global target for 2025 of a relative reduction of 30 per cent in the prevalence of current tobacco use in persons aged 15 years and over.

41. The Protocol to Eliminate Illicit Trade in Tobacco Products, the first protocol to the Convention, was adopted in 2012 at the fifth session of the Conference of the Parties. At present, seven ratifications are required to bring the Protocol into force.

Global accountability framework

42. The existing global accountability framework for the prevention and control of non-communicable diseases was developed through separate intergovernmental processes led by Member States under the auspices of WHO.²³

43. There is no agreed accountability framework to register and publish the contributions of non-governmental organizations, private sector entities, philanthropic foundations and academic institutions. WHO was called upon, in 2014, by the General Assembly to develop such an approach (General Assembly resolution 68/300, para. 37). While the contours of such an approach were noted by the World Health Assembly in 2016²⁴ and 2017,²⁵ WHO has not been able to finalize a concrete self-reporting tool, including related indicators, that non-State actors could use to publish their own contributions on their own websites for independent comparison and assessment. WHO envisages finalizing this work before the end of 2018, in close consultation with other organizations of the United Nations system.

²³ See WHO document A69/10, annex 8. Available from http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_10-cn.pdf.

²⁴ *Ibid.*, annex 4.

²⁵ See WHO document A70/27, annex 2.

International development agencies

44. Only six members of the Development Assistance Committee of OECD have integrated non-communicable diseases into their bilateral and multilateral international development policies.

Philanthropic foundations

45. Bloomberg Philanthropies has committed nearly \$1 billion since 2007 to combat tobacco use worldwide. The Bill and Melinda Gates Foundation has committed \$288 million since 2008 to reduce tobacco use. The funds have helped to support developing countries in putting in place key measures to reduce tobacco demand that are aligned with the Framework Convention on Tobacco Control, such as banning advertising, outlawing smoking in public places and taxing tobacco.

46. Specific initiatives include:

(a) The Bloomberg initiative to reduce tobacco use in low- and middle-income countries. WHO is one of the implementing partners;

(b) The partnership for healthy cities to save lives by preventing non-communicable diseases and injuries. Supported by Bloomberg Philanthropies in partnership with WHO and Vital Strategies, the initiative enables cities to deliver a “best buy” intervention in their communities;

(c) The Resolve to Save Lives initiative to save 100 million individuals from cardiovascular disease. The initiative is housed within Vital Strategies and is funded with \$225 million from Bloomberg Philanthropies, the Chan Zuckerberg Initiative and the Bill and Melinda Gates Foundation. WHO is one of the implementing partners.

Non-governmental organizations

47. The Non-Communicable Disease Alliance, which has developed a network of more than 2,000 civil society organizations in more than 170 countries, aims to unite and strengthen civil society networks with a view to stimulating collaborative advocacy, action and accountability to improve the lives of people living with non-communicable diseases and addressing their risk factors.²⁶ The first global forum of the Alliance, held in Sharjah, the United Arab Emirates, from 13 to 15 November 2015, resulted in the adoption of the Sharjah Declaration on non-communicable diseases, in which the roles and responsibilities are set out for civil society, the business community and national and international media to reduce deaths, disability, stigma and discrimination caused by non-communicable diseases.²⁷ At the second global forum, held in Sharjah, the United Arab Emirates, from 9 to 11 December 2017, consensus was reached on advocacy priorities for the high-level meeting in 2018.²⁸

Private sector entities

48. Some private sector entities have begun to take measures to implement the set of recommendations of WHO on the marketing of foods and non-alcoholic beverages

²⁶ See www.ncdalliance.org/.

²⁷ Available from https://ncdalliance.org/sites/default/files/resource_files/Sharjah%20Declaration%20on%20NCDs%20for%20-%20EN_0.pdf.

²⁸ See <https://ncdalliance.org/what-we-do/convening/global-ncda-forum-2017/objectives>.

to children.²⁹ Similarly, some food manufacturers have started to work towards reducing salt and trans-fatty acids in food products. While an increasing number of private sector entities have started to produce and promote more food products that are consistent with a healthy diet, such food products are not affordable, accessible or available in most developing countries. The “City Cancer Challenge” initiative, which was launched in 2017 to help cities to lead in the design, planning and implementation of cancer treatment solutions, is already working with the cities of Cali, Colombia, Asunción, Paraguay, Yangon, Myanmar, and Kumasi, Ghana. The initiative is funded mainly by pharmaceutical and medical technology companies.³⁰

49. Private sector entities, notably banks and insurance companies, have divested tobacco investments and have stopped advising tobacco companies, traders and manufacturers owing to health concerns.

IV. Recommendations

Inflection point

50. The political declaration contained in the annex to General Assembly resolution 66/2 is the promise of the United Nations to the poorest and most vulnerable people of a world free from the avoidable burden of non-communicable diseases, an issue that was not addressed in the Millennium Development Goals. The political declaration succeeded in placing non-communicable diseases on the 2030 Agenda for Sustainable Development.

51. The world is reaching an inflection point. Without significant investment now, premature mortality from non-communicable diseases in developing countries will continue to increase and the world will not be able to reach target 3.4 of the Sustainable Development Goals on non-communicable diseases by 2030.

Paradigm shift

52. There is a pressing need for bolder commitments at the General Assembly in 2018 to ensure that all countries stand a chance of reaching target 3.4 by 2030. The forces that are impeding progress will remain largely unopposed unless countries work together and receive a higher level of support through international cooperation.

53. A paradigm shift is needed to do things differently to address obstacles in a new development era. The outcome document to be adopted during the high-level meeting on non-communicable diseases in 2018 will need to encourage more holistic approaches to non-communicable diseases, within the broader global health and universal health coverage agenda, drawing links to other priorities and forging bold political consensus across the following areas:

(a) How to enhance governance for non-communicable diseases at the global and national levels by pursuing policy coordination and coherence between public health and economic policies, such as in the context of the promotion of trade or investment, as a pathway to reach common results that contribute to the targets of the Sustainable Development Goals related to both trade and non-communicable diseases;

²⁹ See WHO document WHA63/2010/REC1, annex 4.

³⁰ See www.uicc.org/what-we-do/convening/ccan-2025-city-cancer-challenge/ccan-2025-partners.

(b) How to concentrate efforts on reducing risk factors for non-communicable diseases by fostering cross-sectoral collaboration and reducing the underlying social determinants through the implementation of the relevant “best buys” to reduce tobacco use, the harmful use of alcohol, unhealthy diets and physical inactivity as the arrowhead of any national response to non-communicable diseases;

(c) How to integrate interventions to promote mental health and well-being into national responses to non-communicable diseases and provide treatment and care for people with mental health disorders within community settings;

(d) How to dissolve traditional, disease-specific silos to broaden universal health coverage approaches to include a publicly financed package of health services for the prevention and control of non-communicable diseases that includes the “best buys” and other recommended interventions;

(e) How to establish a more realistic and manageable set of monitoring requirements to measure results, building on the global monitoring framework for non-communicable diseases and leveraging Sustainable Development Goals review processes, and strengthen national surveillance systems accordingly;

(f) How to begin to embrace conceptually the emerging idea that revenues resulting from the taxation of multinational revenues from the sale of cigarettes, alcoholic beverages and sugar-sweetened beverages in developing countries should be ploughed back (through aid and expertise) to support efforts to implement national responses to non-communicable diseases and strengthen health systems overall;

(g) How to improve engagement with non-State actors, including the private sector and civil society, with a view to strengthening their contribution to the implementation of national responses to non-communicable diseases.

54. Organizations of the United Nations system will need to support this paradigm shift, in particular through the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, and draw upon its comparative advantage to:

(a) Bring target 3.4 of the Sustainable Development Goals on non-communicable diseases and target 3.a on tobacco fully to life, in particular in low- and lower-middle-income countries;

(b) Take advantage of the current focus in countries on developing national responses to the Sustainable Development Goals. United Nations organizations have a role to play in ensuring that the inclusion of target 3.4 is duly considered within broader efforts to strengthen health systems and achieve universal health coverage and that the cross-sectoral nature and co-benefits of reducing non-communicable diseases are well understood to advance health and well-being overall. There is a sense of urgency, as the window of opportunity to integrate non-communicable diseases into the design process and implementation of national responses to the Sustainable Development Goals will close by 2019 or 2020;

(c) Use existing global networks to create a critical mass of policymakers, including parliamentarians, in countries that can make a real difference during the next 12 to 24 months in integrating non-communicable diseases into national responses to the Sustainable Development Goals;

(d) Strengthen the talent pool and skill set of the United Nations, bring in new expertise and scale up its operational capacities in countries to respond to the rapidly increasing demand for technical assistance to reduce non-communicable diseases;

(e) Reinforce the role of WHO in the leadership and coordination of the Task Force and as the custodian for mobilizing and monitoring global action to reach target 3.4;

(f) Strengthen collaboration across the various agencies, programmes and funds of the United Nations system to support whole-of-system approaches to accelerate progress against target 3.4;

(g) Strengthen the ability of the United Nations to work on some of the most sensitive and consequential issues at the intersection of health, economic policies, investment promotion, trade, law and the commercial determinants of non-communicable diseases.

Reinvigorating political action

55. The “best buys” and other recommended interventions provide the clearest guidance on how to achieve target 3.4 of the Sustainable Development Goals. Member States are encouraged to recognize this at the highest political level and to prioritize their implementation, in line with national priorities.

56. In addition, Governments are encouraged to:

(a) Give greater priority to target 3.4 in national responses to Sustainable Development Goal 3 as a whole and in efforts to implement the 2030 Agenda;

(b) Accelerate the implementation of the WHO Framework Convention on Tobacco Control;

(c) Accelerate the implementation of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2020;

(d) Elevate the monitoring of national responses to non-communicable diseases to the level of Head of State or Government in interested countries to fast-track implementation efforts.

57. In this regard, recommendations for the United Nations system include:

(a) Strengthen its capacity to provide upstream policy advice to develop national responses to non-communicable diseases;

(b) Establish an Internet platform to register, publish and track specific, measurable, achievable, relevant and time-bound commitments by both Member States and non-State actors to accelerate progress against the achievement of target 3.4, leveraging existing platforms where possible.

Strengthen health systems to respond more effectively to non-communicable diseases

58. Target 3.8 of the Sustainable Development Goals on universal health coverage provides a platform that must be leveraged to ensure that health systems begin to respond fully to the health-care needs of those with non-communicable diseases, in particular in the poorest countries.

59. Governments are encouraged to:

(a) Commit themselves at the level of Head of State or Government during the high-level meeting on non-communicable diseases in 2018 to prioritizing a whole-of-government approach to strengthen essential public health functions, which is a prerequisite for scaling up action against non-communicable diseases;

(b) Develop national publicly financed benefit packages providing universal health coverage that include the “best buys” for non-communicable diseases and other recommended interventions;

(c) Strengthen policies for and increase the coverage of mental health services in line with the four objectives of the WHO comprehensive mental health action plan,³¹ to strengthen effective leadership and governance, to provide mental-health and social-care services, to implement strategies for promotion and prevention in mental health and to strengthen information systems, evidence and research for mental health, and provide adequate resources for such activities.

60. In this regard, the recommendations for the United Nations system include:

(a) Scale up a whole-of-system approach, leveraging the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, together with the H6 partnership and other relevant mechanisms, to provide the best support to Governments in the implementation of the “best buys” and other recommended interventions to prevent and control non-communicable diseases and improve broader health and well-being;

(b) Update guidance, through WHO, on how to address the constraints faced by developing countries in reorienting health systems to respond more effectively to non-communicable diseases and mental health conditions;

(c) Strengthen institutional capacity to develop and implement national responses to non-communicable diseases.

Increase significantly financing for national responses to non-communicable diseases

61. There was an insignificant increase in official development assistance for the prevention and control of non-communicable diseases from 2011 to 2017. More financing for national responses to non-communicable diseases is imperative and must be commensurate with the global health and socioeconomic levies that such diseases impose on economies and societies.

62. It will take time to increase domestic and international financing for national responses to non-communicable diseases and mental health, and Member States need first to build their capacity in policy development to integrate non-communicable diseases into national responses to the overall implementation of the 2030 Agenda. Governments are encouraged to:

(a) Explore possible lending from the World Bank and regional development banks to finance national responses to non-communicable diseases;

(b) Explore other innovative financing approaches to leverage development assistance, as has been done by the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Financing Facility in support of Every Woman, Every Child, and Gavi, the Vaccine Alliance;

(c) Create the fiscal space for interventions that have the capacity to generate revenue, such as the taxation of tobacco products, alcohol and sugar-sweetened beverages, and that represent a revenue for financing development, in line with national priorities.

³¹ See www.who.int/mental_health/action_plan_2013/cn/.

63. Members of the Development Assistance Committee of OECD are also encouraged to integrate non-communicable diseases into their more comprehensive bilateral and multilateral international development policies.

64. In this regard, the recommendations for the United Nations system include that:

(a) WHO and the United Nations Development Programme scale up support to Governments under the “Non-communicable disease 2030: action beyond health” initiative to build national investment cases for achieving target 3.4 of the Sustainable Development Goals;

(b) The Global Fund to Fight AIDS, Tuberculosis and Malaria, Gavi, the Vaccine Alliance, the Global Financing Facility in Support of Every Woman, Every Child and other relevant mechanisms further encourage and scale up financing for national responses that address comorbidities with non-communicable diseases;

(c) WHO develop a global business case for the prevention and control of non-communicable diseases, including a global investment framework for their prevention and control.

Redouble efforts to engage sectors beyond health

65. Health gains to reduce premature deaths from non-communicable diseases can be achieved much more readily by influencing public policies in sectors beyond health than by making changes in health policy alone.

66. Governments are encouraged to:

(a) Establish policies in the food system in line with the framework for action of the second International Conference on Nutrition³² to improve the availability of and access to healthy diets and restrict the supply and marketing of foods and non-alcoholic beverages that contribute to unhealthy diets;

(b) Invest in the promotion and protection of and support for breastfeeding as an action that addresses both under- and overnutrition;³³

(c) Create and maintain environments that promote and safeguard the rights of all people of all ages to have equitable access to safe places and spaces in their cities and communities in which to engage in regular physical activity, according to ability.

67. In this regard, recommendations for organizations of the United Nations system include:

(a) Conduct a review of the international experience of whole-of-government and whole-of-society approaches to achieve target 3.4 of the Sustainable Development Goals;

(b) Include non-communicable diseases in United Nations Development Assistance Frameworks and mobilize resources to implement action on non-communicable diseases;

³² Food and Agriculture Organization of the United Nations, “Conference outcome document: framework for action”, document ICN2 2014/3 Corr.1. Available from www.fao.org/3/a-mm215e.pdf.

³³ WHO, “Double-duty actions for nutrition”, document WHO/NMH/NHD/17.2. Available from www.who.int/iris/bitstream/10665/255414/1/WHO-NMH-NHD-17.2-eng.pdf?ua=1.

(c) Scale up and broaden legal assistance to Member States to advocate particular outcomes in legal challenges related to non-communicable diseases between Member States or between a Member State and a private sector entity;

(d) Examine how countries can pursue and promote gender-based approaches to the prevention and control of non-communicable diseases;

(e) Establish synergies with the implementation of the United Nations Decade of Action on Nutrition (2016–2025) and the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030) of Every Woman, Every Child³⁴ and other relevant strategies.

68. In policies and regulatory frameworks, private sector incentives need to be aligned more closely with public health goals, including by providing incentives to the private sector to increase the production of healthy foods and reformulate food products, making them conducive to a healthy diet, as well as affordable and accessible. In that regard, subsidies, trade agreements, trade regulations and investment policies will need to be reviewed to gain a better understanding of the implications of such policies on premature deaths from non-communicable diseases.

69. Governments are encouraged to strengthen their capacity to analyse the rationale, principles, benefits and risks of engaging with the private sector to contribute to the implementation of national responses to non-communicable diseases.

70. In this regard, organizations of the United Nations system should liaise with national and international regulatory authorities to minimize industry interference, which is one of the commercial determinants of health, a concept that extends to governmental policies and practices such as trade promotion (see table 3).

Reinforce the role of non-State actors

71. Multi-stakeholder partnerships are important in complementing the efforts of Governments to reach the full ambition of the Sustainable Development Goals and should be fully leveraged to achieve target 3.4, while adequate provisions should be established to provide protection against conflicts of interest.

72. Governments are encouraged to:

(a) Provide space for the meaningful participation of non-governmental organizations, the private sector, philanthropic foundations and academic institutions in building coalitions and alliances to contribute to the implementation of national responses to non-communicable diseases;

(b) Develop and implement consumer-facing strategies, including media campaigns, to encourage healthier behaviours, including in relation to food consumption and preparation, exercise, alcohol consumption and tobacco use.

73. In this regard, recommendations for the United Nations system include:

(a) Strengthen its capacity to engage with the private sector, with the exception of the tobacco industry,³⁵ taking into account the rationale, principles, benefits and risks of such engagement;

³⁴ Every Woman, Every Child, “The Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030)”, 2015. Available from www.everywomaneverychild.org/wp-content/uploads/2017/10/EWEC_GSUupdate_Full_EN_2017_web-1.pdf.

³⁵ In line with General Assembly resolution 66/2, para. 38, in which the Assembly recognized the fundamental conflict of interest between the tobacco industry and public health.

(b) Encourage the private sector to use accountability frameworks with indicators suggested by WHO for the implementation of industry commitments for achieving target 3.4 of the Sustainable Development Goals;

(c) Encourage philanthropic foundations to include the prevention and control of non-communicable diseases in their country cooperation programmes;

(d) Encourage academic institutions to prioritize the analysis of the links between non-communicable diseases and broader health priorities, poverty and socioeconomic development in their work and capacity-building programmes.

Promote accountability to the world's citizens

74. The most effective ways to reinforce accountability are the robust and annual monitoring of progress in each country and the dissemination of results, including by using country rankings. Member States are encouraged to leverage Sustainable Development Goals review processes, including at the national and regional levels, as well as voluntary national reviews, to report their own progress against targets for non-communicable diseases. The annual World Health Assembly and the high-level political forum on sustainable development provide opportunities for regular reporting at the global level.

75. There is a need to consolidate the global monitoring framework and instruments for reporting on the progress made since 2011 to the governing bodies of WHO, the Economic and Social Council and the General Assembly.

76. In each country, a non-communicable disease risk factor survey should be conducted once every five years. Country-wide population-based cancer registries should be established or strengthened, cause-specific mortality reporting should be strengthened, and the performance of health systems should be assessed.

77. An additional tool is needed to assess national capacities in the prevention and control of non-communicable diseases, using the joint external evaluation approach and taking into account existing evaluation frameworks. WHO should develop such a tool.

78. Governments are encouraged to:

(a) Adopt the WHO survey methodology, which helps countries to develop their own surveillance system to monitor non-communicable diseases;³⁶

(b) Commit themselves to adopting joint external evaluation approaches to assess national capacities in non-communicable diseases;

(c) Build reporting on non-communicable diseases into national Sustainable Development Goals review processes, including through voluntary national reviews and the leveraging of the World Health Assembly and the high-level political forum on sustainable development as opportunities to share progress.

79. In this regard, recommendations for organizations of the United Nations system include:

(a) The consolidation of the WHO global monitoring framework for non-communicable diseases;

³⁶ See www.who.int/ncds/surveillance/steps/en/.

(b) The development by WHO of a joint external evaluation tool for non-communicable diseases.

Act in unity

80. The inclusion of non-communicable diseases in the 2030 Agenda has provided the best opportunity to place non-communicable diseases at the core of humankind's pursuit of shared progress. Reducing the risk of dying prematurely from non-communicable diseases is a challenge for all countries irrespective of the level of their sustainable development.

81. Acting in unity to address non-communicable diseases demands a renewed commitment to work together across sectors and platforms. The United Nations system must also respond as one, in support of Member States' priorities to establish environments and health systems that promote the full attainment of physical and mental health and well-being. All Member States have a responsibility to show that the General Assembly can be an effective governance platform in shaping a world free from the avoidable burden of non-communicable diseases. The bar is raised high for 2018, as progress since 2011 has been insufficient and highly uneven.
