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## Resolution adopted by the General Assembly on 19 September 2011

[without reference to a Main Committee (A/66/L.1)]

### **66/2. Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases**

*The General Assembly*

*Adopts* the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases annexed to the present resolution.

*3rd plenary meeting  
19 September 2011*

### **Annex**

#### **Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases**

We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations on 19 and 20 September 2011, to address the prevention and control of non-communicable diseases worldwide, with a particular focus on developmental and other challenges and social and economic impacts, particularly for developing countries,

1. Acknowledge that the global burden and threat of non-communicable diseases constitutes one of the major challenges for development in the twenty-first century, which undermines social and economic development throughout the world and threatens the achievement of internationally agreed development goals;
2. Recognize that non-communicable diseases are a threat to the economies of many Member States and may lead to increasing inequalities between countries and populations;
3. Recognize the primary role and responsibility of Governments in responding to the challenge of non-communicable diseases and the essential need for the efforts and engagement of all sectors of society to generate effective responses for the prevention and control of non-communicable diseases;



4. Recognize also the important role of the international community and international cooperation in assisting Member States, particularly developing countries, in complementing national efforts to generate an effective response to non-communicable diseases;
5. Reaffirm the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;
6. Recognize the urgent need for greater measures at the global, regional and national levels to prevent and control non-communicable diseases in order to contribute to the full realization of the right of everyone to the highest attainable standard of physical and mental health;
7. Recall the relevant mandates of the General Assembly, in particular resolutions 64/265 of 13 May 2010 and 65/238 of 24 December 2010;
8. Note with appreciation the World Health Organization Framework Convention on Tobacco Control,<sup>1</sup> reaffirm all relevant resolutions and decisions adopted by the World Health Assembly on the prevention and control of non-communicable diseases, and underline the importance for Member States to continue addressing common risk factors for non-communicable diseases through the implementation of the World Health Organization 2008–2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases<sup>2</sup> as well as the Global Strategy on Diet, Physical Activity and Health<sup>3</sup> and the Global Strategy to Reduce the Harmful Use of Alcohol;<sup>4</sup>
9. Recall the ministerial declaration adopted at the 2009 high-level segment of the Economic and Social Council,<sup>5</sup> in which a call was made for urgent action to implement the Global Strategy for the Prevention and Control of Non-communicable Diseases and its related Action Plan;
10. Take note with appreciation of all the regional initiatives undertaken on the prevention and control of non-communicable diseases, including the Declaration of the Heads of State and Government of the Caribbean Community entitled “Uniting to stop the epidemic of chronic non-communicable diseases”, adopted in September 2007, the Libreville Declaration on Health and Environment in Africa, adopted in August 2008, the statement of the Commonwealth Heads of Government on action to combat non-communicable diseases, adopted in November 2009, the declaration of commitment of the Fifth Summit of the Americas, adopted in June 2009, the Parma Declaration on Environment and Health, adopted by the member States in the European region of the World Health Organization in March 2010, the Dubai Declaration on Diabetes and Chronic Non-communicable Diseases in the Middle East and Northern Africa Region, adopted in December 2010, the European Charter on Counteracting Obesity, adopted in November 2006, the Aruba Call for Action on Obesity of June 2011, and the Honiara Communiqué on addressing non-communicable disease challenges in the Pacific region, adopted in July 2011;

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<sup>1</sup> United Nations, *Treaty Series*, vol. 2302, No. 41032.

<sup>2</sup> Available at <http://www.who.int/publications/en/>.

<sup>3</sup> World Health Organization, *Fifty-seventh World Health Assembly, Geneva, 17–22 May 2004, Resolutions and Decisions, Annexes* (WHA57/2004/REC/1), resolution 57.17, annex.

<sup>4</sup> World Health Organization, *Sixty-third World Health Assembly, Geneva, 17–21 May 2010, Resolutions and Decisions, Annexes* (WHA63/2010/REC/1), annex 3.

<sup>5</sup> See *Official Records of the General Assembly, Sixty-fourth Session, Supplement No. 3 (A/64/3/Rev.1)*, chap. III, para. 56.

11. Take note with appreciation also of the outcomes of the regional multisectoral consultations, including the adoption of ministerial declarations, which were held by the World Health Organization in collaboration with Member States, with the support and active participation of regional commissions and other relevant United Nations agencies and entities, and served to provide inputs to the preparations for the high-level meeting in accordance with resolution 65/238;

12. Welcome the convening of the first Global Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control, which was organized by the Russian Federation and the World Health Organization and held in Moscow on 28 and 29 April 2011, and the adoption of the Moscow Declaration,<sup>6</sup> and recall resolution 64.11 of the World Health Assembly;<sup>7</sup>

13. Recognize the leading role of the World Health Organization as the primary specialized agency for health, including its roles and functions with regard to health policy in accordance with its mandate, and reaffirm its leadership and coordination role in promoting and monitoring global action against non-communicable diseases in relation to the work of other relevant United Nations agencies, development banks and other regional and international organizations in addressing non-communicable diseases in a coordinated manner;

#### **A challenge of epidemic proportions and its socio-economic and developmental impacts**

14. Note with profound concern that, according to the World Health Organization, in 2008, an estimated 36 million of the 57 million global deaths were due to non-communicable diseases, principally cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, including about 9 million deaths before the age of 60, and that nearly 80 per cent of those deaths occurred in developing countries;

15. Note also with profound concern that non-communicable diseases are among the leading causes of preventable morbidity and of related disability;

16. Recognize further that communicable diseases, maternal and perinatal conditions and nutritional deficiencies are currently the most common causes of death in Africa, and note with concern the growing double burden of disease, including in Africa, caused by the rapidly rising incidence of non-communicable diseases, which are projected to become the most common causes of death by 2030;

17. Note further that there is a range of other non-communicable diseases and conditions, for which the risk factors and the need for preventive measures, screening, treatment and care are linked with the four most prominent non-communicable diseases;

18. Recognize that mental and neurological disorders, including Alzheimer's disease, are an important cause of morbidity and contribute to the global non-communicable disease burden, for which there is a need to provide equitable access to effective programmes and health-care interventions;

19. Recognize that renal, oral and eye diseases pose a major health burden for many countries and that these diseases share common risk factors and can benefit from common responses to non-communicable diseases;

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<sup>6</sup> See A/65/859.

<sup>7</sup> See World Health Organization, *Sixty-fourth World Health Assembly, Geneva, 16–24 May 2011, Resolutions and Decisions, Annexes (WHA64/2011/REC/1)*.

20. Recognize that the most prominent non-communicable diseases are linked to common risk factors, namely tobacco use, harmful use of alcohol, an unhealthy diet and lack of physical activity;
21. Recognize that the conditions in which people live and their lifestyles influence their health and quality of life and that poverty, uneven distribution of wealth, lack of education, rapid urbanization, population ageing and the economic social, gender, political, behavioural and environmental determinants of health are among the contributing factors to the rising incidence and prevalence of non-communicable diseases;
22. Note with grave concern the vicious cycle whereby non-communicable diseases and their risk factors worsen poverty, while poverty contributes to rising rates of non-communicable diseases, posing a threat to public health and economic and social development;
23. Note with concern that the rapidly growing magnitude of non-communicable diseases affects people of all ages, gender, race and income levels, and further that poor populations and those living in vulnerable situations, in particular in developing countries, bear a disproportionate burden and that non-communicable diseases can affect women and men differently;
24. Note with concern the rising levels of obesity in different regions, particularly among children and youth, and note that obesity, an unhealthy diet and physical inactivity have strong linkages with the four main non-communicable diseases and are associated with higher health costs and reduced productivity;
25. Express deep concern that women bear a disproportionate share of the burden of caregiving and that, in some populations, women tend to be less physically active than men, are more likely to be obese and are taking up smoking at alarming rates;
26. Note also with concern that maternal and child health is inextricably linked with non-communicable diseases and their risk factors, specifically as prenatal malnutrition and low birth weight create a predisposition to obesity, high blood pressure, heart disease and diabetes later in life, and that pregnancy conditions, such as maternal obesity and gestational diabetes, are associated with similar risks in both the mother and her offspring;
27. Note with concern the possible linkages between non-communicable diseases and some communicable diseases, such as HIV/AIDS, call for the integration, as appropriate, of responses to HIV/AIDS and non-communicable diseases, and in this regard call for attention to be given to people living with HIV/AIDS, especially in countries with a high prevalence of HIV/AIDS, in accordance with national priorities;
28. Recognize that smoke exposure from the use of inefficient cooking stoves for indoor cooking or heating contributes to and may exacerbate lung and respiratory conditions, with a disproportionate effect on women and children in poor populations whose households may be dependant on such fuels;
29. Acknowledge also the existence of significant inequalities in the burden of non-communicable diseases and in access to non-communicable disease prevention and control, both between countries, and within countries and communities;
30. Recognize the critical importance of strengthening health systems, including health-care infrastructure, human resources for health, and health and social protection systems, particularly in developing countries, in order to respond

effectively and equitably to the health-care needs of people with non-communicable diseases;

31. Note with grave concern that non-communicable diseases and their risk factors lead to increased burdens on individuals, families and communities, including impoverishment from long-term treatment and care costs, and to a loss of productivity that threatens household income and leads to productivity loss for individuals and their families and to the economies of Member States, making non-communicable diseases a contributing factor to poverty and hunger, which may have a direct impact on the achievement of the internationally agreed development goals, including the Millennium Development Goals;

32. Express deep concern at the ongoing negative impacts of the financial and economic crisis, volatile energy and food prices and ongoing concerns over food security, as well as the increasing challenges posed by climate change and the loss of biodiversity, and their effect on the control and prevention of non-communicable diseases, and emphasize in this regard the need for prompt and robust, coordinated and multisectoral efforts to address those impacts, while building on efforts already under way;

**Responding to the challenge: a whole-of-government and a whole-of-society effort**

33. Recognize that the rising prevalence, morbidity and mortality of non-communicable diseases worldwide can be largely prevented and controlled through collective and multisectoral action by all Member States and other relevant stakeholders at the local, national, regional and global levels, and by raising the priority accorded to non-communicable diseases in development cooperation by enhancing such cooperation in this regard;

34. Recognize that prevention must be the cornerstone of the global response to non-communicable diseases;

35. Recognize also the critical importance of reducing the level of exposure of individuals and populations to the common modifiable risk factors for non-communicable diseases, namely, tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol, and their determinants, while at the same time strengthening the capacity of individuals and populations to make healthier choices and follow lifestyle patterns that foster good health;

36. Recognize that effective non-communicable disease prevention and control require leadership and multisectoral approaches for health at the government level, including, as appropriate, health in all policies and whole-of-government approaches across such sectors as health, education, energy, agriculture, sports, transport, communication, urban planning, environment, labour, employment, industry and trade, finance, and social and economic development;

37. Acknowledge the contribution of and important role played by all relevant stakeholders, including individuals, families and communities, intergovernmental organizations and religious institutions, civil society, academia, the media, voluntary associations and, where and as appropriate, the private sector and industry, in support of national efforts for non-communicable disease prevention and control, and recognize the need to further support the strengthening of coordination among these stakeholders in order to improve the effectiveness of these efforts;

38. Recognize the fundamental conflict of interest between the tobacco industry and public health;

39. Recognize that the incidence and impacts of non-communicable diseases can be largely prevented or reduced with an approach that incorporates evidence-based, affordable, cost-effective, population-wide and multisectoral interventions;

40. Acknowledge that resources devoted to combating the challenges posed by non-communicable diseases at the national, regional and international levels are not commensurate with the magnitude of the problem;

41. Recognize the importance of strengthening local, provincial, national and regional capacities to address and effectively combat non-communicable diseases, particularly in developing countries, and that this may entail increased and sustained human, financial and technical resources;

42. Acknowledge the need to put forward a multisectoral approach for health at all government levels, to address non-communicable disease risk factors and underlying determinants of health comprehensively and decisively;

Non-communicable diseases can be prevented and their impacts significantly reduced, with millions of lives saved and untold suffering avoided. We therefore commit to:

#### **Reduce risk factors and create health-promoting environments**

43. Advance the implementation of multisectoral, cost-effective, population-wide interventions in order to reduce the impact of the common non-communicable disease risk factors, namely tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol, through the implementation of relevant international agreements and strategies, and education, legislative, regulatory and fiscal measures, without prejudice to the right of sovereign nations to determine and establish their taxation policies and other policies, where appropriate, by involving all relevant sectors, civil society and communities, as appropriate, and by taking the following actions:

(a) Encourage the development of multisectoral public policies that create equitable health-promoting environments that empower individuals, families and communities to make healthy choices and lead healthy lives;

(b) Develop, strengthen and implement, as appropriate, multisectoral public policies and action plans to promote health education and health literacy, including through evidence-based education and information strategies and programmes in and out of schools and through public awareness campaigns, as important factors in furthering the prevention and control of non-communicable diseases, recognizing that a strong focus on health literacy is at an early stage in many countries;

(c) Accelerate implementation by States parties of the World Health Organization Framework Convention on Tobacco Control, recognizing the full range of measures, including measures to reduce consumption and availability, and encourage countries that have not yet done so to consider acceding to the Convention, recognizing that substantially reducing tobacco consumption is an important contribution to reducing non-communicable diseases and can have considerable health benefits for individuals and countries and that price and tax measures are an effective and important means of reducing tobacco consumption;

(d) Advance the implementation of the Global Strategy on Diet, Physical Activity and Health, including, where appropriate, through the introduction of policies and actions aimed at promoting healthy diets and increasing physical activity in the entire population, including in all aspects of daily living, such as

giving priority to regular and intense physical education classes in schools, urban planning and re-engineering for active transport, the provision of incentives for work-site healthy-lifestyle programmes, and increased availability of safe environments in public parks and recreational spaces to encourage physical activity;

(e) Promote the implementation of the Global Strategy to Reduce the Harmful Use of Alcohol, while recognizing the need to develop appropriate domestic action plans, in consultation with relevant stakeholders, for developing specific policies and programmes, including taking into account the full range of options as identified in the Global Strategy, as well as raise awareness of the problems caused by the harmful use of alcohol, particularly among young people, and call upon the World Health Organization to intensify efforts to assist Member States in this regard;

(f) Promote the implementation of the World Health Organization Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children,<sup>8</sup> including foods that are high in saturated fats, trans-fatty acids, free sugars or salt, recognizing that research shows that food advertising geared to children is extensive, that a significant amount of the marketing is for foods with a high content of fat, sugar or salt and that television advertising influences children's food preferences, purchase requests and consumption patterns, while taking into account existing legislation and national policies, as appropriate;

(g) Promote the development and initiate the implementation, as appropriate, of cost-effective interventions to reduce salt, sugar and saturated fats and eliminate industrially produced trans-fats in foods, including through discouraging the production and marketing of foods that contribute to unhealthy diet, while taking into account existing legislation and policies;

(h) Encourage policies that support the production and manufacture of, and facilitate access to, foods that contribute to healthy diet, and provide greater opportunities for utilization of healthy local agricultural products and foods, thus contributing to efforts to cope with the challenges and take advantage of the opportunities posed by globalization and to achieve food security;

(i) Promote, protect and support breastfeeding, including exclusive breastfeeding for about six months from birth, as appropriate, as breastfeeding reduces susceptibility to infections and the risk of undernutrition, promotes the growth and development of infants and young children and helps to reduce the risk of developing conditions such as obesity and non-communicable diseases later in life, and in this regard strengthen the implementation of the International Code of Marketing of Breast-milk Substitutes<sup>9</sup> and subsequent relevant World Health Assembly resolutions;

(j) Promote increased access to cost-effective vaccinations to prevent infections associated with cancers, as part of national immunization schedules;

(k) Promote increased access to cost-effective cancer screening programmes, as determined by national situations;

(l) Scale up, where appropriate, a package of proven, effective interventions, such as health promotion and primary prevention approaches, and galvanize actions

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<sup>8</sup> World Health Organization, *Sixty-third World Health Assembly, Geneva, 17–21 May 2010, Resolutions and Decisions, Annexes* (WHA63/2010/REC/1), annex 4.

<sup>9</sup> Available at [www.who.int/nutrition/publications/code\\_english.pdf](http://www.who.int/nutrition/publications/code_english.pdf).

for the prevention and control of non-communicable diseases through a meaningful multisectoral response, addressing risk factors and determinants of health;

44. With a view to strengthening its contribution to non-communicable disease prevention and control, call upon the private sector, where appropriate, to:

(a) Take measures to implement the World Health Organization set of recommendations to reduce the impact of the marketing of unhealthy foods and non-alcoholic beverages to children, while taking into account existing national legislation and policies;

(b) Consider producing and promoting more food products consistent with a healthy diet, including by reformulating products to provide healthier options that are affordable and accessible and that follow relevant nutrition facts and labelling standards, including information on sugars, salt and fats and, where appropriate, trans-fat content;

(c) Promote and create an enabling environment for healthy behaviours among workers, including by establishing tobacco-free workplaces and safe and healthy working environments through occupational safety and health measures, including, where appropriate, through good corporate practices, workplace wellness programmes and health insurance plans;

(d) Work towards reducing the use of salt in the food industry in order to lower sodium consumption;

(e) Contribute to efforts to improve access to and affordability of medicines and technologies in the prevention and control of non-communicable diseases;

#### **Strengthen national policies and health systems**

45. Promote, establish or support and strengthen, by 2013, as appropriate, multisectoral national policies and plans for the prevention and control of non-communicable diseases, taking into account, as appropriate, the 2008–2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases and the objectives contained therein, and take steps to implement such policies and plans:

(a) Strengthen and integrate, as appropriate, non-communicable disease policies and programmes into health-planning processes and the national development agenda of each Member State;

(b) Pursue, as appropriate, comprehensive strengthening of health systems that support primary health care and deliver effective, sustainable and coordinated responses and evidence-based, cost-effective, equitable and integrated essential services for addressing non-communicable disease risk factors and for the prevention, treatment and care of non-communicable diseases, acknowledging the importance of promoting patient empowerment, rehabilitation and palliative care for persons with non-communicable diseases and of a life course approach, given the often chronic nature of non-communicable diseases;

(c) According to national priorities, and taking into account domestic circumstances, increase and prioritize budgetary allocations for addressing non-communicable disease risk factors and for surveillance, prevention, early detection and treatment of non-communicable diseases and the related care and support, including palliative care;



(d) Explore the provision of adequate, predictable and sustained resources, through domestic, bilateral, regional and multilateral channels, including traditional and voluntary innovative financing mechanisms;

(e) Pursue and promote gender-based approaches for the prevention and control of non-communicable diseases founded on data disaggregated by sex and age in an effort to address the critical differences in the risks of morbidity and mortality from non-communicable diseases for women and men;

(f) Promote multisectoral and multi-stakeholder engagement in order to reverse, stop and decrease the rising trends of obesity in child, youth and adult populations, respectively;

(g) Recognize where health disparities exist between indigenous peoples and non-indigenous populations in the incidence of non-communicable diseases and their common risk factors, and that these disparities are often linked to historical, economic and social factors, and encourage the involvement of indigenous peoples and communities in the development, implementation and evaluation of non-communicable disease prevention and control policies, plans and programmes, where appropriate, while promoting the development and strengthening of capacities at various levels and recognizing the cultural heritage and traditional knowledge of indigenous peoples and respecting, preserving and promoting, as appropriate, their traditional medicine, including conservation of their vital medicinal plants, animals and minerals;

(h) Recognize further the potential and contribution of traditional and local knowledge, and in this regard respect and preserve, in accordance with national capacities, priorities, relevant legislation and circumstances, the knowledge and safe and effective use of traditional medicine, treatments and practices, appropriately based on the circumstances in each country;

(i) Pursue all necessary efforts to strengthen nationally driven, sustainable, cost-effective and comprehensive responses in all sectors for the prevention of non-communicable diseases, with the full and active participation of people living with these diseases, civil society and the private sector, where appropriate;

(j) Promote the production, training and retention of health workers with a view to facilitating adequate deployment of a skilled health workforce within countries and regions, in accordance with the World Health Organization Global Code of Practice on the International Recruitment of Health Personnel;<sup>10</sup>

(k) Strengthen, as appropriate, information systems for health planning and management, including through the collection, disaggregation, analysis, interpretation and dissemination of data and the development of population-based national registries and surveys, where appropriate, to facilitate appropriate and timely interventions for the entire population;

(l) According to national priorities, give greater priority to surveillance, early detection, screening, diagnosis and treatment of non-communicable diseases and prevention and control, and to improving accessibility to safe, affordable, effective and quality medicines and technologies to diagnose and to treat them; provide sustainable access to medicines and technologies, including through the development and use of evidence-based guidelines for the treatment of

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<sup>10</sup> See World Health Organization, *Sixty-third World Health Assembly, Geneva, 17–21 May 2010, Resolutions and Decisions, Annexes* (WHA63/2010/REC/1), annex 5.

non-communicable diseases, and efficient procurement and distribution of medicines in countries; and strengthen viable financing options and promote the use of affordable medicines, including generics, as well as improved access to preventive, curative, palliative and rehabilitative services, particularly at the community level;

(m) According to country-led prioritization, ensure the scaling-up of effective, evidence-based and cost-effective interventions that demonstrate the potential to treat individuals with non-communicable diseases, protect those at high risk of developing them and reduce risk across populations;

(n) Recognize the importance of universal coverage in national health systems, especially through primary health care and social protection mechanisms, to provide access to health services for all, in particular for the poorest segments of the population;

(o) Promote the inclusion of non-communicable disease prevention and control within sexual and reproductive health and maternal and child health programmes, especially at the primary health-care level, as well as other programmes, as appropriate, and also integrate interventions in these areas into non-communicable disease prevention programmes;

(p) Promote access to comprehensive and cost-effective prevention, treatment and care for the integrated management of non-communicable diseases, including, inter alia, increased access to affordable, safe, effective and quality medicines and diagnostics and other technologies, including through the full use of trade-related aspects of intellectual property rights (TRIPS) flexibilities;

(q) Improve diagnostic services, including by increasing the capacity of and access to laboratory and imaging services with adequate and skilled manpower to deliver such services, and collaborate with the private sector to improve affordability, accessibility and maintenance of diagnostic equipment and technologies;

(r) Encourage alliances and networks that bring together national, regional and global actors, including academic and research institutes, for the development of new medicines, vaccines, diagnostics and technologies, learning from experiences in the field of HIV/AIDS, among others, according to national priorities and strategies;

(s) Strengthen health-care infrastructure, including for procurement, storage and distribution of medicine, in particular transportation and storage networks to facilitate efficient service delivery;

#### **International cooperation, including collaborative partnerships**

46. Strengthen international cooperation in support of national, regional and global plans for the prevention and control of non-communicable diseases, inter alia, through the exchange of best practices in the areas of health promotion, legislation, regulation and health systems strengthening, training of health personnel, development of appropriate health-care infrastructure and diagnostics, and by promoting the development and dissemination of appropriate, affordable and sustainable transfer of technology on mutually agreed terms and the production of affordable, safe, effective and quality medicines and vaccines, while recognizing the leading role of the World Health Organization as the primary specialized agency for health in that regard;

47. Acknowledge the contribution of aid targeted at the health sector, while recognizing that much more needs to be done. We call for the fulfilment of all official development assistance-related commitments, including the commitments by many developed countries to achieve the target of 0.7 per cent of gross national income for official development assistance by 2015, as well as the commitments contained in the Programme of Action for the Least Developed Countries for the Decade 2011–2020,<sup>11</sup> and strongly urge those developed countries that have not yet done so to make additional concrete efforts to fulfil their commitments;
48. Stress the importance of North-South, South-South and triangular cooperation, in the prevention and control of non-communicable diseases, to promote at the national, regional and international levels an enabling environment to facilitate healthy lifestyles and choices, bearing in mind that South-South cooperation is not a substitute for, but rather a complement to, North-South cooperation;
49. Promote all possible means to identify and mobilize adequate, predictable and sustained financial resources and the necessary human and technical resources, and to consider support for voluntary, cost-effective, innovative approaches for a long-term financing of non-communicable disease prevention and control, taking into account the Millennium Development Goals;
50. Acknowledge the contribution of international cooperation and assistance in the prevention and control of non-communicable diseases, and in this regard encourage the continued inclusion of non-communicable diseases in development cooperation agendas and initiatives;
51. Call upon the World Health Organization, as the lead United Nations specialized agency for health, and all other relevant United Nations system agencies, funds and programmes, the international financial institutions, development banks and other key international organizations to work together in a coordinated manner to support national efforts to prevent and control non-communicable diseases and mitigate their impacts;
52. Urge relevant international organizations to continue to provide technical assistance and capacity-building to developing countries, especially to the least developed countries, in the areas of non-communicable disease prevention and control and promotion of access to medicines for all, including through the full use of trade-related aspects of intellectual property rights flexibilities and provisions;
53. Enhance the quality of aid by strengthening national ownership, alignment, harmonization, predictability, mutual accountability and transparency, and results orientation;
54. Engage non-health actors and key stakeholders, where appropriate, including the private sector and civil society, in collaborative partnerships to promote health and to reduce non-communicable disease risk factors, including through building community capacity in promoting healthy diets and lifestyles;
55. Foster partnerships between government and civil society, building on the contribution of health-related non-governmental organizations and patients' organizations, to support, as appropriate, the provision of services for the prevention and control, treatment and care, including palliative care, of non-communicable diseases;

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<sup>11</sup> See *Report of the Fourth United Nations Conference on the Least Developed Countries, Istanbul, Turkey, 9-13 May 2011* (United Nations publication, Sales No. 11.II.A.1), chap. II.

56. Promote the capacity-building of non-communicable-disease-related non-governmental organizations at the national and regional levels, in order to realize their full potential as partners in the prevention and control of non-communicable diseases;

#### **Research and development**

57. Promote actively national and international investments and strengthen national capacity for quality research and development, for all aspects related to the prevention and control of non-communicable diseases, in a sustainable and cost-effective manner, while noting the importance of continuing to incentivize innovation;

58. Promote the use of information and communications technology to improve programme implementation, health outcomes, health promotion, and reporting and surveillance systems and to disseminate, as appropriate, information on affordable, cost-effective, sustainable and quality interventions, best practices and lessons learned in the field of non-communicable diseases;

59. Support and facilitate non-communicable-disease-related research, and its translation, to enhance the knowledge base for ongoing national, regional and global action;

#### **Monitoring and evaluation**

60. Strengthen, as appropriate, country-level surveillance and monitoring systems, including surveys that are integrated into existing national health information systems and include monitoring exposure to risk factors, outcomes, social and economic determinants of health, and health system responses, recognizing that such systems are critical in appropriately addressing non-communicable diseases;

61. Call upon the World Health Organization, with the full participation of Member States, informed by their national situations, through its existing structures, and in collaboration with United Nations agencies, funds and programmes and other relevant regional and international organizations, as appropriate, building on continuing efforts to develop, before the end of 2012, a comprehensive global monitoring framework, including a set of indicators, capable of application across regional and country settings, including through multisectoral approaches, to monitor trends and to assess progress made in the implementation of national strategies and plans on non-communicable diseases;

62. Call upon the World Health Organization, in collaboration with Member States through the governing bodies of the World Health Organization, and in collaboration with United Nations agencies, funds and programmes, and other relevant regional and international organizations, as appropriate, building on the work already under way, to prepare recommendations for a set of voluntary global targets for the prevention and control of non-communicable diseases, before the end of 2012;

63. Consider the development of national targets and indicators based on national situations, building on guidance provided by the World Health Organization, to focus on efforts to address the impacts of non-communicable diseases and to assess the progress made in the prevention and control of non-communicable diseases and their risk factors and determinants;

**Follow-up**

64. Request the Secretary-General, in close collaboration with the Director-General of the World Health Organization, and in consultation with Member States, United Nations funds and programmes and other relevant international organizations, to submit by the end of 2012 to the General Assembly, at its sixty-seventh session, for consideration by Member States, options for strengthening and facilitating multisectoral action for the prevention and control of non-communicable diseases through effective partnership;

65. Request the Secretary-General, in collaboration with Member States, the World Health Organization and relevant funds, programmes and specialized agencies of the United Nations system to present to the General Assembly at its sixty-eighth session a report on the progress achieved in realizing the commitments made in this Political Declaration, including on the progress of multisectoral action, and the impact on the achievement of the internationally agreed development goals, including the Millennium Development Goals, in preparation for a comprehensive review and assessment in 2014 of the progress achieved in the prevention and control of non-communicable diseases.

**Sixty-eighth session**

Item 118

**Follow-up to the outcome of the Millennium Summit****Note by the Secretary-General transmitting the report of the  
Director-General of the World Health Organization on the  
prevention and control of non-communicable diseases***Summary*

In September 2011 heads of State and Government agreed on a bold set of commitments to address the global burden and threat of non-communicable diseases, which constitutes one of the major challenges for development in the twenty-first century.

The present report, prepared by the World Health Organization pursuant to General Assembly resolution 66/2, sets out the progress achieved in realizing the commitments made in the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, in preparation for a comprehensive review and assessment in 2014 of the progress achieved in the prevention and control of non-communicable diseases.

The report underscores the fact that as progress has been insufficient and highly uneven, continued efforts are essential for achieving a world free of the avoidable burden of non-communicable diseases. The international community is encouraged to provide support for national efforts to implement a list of priority actions identified for Member States if progress is to be widespread and sustainable.

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



## Prevention and control of non-communicable diseases

### I. Introduction

1. The present report is submitted pursuant to paragraph 65 of the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, held on 19 and 20 September 2011 (General Assembly resolution 66/2, annex). In that document the heads of State and Government and representatives of States and Government 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 present to the Assembly at its sixty-eighth session a report on the progress achieved in realizing the commitments made in the political declaration, including on the progress of multisectoral action, and the impact on the achievement of the internationally agreed development goals, including the Millennium Development Goals, in preparation for a comprehensive review and assessment in 2014 of the progress achieved in the prevention and control of non-communicable diseases.

2. The present report provides an overview of progress achieved since the adoption of the political declaration by (a) summarizing the new dimensions to the challenge of non-communicable diseases (section II); (b) describing the outcomes of the intergovernmental processes which were conducted to complete the work, through the governing bodies of WHO, on global assignments to hold partners to account (section III); (c) assessing the current capacity of countries to respond to non-communicable diseases (section IV); (d) highlighting the achievements in fostering international cooperation and coordination (section V) and recommendations (section VI), including priority actions recommended for Member States prior to the comprehensive review in 2014.

### II. Non-communicable diseases constitute one of the major challenges for development in the twenty-first century

3. Heads of State and Government at the high-level meeting agreed on a bold set of commitments to respond to the challenge of non-communicable diseases that reaffirmed the vision rooted in the landmark global strategy for the prevention and control of non-communicable diseases, endorsed by the World Health Assembly in 2000,<sup>1</sup> which has three broad objectives:

(a) To reduce the level of exposure of individuals and populations to the common risk factors for non-communicable diseases, namely tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity;

(b) To strengthen health care for people with non-communicable diseases, mainly cardiovascular diseases, cancers, chronic respiratory diseases and diabetes;

(c) To map the emerging epidemic of non-communicable diseases and to analyse its socioeconomic impact.

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<sup>1</sup> World Health Assembly resolution WHA53.17 (on prevention and control of non-communicable diseases) (see World Health Organization, document WHA53/2000/REC/1). Available from [http://apps.who.int/gb/archive/e/e\\_wha53.html](http://apps.who.int/gb/archive/e/e_wha53.html).

### Where do we stand?

4. After the political declaration was endorsed, developing-country planning ministries, international agencies and civil society organizations rallied behind the commitments made by the heads of State and Government. In its resolution 67/81 the General Assembly recommended that consideration be given to including universal health coverage in the discussions on the post-2015 development agenda and recognized that the provision of universal health coverage is mutually reinforcing with the implementation of the political declaration. In the outcome document of the United Nations Conference on Sustainable Development, entitled “The future we want” (General Assembly resolution 66/288, annex), the Assembly also acknowledged that the global burden of non-communicable diseases constitutes one of the major challenges for development in the twenty-first century. In July 2012 the first report of the United Nations System Task Team on the Post-2015 Development Agenda, entitled “Realizing the future we want for all” identified non-communicable diseases as one of several priorities for social development and investments in people in the post-2015 development agenda.<sup>2</sup> In May 2013 the report of the High-level Panel of Eminent Persons on the Post-2015 Development Agenda, entitled *A New Global Partnership: Eradicate Poverty and Transform Economies through Sustainable Development*, included an illustrative target to reduce the burden of disease from HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and priority non-communicable diseases in support of an illustrative goal to ensure healthy lives by 2030.<sup>3</sup> The Panel chose to focus on health outcomes in this goal, recognizing that the achievement of the outcomes requires universal access to basic health care. In July 2013 the report of the Secretary-General, entitled “A life of dignity for all: accelerating progress towards the Millennium Development Goals and advancing the United Nations development agenda beyond 2015” (A/68/202), noted that bringing this vision to life in the post-2015 era will require a number of transformative and mutually reinforcing actions to reduce the burden of non-communicable diseases that apply to all countries.

5. There are also new dimensions to the challenge of non-communicable diseases. New data from WHO estimate that in 2011 the vast majority of the premature deaths of individuals from non-communicable diseases (85 per cent or 11.8 million) between the ages from 30 to 70 occurred in developing countries.<sup>4</sup> The probability of dying from any of the major non-communicable diseases between the ages of 30 and 70 ranges from 10 per cent in developed countries to 60 per cent in developing countries. It is estimated that up to two thirds of premature deaths are linked to exposure to risk factors and up to half of all such deaths are linked to weak health systems that do not respond effectively and equitably to the health-care needs of people with non-communicable diseases.<sup>5</sup>

6. A study conducted in 2011 by the Harvard School of Public Health and the World Economic Forum demonstrated that over the period 2011-2025, the cumulative lost output in developing countries associated with the four major non-communicable

<sup>2</sup> Available from [www.un.org/en/development/desa/policy/untaskteam\\_undf/report.shtml](http://www.un.org/en/development/desa/policy/untaskteam_undf/report.shtml).

<sup>3</sup> Available from [www.post2015hlp.org/the-report](http://www.post2015hlp.org/the-report).

<sup>4</sup> World Health Organization, *The Global Burden of Disease*.

<sup>5</sup> See World Health Organization overview brochure prepared for the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, 19-20 September 2011. Available from [www.who.int/nmh/events/un\\_ncd\\_summit2011/qa/overview\\_brochure.pdf](http://www.who.int/nmh/events/un_ncd_summit2011/qa/overview_brochure.pdf).



diseases is projected to be more than 7 trillion United States dollars. The annual loss of approximately \$500 billion amounted to approximately 4 per cent of gross domestic product for developing countries in 2010.<sup>6</sup> A WHO study on implementing a package of highly cost-effective “best buy” interventions for the prevention and control of non-communicable diseases for the period 2011-2025 in all developing countries estimated the cost of action at \$11 billion per year.<sup>7</sup>

7. There has been substantial progress in documenting evidence that the effects of globalization on marketing and trade, rapid urbanization and population ageing have brought about a deadly interplay between non-communicable and communicable diseases, maternal and perinatal conditions and nutritional deficiencies in developing countries. Since September 2011, Governments, partners and an inspiring constellation of groups<sup>8</sup> and individuals<sup>9</sup> around the world have mobilized to underscore that the social, economic and physical environments in developing countries afford their populations much lower levels of protection from the risks and consequences of non-communicable diseases than in developed countries. In developed countries the population often benefits from Governments’ multisectoral national policies and plans to reduce the exposure of risk factors and to enable health systems to respond. Premature deaths from non-communicable diseases reduce productivity, curtail economic growth and trap the populations in the lowest income quintiles in chronic poverty. A report from the African Union in April 2013 underscored the fact that the exorbitant costs of non-communicable diseases are forcing 100 million people in Africa into poverty annually, stifling development.<sup>10</sup>

8. There is also a growing international awareness that the promises and commitments made at the high-level meeting offer a paradigm shift in thinking about non-communicable diseases as an issue that requires Governments to assume a primary role and responsibility which goes beyond the health sector alone. Among the promises was a commitment to promote, establish or support and strengthen multisectoral national policies and plans for the prevention and control of non-communicable diseases, and to consider the development of national targets. This work is unfinished and must continue in order to secure a world free of the avoidable burden of non-communicable diseases. By meeting these commitments in preparation for the comprehensive review in 2014, the international community will be best placed to agree to the next steps. Member States must therefore do their utmost to set national targets for non-communicable diseases and develop national policies and plans to attain national targets.

<sup>6</sup> World Economic Forum and World Health Organization, “From burden to ‘best buys’: reducing the economic impact of non-communicable diseases in low- and middle-income countries” (2011). Available from [www.who.int/nmh/publications/best\\_buys\\_summary/en/index.html](http://www.who.int/nmh/publications/best_buys_summary/en/index.html).

<sup>7</sup> World Health Organization, *Scaling Up Action against Non-communicable Diseases: How Much Will It Cost?* (Geneva, 2011). Available from [www.who.int/nmh/publications/cost\\_of\\_inaction/en/index.html](http://www.who.int/nmh/publications/cost_of_inaction/en/index.html).

<sup>8</sup> For example, The Lancet NCD Action Group, which launched a fourth series on non-communicable diseases in February 2013 (see [www.thelancet.com/series/non-communicable-diseases](http://www.thelancet.com/series/non-communicable-diseases)).

<sup>9</sup> For example, philanthropist Michael Bloomberg of Bloomberg Philanthropies (see [www.bloomberg.org/program/public\\_health](http://www.bloomberg.org/program/public_health)).

<sup>10</sup> “The impact of non-communicable diseases (NCDs) and neglected tropical diseases (NTDs) on development in Africa”, concept note prepared for the sixth session of the African Union Conference of Ministers of Health, Addis Ababa, 22-16 April 2013. Available from [www.camma.org/event/sixth-session-african-union-conference-ministers-health](http://www.camma.org/event/sixth-session-african-union-conference-ministers-health).

9. Many developing countries are struggling to move from commitment to action. A global survey conducted by WHO in 2013 found that, while more developing countries have policies to tackle non-communicable diseases (compared to 2010), few are multisectoral and engage sectors outside of health. Moreover, existing plans are often not funded or implemented. National capacities to address non-communicable diseases are often weakest in the poorest countries (a detailed analysis is provided in section IV).

#### **Which policies and programmes have best driven progress?**

10. It is crucial to know what works and what does not. There are specific interventions for the prevention and control of non-communicable diseases that may be considered very cost-effective and affordable, and have produced gains in many countries.<sup>11</sup> Such actions should be undertaken immediately to reduce premature mortality and avoidable morbidity of non-communicable diseases, and mitigate their impacts. Very cost-effective interventions to reduce the exposure to risk factors for non-communicable diseases, which generate an extra year of healthy life at a cost that is less than the average annual income or gross domestic product per person, include:

- (a) Reduce the affordability of tobacco products by increasing tobacco excise taxes;
- (b) Create legislation for completely smoke-free environments in all indoor workplaces, public places and public transport;
- (c) Warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns;
- (d) Ban all forms of tobacco advertising, promotion and sponsorship;
- (e) Regulate commercial and public availability of alcohol;
- (f) Restrict or ban alcohol advertising and promotions;
- (g) Use pricing policies for reducing the harmful use of alcohol, such as excise tax increases on alcoholic beverages;
- (h) Reduce salt intake and adjust the iodine content of iodized salt, when relevant;
- (i) Replace trans-fats with unsaturated fat;
- (j) Implement public awareness programmes on diet and physical activity.

11. The following are among the very cost-effective interventions for national health-care systems which generate an extra year of healthy life for a cost that falls below the average annual income or gross domestic product per person:

- (a) Drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals

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<sup>11</sup> An overview of very cost-effective and affordable interventions is provided in appendix 3 of World Health Assembly resolution WHA66.10 of 27 May 2013 endorsing the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020 (World Health Organization document WHA66/2013/REC/1). Available from [http://apps.who.int/gb/e/e\\_wha66.html](http://apps.who.int/gb/e/e_wha66.html).

who have had a heart attack or stroke and to persons at high risk ( $\geq 30$  per cent) of fatal and non-fatal cardiovascular events in the next 10 years;

- (b) Aspirin for acute myocardial infarction;
- (c) Prevention of liver cancer through hepatitis B immunization;
- (d) Prevention of cervical cancer through screening linked with timely treatment of pre-cancerous lesions.

12. Some studies estimate that implementing these very cost-effective interventions will cost 4 per cent of current health spending in low-income countries, 2 per cent in lower-middle-income countries and less than 1 per cent in upper-middle-income countries. National ownership and international commitment, with the right policies backed by reliable, timely financial resources and multi-stakeholder partnerships, would be needed to ensure success. Much has been learned by formulating and implementing national policies that prioritize such interventions. Countries should make every effort to mobilize domestic resources. At the same time, the resources should be supplemented by external technical and financial support, where necessary.

### **III. Setting a new course: remarkable achievements in building a global road map to support national efforts**

#### **Global assignments**

13. Since the landmark high-level meeting, WHO, with the full participation of Member States, and through its governing bodies, has completed the following global assignments:<sup>12</sup>

- (a) A comprehensive global monitoring framework for the prevention and control of non-communicable diseases, including a set of 9 voluntary global targets and 25 indicators;
- (b) A Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020;
- (c) A limited set of Action Plan indicators for the Global Action Plan;
- (d) Terms of reference for the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, established by the Secretary-General;
- (e) Elements of terms of reference for the global coordination mechanism for the prevention and control of non-communicable diseases.

#### **Global monitoring framework**

14. Strong accountability and monitoring are crucial for realizing the commitments included in the political declaration. The global monitoring framework for the prevention and control of non-communicable diseases, agreed at a formal meeting of

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<sup>12</sup> In response to General Assembly resolution 66/2, World Health Assembly resolutions WHA61.14, and WHA66.10 and Economic and Social Council resolution 2013/12.

Member States, held in Geneva from 5 to 7 November 2012,<sup>13</sup> contains 25 indicators and a set of 9 voluntary global targets to be attained by 2025:

- (a) A relative reduction of 25 per cent in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases;
- (b) A relative reduction of at least 10 per cent in the harmful use of alcohol,<sup>14</sup> as appropriate, within the national context;
- (c) A relative reduction of 10 per cent in the prevalence of insufficient physical activity;
- (d) A relative reduction of 30 per cent in the mean population intake of salt/sodium;<sup>15</sup>
- (e) A relative reduction of 30 per cent in the prevalence of current tobacco use in persons over 15 years of age;
- (f) A relative reduction of 25 per cent in the prevalence of raised blood pressure, or contain the prevalence of raised blood pressure, according to national circumstances;
- (g) Halt the rise in diabetes and obesity;
- (h) At least 50 per cent of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes;
- (i) Availability, at the rate of 80 per cent, of the affordable basic technologies and essential medicines, including generics, required to treat major non-communicable diseases in both public and private facilities.

15. Following the endorsement of the global monitoring framework by the sixty-sixth World Health Assembly in its resolution WHA66.10, the Assembly urged Member States to consider the development of national non-communicable disease monitoring frameworks, with targets and indicators based on national situations, taking into consideration the comprehensive global monitoring framework, building on guidance provided by WHO.

16. In paragraph 3.9 of its resolution WHA66.10, the World Health Assembly requested the Director-General of WHO to submit reports on progress achieved in attaining the nine voluntary global targets to the Assembly in 2016, 2021 and 2026. WHO will invite Member States to contribute, in 2015, 2020 and 2025, data and information on trends in respect of the 25 indicators and progress towards the 9 voluntary global targets against a baseline in 2010. Accordingly, in paragraphs 2.6 and 2.7 of resolution WHA66/10, the Assembly urged Member States to establish and

<sup>13</sup> Report of the formal meeting of Member States to conclude the work on the comprehensive global monitoring framework, including indicators, and a set of voluntary global targets for the prevention and control of non-communicable diseases (World Health Organization, document A/NCD/2). Available from [http://apps.who.int/gb/ncds/pdf/A\\_NCD\\_2-en.pdf](http://apps.who.int/gb/ncds/pdf/A_NCD_2-en.pdf).

<sup>14</sup> In the Global Strategy to Reduce the Harmful Use of Alcohol (World Health Organization document WHA63/2010/REC/1, annex 3) the concept of the harmful use of alcohol encompasses the drinking that causes detrimental health and social consequences for the drinker, the people around the drinker and society at large, as well as the patterns of drinking that are associated with increased risk of adverse health outcomes.

<sup>15</sup> The WHO recommendation is fewer than 5 grams of salt or 2 grams of sodium per person per day.

strengthen national surveillance and monitoring systems for non-communicable diseases, covering: (a) monitoring of risk factors and determinants; (b) outcomes (mortality and morbidity); and (c) health system response, with integration into the national health information systems.

### **Global Action Plan**

17. This is the first generation with the resources and know-how to achieve a world free of the avoidable burden of non-communicable diseases. In its resolution WHA66.10 the World Health Assembly endorsed the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020. The Action Plan provides a road map and a menu of policy options for all Member States and other stakeholders to take coordinated and coherent action, at all levels, local to global, from 2013 to 2020, to attain the nine voluntary global targets in 2025 and the commitments made in the political declaration.

18. The Action Plan includes the following vision, goal and objectives:

(a) Vision: a world free of the avoidable burden of non-communicable diseases;

(b) Goal: to reduce the preventable and avoidable burden of morbidity, mortality and disability due to non-communicable diseases by means of multisectoral collaboration and cooperation at the national, regional and global levels, so that populations reach the highest attainable standards of health and productivity at every age and those diseases are no longer a barrier to well-being or socioeconomic development;

(c) Objectives:

(i) To raise the priority accorded to the prevention and control of non-communicable diseases in global, regional and national agendas and internationally agreed development goals through strengthened international cooperation and advocacy;

(ii) To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of non-communicable diseases;

(iii) To reduce modifiable risk factors for non-communicable diseases and underlying social determinants through the creation of health-promoting environments;

(iv) To 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;

(v) To promote and support national capacity for high-quality research and development for the prevention and control of non-communicable diseases;

(vi) To monitor the trends and determinants of non-communicable diseases and evaluate progress in their prevention and control.

**Limited set of Action Plan indicators**

19. As stated in paragraph 16 above, in paragraph 3.9 of its resolution WHA66.10, the World Health Assembly requested the Director-General of WHO to submit progress made in implementing the Action Plan to the Assembly in 2016, 2021 and 2026. To this end, it requested the Director-General to develop, in consultation with Member States and other relevant partners, a limited set of Action Plan indicators to inform reporting on progress, and to submit the draft set of indicators to the sixty-seventh World Health Assembly for approval. Accordingly, WHO convened a consultation with Member States in November 2013 to conclude the work on the limited set of indicators. A set of nine Action Plan indicators to inform reporting on progress made in the process of implementing the global action plan were agreed at the consultation,<sup>16</sup> as follows:

(a) Number of countries with at least one operational multisectoral national policy, strategy or action plan that integrates several non-communicable diseases and shared risk factors in conformity with the global and regional non-communicable disease action plans 2013-2020;

(b) Number of countries that have operational non-communicable disease units/branches/departments within the ministry of health, or equivalent;

(c) Number of countries with an operational policy, strategy or action plan, to reduce the harmful use of alcohol, as appropriate, within the national context;

(d) Number of countries with an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity;

(e) Number of countries with an operational policy, strategy or action plan, in line with the WHO Framework Convention on Tobacco Control, to reduce the burden of tobacco use;

(f) Number of countries with an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets;

(g) Number of countries that have evidence-based national guidelines/protocols/standards for the management of major non-communicable diseases through a primary-care approach, recognized/approved by government or competent authorities;

(h) Number of countries that have an operational national policy and plan on non-communicable disease-related research, including community-based research, and evaluation of the impact of interventions and policies;

(i) Number of countries with non-communicable disease surveillance and monitoring systems in place to enable reporting against the nine voluntary global non-communicable disease targets.

20. The report on the consultation will be transmitted by the Director-General of WHO to the Executive Board of WHO at its one hundred and thirty-fourth session and to the sixty-seventh World Health Assembly for consideration.

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<sup>16</sup> Available from [http://apps.who.int/gb/ncds/e/ncd-14-15\\_E.html](http://apps.who.int/gb/ncds/e/ncd-14-15_E.html).

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

21. Demand is very high for “how to” policy advice to provide support to Governments in their national efforts to address non-communicable diseases. An analysis of 144 WHO country cooperation strategies that are jointly agreed with national authorities found that 136 strategies included requests for support to address non-communicable diseases. Arrangements to meet country needs and provide support for national efforts through bilateral and multilateral channels continue to be inadequate. The Economic and Social Council, at its substantive session of 2013, was a defining moment to set out an approach for ways that the United Nations system responds to country demand for technical assistance, when it adopted its resolution [2013/12](#) requesting the Secretary-General to establish a 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. The Task Force will be convened and led by WHO, and report to the Council through the Secretary-General.

22. The Economic and Social Council also requested the Secretary-General, in close collaboration with the Director-General of WHO, and in full collaboration with Member States through WHO, to develop the terms of reference for the Task Force. Accordingly, WHO convened the first meeting of the Task Force in Geneva on 2 and 3 October 2013<sup>17</sup> to develop draft terms of reference for consideration by Member States at a formal meeting of Member States convened by WHO, which took place in November 2013. Terms of reference for the Task Force were agreed at the formal meeting,<sup>18</sup> including the following objectives:

(a) To enhance and coordinate systematic support to Member States, upon request, at the national level, in efforts to support responses to prevent and control non-communicable diseases and mitigate their impact;

(b) To facilitate systematic and timely information exchange among entities of the United Nations system and intergovernmental organizations about existing and planned strategies, programmes and activities to prevent and control non-communicable diseases and mitigate their impacts, at the global, regional and national levels, including through the establishment of a virtual practice community for members of the Task Force, with updates regularly circulated to subscribers, and the preparation and regular updating of an inventory of United Nations system activities on the prevention and control of non-communicable diseases;

(c) To facilitate information on available resources to support national efforts to prevent and control non-communicable diseases and mitigate their impacts, and to undertake resource mobilization for the implementation of agreed activities, including for joint programmes in accordance with guidelines of the United Nations Development Group;

(d) To strengthen advocacy in order to raise the priority accorded to the prevention and control of non-communicable diseases on the international development agenda, including the post-2015 development agenda, and sustain the interest of heads of State and Government in realizing their commitments through

<sup>17</sup> See [www.who.int/nmh/events/ncd\\_task\\_force/en/index.html](http://www.who.int/nmh/events/ncd_task_force/en/index.html) and [http://apps.who.int/gb/ncds/e/ncd-13\\_E.html](http://apps.who.int/gb/ncds/e/ncd-13_E.html).

<sup>18</sup> See [http://apps.who.int/gb/ncds/e/ncd-13\\_E.html](http://apps.who.int/gb/ncds/e/ncd-13_E.html).

statements, reports and participation in panels by high-level United Nations officials;

(e) To incorporate the work of the United Nations Ad Hoc Inter-Agency Task Force on Tobacco Control, including by utilizing the matrix of work of the members of the Task Force on the implementation of the WHO Framework Convention on Tobacco Control and to ensure that tobacco control continues to be duly addressed and prioritized in the new Task Force mandate;

(f) To strengthen international cooperation in support of national, regional and global plans for the prevention and control of non-communicable diseases, inter alia, through the exchange of best practices in the areas of health promotion, legislation, regulation and health systems strengthening, training of health personnel, development of appropriate health-care infrastructure and diagnostics, and by promoting the development and dissemination of appropriate, affordable and sustainable transfer of technology on mutually agreed terms and the production of affordable, safe, effective and quality medicines and vaccines.

23. The report of the formal meeting will be transmitted by the Director-General of WHO to the Executive Board of WHO at its one hundred and thirty-fourth session and to the sixty-seventh World Health Assembly for consideration. Once considered by the governing bodies of WHO, the Director-General will transmit the report to the Secretary-General with a view to including the terms of reference in the report of the Secretary-General on the implementation of Economic and Social Council resolution [2013/12](#) for the consideration of the Council at its substantive session of 2014.

#### **Global coordination mechanism for the prevention and control of non-communicable diseases**

24. The global nature of non-communicable diseases requires coordinated global action. Accordingly, the General Assembly considered the note by the Secretary-General transmitting the report of the Director-General of the World Health Organization on options for strengthening and facilitating multisectoral action for the prevention and control of non-communicable diseases through effective partnership ([A/67/373](#)) on 28 November 2012 as part of agenda item 113 on the follow-up to the outcome of the Millennium Summit (see [A/67/PV.43](#)). As stated above, in this context, the sixty-sixth World Health Assembly requested the Director-General of WHO to develop draft terms of reference for a global coordination mechanism, aimed at facilitating engagement among Member States, United Nations organizations, other international organizations and non-State actors. Member States agreed on elements related to the scope, purpose and functions of draft terms of reference for the global coordination mechanism during the formal meeting referred to in paragraph 22 above. The mechanism will be convened, hosted and led by WHO and report to the governing bodies of WHO. The scope and purpose of the mechanism will be to facilitate and enhance coordination of activities, multi-stakeholder engagement and action across sectors at the local, national, regional and global levels, in order to contribute to the implementation of the Global Action Plan, while avoiding duplication of efforts, using resources in an efficient and results-oriented way, and safeguarding WHO and public health from any undue influence by any form of real, perceived or potential conflicts of interest. Guided by, and in line with, the six



objectives of the Global Action Plan, the functions of the global coordination mechanism will be as follows:

(a) Advocating for and raising awareness about the urgency of implementing the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020; mainstreaming the prevention and control of non-communicable diseases in the international development agenda; and giving due consideration to the prevention and control of non-communicable diseases in discussions on the sustainable development goals and the post-2015 development agenda;

(b) Disseminating knowledge and sharing information based on scientific evidence and/or best practices regarding the implementation of the Global Action Plan, including health promotion, prevention, control, monitoring and surveillance of non-communicable diseases;

(c) Providing a forum to identify barriers and share innovative solutions and actions for the implementation of the Global Action Plan;

(d) Advancing multisectoral action by identifying and promoting sustained actions across sectors that can contribute to and support the implementation of the Global Action Plan;

(e) Identifying and sharing information on existing and potential sources of finance and cooperation mechanisms at the local, national, regional and global levels for the implementation of the Global Action Plan.

25. With a view to completing the work on other elements of the terms of reference before the sixty-seventh World Health Assembly (Geneva, 19-24 May 2014), Member States recommended that the one hundred and thirty-fourth session of the WHO Executive Board (Geneva, 20-25 January 2014) should ensure a follow-up process, including another formal meeting.

#### **IV. From commitment to action: achievements in strengthening national capacities for the prevention and control of non-communicable diseases**

26. WHO conducted a global survey in 2013 to assess national capacity for the prevention and control of non-communicable diseases to gather information about progress made in countries. The survey was conducted by sending a questionnaire, during 2012, to non-communicable disease focal points within a ministry of health or a national institute or agency in all States members of WHO. A similar survey had been conducted in 2010.<sup>19</sup> The surveys show a significant improvement in country capacity for the prevention and control of non-communicable diseases over the past three years. However, while many countries have components of the necessary national policies and plans in place, they are often not adequately funded or operational. The existence of initiatives to combat non-communicable diseases in a growing number of countries provides a strong foundation to extend progress.

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<sup>19</sup> World Health Organization, *Assessing National Capacity for the Prevention and Control of Non-communicable Diseases: Report of the 2010 Global Survey* (Geneva, 2012). Available from [http://www.who.int/cancer/publications/national\\_capacity\\_prevention\\_ncds.pdf](http://www.who.int/cancer/publications/national_capacity_prevention_ncds.pdf).

**Aspects of national infrastructure (2013 compared to 2010)**

27. Trends in national capacity for non-communicable diseases were derived by comparing the results of the 2013 survey with those from the capacity survey conducted by WHO in 2010. For the comparison of survey responses from 2010 to 2013, analysis was restricted to the 172 countries that completed both surveys. A component of the capacity assessment included a review of country-level infrastructure to provide support for the prevention and control of non-communicable diseases. Ninety-five per cent of countries reported they had a unit, branch or department in their ministry of health with responsibility for non-communicable diseases. This figure represents an improvement over the 89 per cent reported in 2010. Regarding funding sources for non-communicable-disease activities, 91 per cent of countries cited government revenues as their major source of funding for such work, followed by international donors (63 per cent) and earmarked taxes (33 per cent). In addition to the formal infrastructure, 85 per cent of countries reported they had some form of partnerships or collaborations for implementing such activities (compared to 86 per cent in 2010). Over two thirds of countries (76 per cent) have collaborations in the form of a cross-departmental or ministerial committee, which is similar to what was reported in 2010. A similar proportion of countries reported having interdisciplinary committees (67 per cent against 68 per cent in 2010), while fewer reported establishing joint task forces (53 per cent against 59 per cent in 2010).

28. Seventy-nine per cent of countries reported that they were addressing non-communicable diseases through an integrated policy, plan or strategic work addressing at least two or more diseases and risk factors. The majority of countries have policies, plans or strategies for all non-communicable diseases and their risk factors. Eighty-three per cent of countries reported that they addressed cardiovascular diseases as either part of an integrated plan or as stand-alone plans. Cancer and diabetes were also well addressed in country-level plans, with 86 per cent and 84 per cent of countries, respectively, reporting on these diseases. Regarding policies and plans for risk factors, tobacco was the risk factor most commonly addressed, with 92 per cent of countries reporting a plan in existence. Eighty-four per cent of countries reported having plans addressing unhealthy diet and 81 per cent reported plans for physical inactivity. The harmful use of alcohol was the least addressed risk factor, with 77 per cent of countries reporting a plan. If only operational policies with a dedicated budget are considered, the percentage of eligible countries with plans for non-communicable diseases and risk factors becomes much lower: only 50 per cent had operational and funded integrated policies in 2013. This, however, represents a substantial increase from 2010, when only 31 per cent of countries satisfied these criteria.

29. Overall, 81 per cent of countries reported having a system in place for generating cause-specific mortality on a routine basis. Seventy-four per cent of countries indicated that cause of death was certified by a medical practitioner and 4 per cent reported it was certified by verbal autopsy or other methods. Since 2010, there has been a small increase in the percentage of countries with cancer registries (78 per cent in 2010 against 82 per cent in 2013) as well as in the percentage of countries with national population-based registries (35 per cent in 2013). The majority of countries reported having conducted recent (within the previous five years) risk factor surveys on each of four main behavioural risk factors (64 to 75 per cent), with tobacco being the most surveyed. Metabolic risk factors, such as fasting

blood glucose, blood pressure, blood lipids and body mass, were less well surveyed, with 41 to 66 per cent of countries reporting recent surveys including such measures. These figures represent a substantial improvement over risk factors reported in 2010, when only around one third of countries had conducted a recent national survey on the main behavioural risk factors and about one quarter had covered the major metabolic risk factors. Only about one quarter (26 per cent) of countries indicated they had done any surveillance of population salt intake. This improvement highlights the commitment countries are making to monitoring and tracking trends in mortality, morbidity and risk factor exposures, and to strengthening their non-communicable disease surveillance systems to report agreed global targets and indicators.

30. Regarding national systems responses, the majority of countries reported providing primary prevention and health promotion (95 per cent), risk factor detection (88 per cent) and risk factor and disease management (85 per cent) in their primary health-care services. These results all represent an increase in the figures reported in 2010. Provision of support for self-help and self-care were still not as widely included in primary health-care programmes, with only 75 per cent of countries reporting this factor, which has substantially improved since 2010, when it was reported by 58 per cent of the countries. While the majority of countries reported having evidence-based guidelines, protocols or standards available for the management of diabetes and hypertension, as well as for dietary counselling, nearly two thirds of countries reported that they are still not fully implemented for any of the four major non-communicable diseases. Despite such poor implementation, there was some improvement in the implementation of guidelines since 2010. The survey also assessed availability of a wide range of tests and procedures to aid in the detection, diagnosis and monitoring of non-communicable diseases. The vast majority of countries (94 per cent) reported they had at least one type of test for the measurement of blood glucose generally available. Similarly, most countries (84 per cent) reported having at least one type of test generally available for the screening of breast cancer, either through palpation or mammography. Other tests, for example total cholesterol measurement (80 per cent) and cervical cytology (74 per cent), were also reported as being widely available. These figures represent an improvement across all areas of tests and available procedures since 2010. Finally, essential medicines for the management of diabetes, hypertension and cardiovascular disease were generally available in the vast majority of countries. Statins were reported as being generally available in 77 per cent of countries and oral morphine was available in just over half of countries (56 per cent), representing an improvement in the availability of these essential medicines for non-communicable diseases since 2010.

## **V. From commitment to action: achievements in fostering international cooperation and coordination for the prevention and control of non-communicable diseases**

### **United Nations**

31. Within the United Nations system, WHO has been leading efforts to build a strategic coalition of United Nations organizations and other international organizations — with a role for each organization — to provide support for national efforts and to ensure policy coherence and accountability among United Nations

organizations in promoting global action against non-communicable diseases. United Nations organizations have started to scale up their capacities in this area, develop joint programmes, broaden the base of constituencies working together and mobilize multi-stakeholder coalitions with Member States, civil society, philanthropic foundations, academia and the private sector.

32. From 2011 to 2013, WHO convened six informal meetings of United Nations organizations on the implementation of the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases.<sup>20</sup> These informal collaborative arrangements resulted in a number of strategic initiatives being taken forward, including: (a) a global joint programme between the International Telecommunication Union and WHO on the use of mobile technologies to address non-communicable diseases (“Be healthy, be mobile”);<sup>21</sup> (b) a global joint programme between the International Atomic Energy Agency and WHO on providing support for cancer control in developing countries; (c) a joint letter from the Administrator of the United Nations Development Programme (UNDP) and the Director-General of WHO proposing that the United Nations country teams integrate, according to country context and priorities, non-communicable diseases into the United Nations Development Assistance Framework design processes and implementation, with initial attention being paid to the countries where Framework roll-outs are scheduled for 2012-2013;<sup>22</sup> (d) a joint workshop on trade agreements and non-communicable diseases organized by UNDP and WHO;<sup>23</sup> and (e) a letter of agreement between the Joint United Nations Programme on HIV/AIDS and WHO on collaboration to facilitate and assist developing countries to successfully address their disease burden of HIV and non-communicable diseases.<sup>24</sup> A number of heads of United Nations agencies have delivered statements to raise the priority accorded to non-communicable diseases on international agendas<sup>25</sup> and have published discussion papers<sup>26</sup> or analyses<sup>27</sup> on the impact of non-communicable diseases.

33. The WHO programme budget for 2014-2015 includes a budgetary provision for technical assistance to developing countries in their efforts to set national targets and develop national multisectoral action policies and plans to attain them. Output indicators include: (a) the number of countries that have established national multisectoral action plans for the prevention and control of non-communicable

<sup>20</sup> Reports of the meetings are available from [www.who.int/nmh/events/ncd\\_task\\_force/en/index.html](http://www.who.int/nmh/events/ncd_task_force/en/index.html).

<sup>21</sup> See [www.itu.int/en/ITU-D/ICT-Applications/Pages/Be\\_Healthy.aspx](http://www.itu.int/en/ITU-D/ICT-Applications/Pages/Be_Healthy.aspx).

<sup>22</sup> Available from [http://www.who.int/nmh/media/undaf\\_20120329.pdf](http://www.who.int/nmh/media/undaf_20120329.pdf).

<sup>23</sup> Available from [www.who.int/nmh/events/2013/updates\\_un\\_agencies/en/index.html](http://www.who.int/nmh/events/2013/updates_un_agencies/en/index.html).

<sup>24</sup> Available from [www.who.int/nmh/events/2013/letter\\_agreement.pdf](http://www.who.int/nmh/events/2013/letter_agreement.pdf).

<sup>25</sup> An overview is available from [www.who.int/nmh/events/2013/updates\\_un\\_agencies/en/index.html](http://www.who.int/nmh/events/2013/updates_un_agencies/en/index.html).

<sup>26</sup> Example: *Discussion Paper: Addressing the Social Determinants of Non-communicable Diseases* (New York, 2013). Available from [www.undp.org/content/undp/en/home/librarypage/hiv-aids/discussion-paper--addressing-the-social-determinants-of-noncommu/](http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/discussion-paper--addressing-the-social-determinants-of-noncommu/).

<sup>27</sup> Examples: World Bank. *The Economic Costs of Non-communicable Diseases in the Pacific Islands* (2012); Patricio V. Marquez and Jill L. Farrington, *The Challenge of Non-communicable Diseases and Road Traffic Injuries in Sub-Saharan Africa: An Overview* (Washington, D.C.: World Bank, 2013). Available from <http://www.worldbank.org/en/news/feature/2013/01/16/the-economic-costs-of-noncommunicable-diseases-in-the-pacific-islands> and <http://blogs.worldbank.org/health/road-injuries-and-non-communicable-diseases-hidden-health-burden-sub-saharan-africa>.

diseases; (b) the number of countries that have integrated work on non-communicable diseases into their United Nations Development Assistance Framework; and (c) the number of countries reporting on the nine global targets.

34. The WHO regional committees for the African, Americas, Eastern Mediterranean, European, South-East Asia and Western Pacific regions approved regional policy frameworks, frameworks or plans of action for the prevention and control of non-communicable diseases.

35. Continuous technical support has been provided by WHO to developing countries, in accordance with the 2008-2013 and 2013-2020 WHO global action plans for the global strategy for the prevention and control of non-communicable diseases. Global and regional workshops for national non-communicable disease focal points were convened by WHO. A workshop in November 2013 sought to increase the knowledge of heads of WHO country offices about public policy and the challenge of non-communicable diseases in order to strengthen their capacity to provide support for national efforts with upstream policy advice.

36. The fifth session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control took place in Seoul from 12 to 17 November 2012. The Conference reviewed global progress on the implementation of the Framework Convention, based on the progress report prepared by the secretariat deriving from reports of the parties. The parties exchanged views on the achievement of progress so far, on challenges faced and on ways to promote treaty implementation further in countries and internationally. As a landmark step in the strengthening of treaty instruments, the Conference adopted the Protocol to Eliminate Illicit Trade in Tobacco Products. With regard to implementation, reporting and international cooperation, the Conference requested the secretariat to further assist parties in fulfilling their reporting obligations through the refinement of the reporting instrument and the development of an indicator compendium, as well as the preparation of recommendations for a mechanism to facilitate the review by the Conference of parties' reports and for an assessment of the impact of the Convention. As to institutional and budgetary matters, the Conference acknowledged the progress made in the implementation of the current (2012-2013) workplan and budget, and adopted the workplan and budget for the next period (2014-2015).<sup>28</sup> The Conference accepted the offer of the Russian Federation to host its sixth session in Moscow from 13 to 18 October 2014.

#### **International development agencies**

37. The high-level meeting was a defining moment for cooperation in development. An estimated nine members of the Development Assistance Committee of the Organization for Economic Cooperation and Development have integrated non-communicable diseases in their bilateral and multilateral international development policies (compared to one member in 2010).

38. The creditor reporting system on official development assistance and other financial flows of the Development Assistance Committee does not include purpose code for non-communicable diseases at this juncture. As a result, it remains

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<sup>28</sup> A more detailed summary is available from [www.who.int/fctc/cop/sessions/cop5\\_postsession/en/index.html](http://www.who.int/fctc/cop/sessions/cop5_postsession/en/index.html).

impossible to track official development assistance in support of national efforts for the prevention and control of non-communicable diseases.

#### **Philanthropic foundations**

39. A number of philanthropic foundations support implementation of the political declaration. For example, Bloomberg Philanthropies has committed more than \$600 million to combat tobacco use worldwide, including a \$220 million commitment announced in March 2012.<sup>29</sup> The Bill and Melinda Gates Foundation has committed \$134 million to fund projects in Africa and Asia.<sup>30</sup> Both initiatives aim to provide support for national efforts to implement proven tobacco control policies, such as creating smoke-free public places, banning tobacco advertising, increasing taxes on tobacco products and raising public awareness.

#### **Non-governmental organizations**

40. Many civil society organizations have rallied behind the political declaration. For example, the NCD Alliance,<sup>31</sup> which unites a network of over 2,000 civil society organizations in more than 170 countries, works with partners that share a common interest in improving the lives of people living with non-communicable diseases and addressing their risk factors.

#### **Private sector entities**

41. With a view to strengthening their contribution to non-communicable disease prevention and control, a small number of private sector entities have started to take measures to implement the WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children,<sup>32</sup> while taking into account existing national legislation and policies. Similarly, a small number of private sector entities have started to work towards reducing the use of salt in the food industry in order to lower sodium consumption. An increasing number of private sector entities have started to produce and promote more food products consistent with a healthy diet, including by reformulating products to provide healthier options that are affordable and accessible and that follow relevant nutrition facts and labelling standards, including information on sugars, salts, fats and trans-fat content. Unfortunately, these food products are not affordable, accessible and available in most developing countries.

## **VI. Recommendations: accelerating progress**

42. The political declaration contained in General Assembly resolution 66/2 is the Organization's promise to the poorest and most vulnerable individuals for a world free of the avoidable burden of non-communicable diseases — an issue that the Millennium Development Goals did not address. The political declaration has succeeded in placing non-communicable diseases on the development agenda.

43. Remarkable progress has been made since September 2011. Many countries, including some of the poorest, have aligned their policies and resources with the

<sup>29</sup> See [www.bloomberg.org/initiative/tobacco](http://www.bloomberg.org/initiative/tobacco).

<sup>30</sup> See [www.gatesfoundation.org/what-we-do/global-policy/tobacco-control](http://www.gatesfoundation.org/what-we-do/global-policy/tobacco-control).

<sup>31</sup> See [www.ncdalliance.org/](http://www.ncdalliance.org/).

<sup>32</sup> See World Health Organization, document WHA63/2010/REC1, annex 4.

nine global targets and the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020 to make unparalleled gains. Sizeable gains have occurred in even the poorest countries.

44. However, progress has been insufficient and highly uneven. Bolder measures are urgent to accelerate efforts to address non-communicable diseases and mitigate their impacts. The political declaration has catalysed action and retains great power in engendering collective action for faster results.

45. Fulfilling its commitments and promises for a world free of the avoidable burden of non-communicable diseases must remain the Organization's foremost priority. The United Nations needs to mobilize more action to deliver on commitments. Governments, multilateral institutions, businesses and civil society organizations have an opportunity to continue to put in place a new agenda, one that confronts the challenges of the modern world head-on. They can join forces and bring about a paradigm shift by providing support for national efforts to implement the following priority actions recommended for Member States:

(a) Governance:

(i) Set national targets for 2025 based on national situations, taking into account the nine global targets for non-communicable diseases;

(ii) Develop national multisectoral policies and plans to achieve these targets in 2025, taking into account the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020;

(iii) Raise awareness about the national public health burden caused by non-communicable diseases and the relationship between non-communicable diseases, poverty and development;

(iv) Integrate non-communicable diseases into health-planning processes and the national development agenda, including the United Nations Development Assistance Framework design processes and implementation;

(v) Prepare for the review by the United Nations General Assembly in 2014 of the progress achieved in the prevention and control of non-communicable diseases;

(b) Reduce exposure to risk factors for non-communicable diseases: implement very cost-effective and affordable interventions (included in appendix 3 to the WHO Global Action Plan);

(c) Enable health systems to respond: implement very cost-effective and affordable interventions (included in appendix 3 to the WHO Global Action Plan);

(d) Measure results:

(i) Strengthen surveillance for non-communicable diseases, covering monitoring of risk factors and determinants, outcomes (mortality and morbidity), and health system response, and integrate that effort into the national health information systems, to ensure the collection of data on the 25 indicators and progress towards the nine voluntary global targets for non-communicable diseases;

(ii) Contribute information on trends in non-communicable diseases to WHO, on progress made in the implementation of national action plans and on

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the effectiveness of national policies and strategies, coordinating country reporting with global analyses.

46. In doing so, the mobilization of resources — both domestic and external — will be essential for the implementation of national efforts to address non-communicable diseases. Higher taxes on products that are harmful to health have the dual benefit of improving the health of the population through reduced consumption, while raising more funds. Tobacco and alcohol taxes are widely collected in countries but are often applied at low rates so that the potential to increase revenue by raising tax rates still exists. International development agencies have an opportunity to meet the emerging development challenges in the post-2015 era. They can support national efforts to address non-communicable diseases by strengthening their global knowledge networks and technical advisory capacities in non-communicable diseases to support country-level transformations and upstream programme interventions. South-South and triangular cooperation will also need to play a key role.

47. The articulation of a post-2015 development agenda provides an opportunity to place non-communicable diseases at the core of humankind's pursuit of shared progress. Ultimately, the aspiration of the development agenda beyond 2015 is to create a just and prosperous world where all people exercise their rights and live with dignity and hope. Decisions on the strategic content of the next development agenda rest with Member States. The key elements of the emerging vision for the development agenda beyond 2015 include promoting universal health-care coverage as a means of prevention and control of non-communicable diseases.

48. The comprehensive review in 2014 will provide a timely opportunity for rallying political support for the acceleration of the implementation of actions by Governments, international partners and WHO, included in the WHO Global Action Plan.

49. Acting in unity to address non-communicable diseases demands a renewed commitment to international cooperation. The United Nations, as a global beacon of solidarity, must show that it can be effective in shaping a world free of the avoidable burden of non-communicable diseases. In so doing, it must continue to listen to and involve the peoples of the world. It must continue to build a future that ensures that globalization becomes a positive force for all the world's peoples of present and future generations.





# General Assembly

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Sixty-eighth session  
Agenda item 118

## Resolution adopted by the General Assembly on 13 May 2014

[without reference to a Main Committee (A/68/L.45)]

### **68/271. Scope and modalities of the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases**

*The General Assembly,*

*Recalling* the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases,<sup>1</sup> and in particular paragraph 65, by which it decided to hold a comprehensive review and assessment in 2014 of the progress achieved in the prevention and control of non-communicable diseases,

*Recognizing* the continued negative impact of non-communicable diseases, including the socioeconomic and development challenges faced by all countries, in particular low- and middle-income countries, and the need for continued concerted action and a coordinated response, including monitoring of the progress at the national, regional and global levels,

*Mindful* of the need to maintain strong national, regional and international political commitment towards the prevention and control of non-communicable diseases,

*Taking note* of the note by the Secretary-General transmitting the report of the Director General of the World Health Organization on the prevention and control of non-communicable diseases,<sup>2</sup>

1. *Decides* to convene a high-level meeting to undertake the comprehensive review and assessment on 10 and 11 July 2014, consisting of an opening plenary meeting on 10 July from 10 a.m. to 11 a.m., followed by plenary meetings from 11 a.m. to 1 p.m. and from 3 p.m. to 6 p.m., and two consecutive round tables on 11 July from 10 a.m. to 1 p.m. and from 3 p.m. to 5 p.m., followed by a closing plenary meeting from 5 p.m. to 6 p.m.;

<sup>1</sup> Resolution 66/2, annex.

<sup>2</sup> A/68/650.



2. *Also decides* that the comprehensive review and assessment shall take stock of the progress made in implementing the commitments in the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases,<sup>1</sup> identify and address gaps and reaffirm the political commitment in response to the challenge of non-communicable diseases;

3. *Further decides* that the speakers at the opening plenary meeting will be the President of the General Assembly, the Secretary-General, the Director General of the World Health Organization, the Administrator of the United Nations Development Programme and a representative of civil society who will be chosen by the President of the Assembly from among non-governmental organizations in consultative status with the Economic and Social Council and in consultation with Member States;

4. *Decides* that the overall theme of the review will be “Taking stock of progress in implementing the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases and scaling up multi-stakeholder and national multisectoral responses to the prevention and control of non-communicable diseases, including in the context of the post-2015 development agenda”;

5. *Also decides* that the organizational arrangements for the round tables will be as follows:

(a) The specific themes of the round tables will be:

(i) Round table 1: “Strengthening national and regional capacities, including health systems, and effective multisectoral and whole-of-government responses for the prevention and control, including monitoring, of non-communicable diseases”;

(ii) Round table 2: “Fostering and strengthening national, regional and international partnerships and cooperation in support of efforts to address non-communicable diseases”;

(b) Each round table will be co-chaired at the ministerial or high official level, with the co-chairs to be appointed by the President of the General Assembly;

(c) Participation in each round table will include Member States, observers and representatives of entities of the United Nations system, civil society and non-governmental organizations, academic institutions and the private sector;

(d) In order to promote interactive and substantive discussions, there will be no pre-established list of speakers for the round tables;

6. *Requests* the President of the General Assembly to draw up a list of non-governmental organizations in consultative status with the Economic and Social Council that may participate in the high-level meeting, including the round tables;

7. *Also requests* the President of the General Assembly to draw up a list of representatives of other relevant non-governmental organizations, civil society organizations, academic institutions and the private sector who may participate in the round tables, taking into account the principle of transparency and the principle of equitable geographic representation, and to submit the proposed list to Member

States for their consideration on a non-objection basis and bring the list to the attention of the Assembly;<sup>3</sup>

8. *Decides* that the closing plenary meeting will comprise the presentation of summaries of the round tables and the adoption of a concise, focused, action-oriented outcome document, requests the President of the General Assembly to produce a draft text and to convene informal consultations as appropriate in order to enable sufficient consideration and agreement by Member States, and also requests the President of the Assembly to appoint, as soon as possible, two co-facilitators for the consultation process;

9. *Notes* the ongoing regional multi-stakeholder consultations of the World Health Organization, regional commissions and other relevant agencies and their contributions to the preparations for the high-level meeting as well as to the meeting itself;

10. *Requests* the President of the General Assembly to organize, no later than June 2014, in consultation with representatives of non-governmental organizations in consultative status with the Economic and Social Council, civil society organizations, the private sector and academia, an informal interactive hearing with non-governmental organizations, civil society organizations, the private sector and academia to provide input to the comprehensive review and assessment;

11. *Also requests* the President of the General Assembly, in consultation with Member States, to finalize the organizational arrangements for the review, including the list of speakers for the plenary meetings to be held on 10 July 2014, the identification of the civil society representative to speak at the opening plenary meeting, and the assignment of participants to the round tables, taking into account the level of representation as well as equitable geographical representation.

*85th plenary meeting  
13 May 2014*

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<sup>3</sup> The list will include proposed as well as final names.



**High-level meeting to undertake the  
comprehensive review and assessment of the  
progress achieved in the  
prevention and control of NCDs  
(10-11 July 2014, New York)**

Concept Note

## Organizational arrangements

1. In accordance with resolution 68/271<sup>1</sup>, the high-level meeting to undertake the comprehensive review and assessment of the progress achieved in the prevention and control of NCDs (New York, 10-11 July 2014) will include formal plenary meetings to be held on **10 July** in the **UN General Assembly Hall** and two consecutive round tables to be held on **11 July** in the **UN Trusteeship Council Chamber on the following themes:**

<b>Round table 1</b> 10:00-13:00	Strengthening national and regional capacities, including health systems, and effective multisectoral and whole-of-government responses for the prevention and control, including monitoring, of NCDs
<b>Round table 2</b> 15:00-17:00	Fostering and strengthening national, regional and international partnerships and cooperation in support of efforts to address NCDs

2. The closing plenary of the high-level meeting (which will take place on 11 July 2014 from 17:00 to 18:00) will comprise the presentation of summaries of the round tables and the adoption of the concise, focused, action-oriented outcome document.

3. The high-level meeting, including the discussions at the round tables, will be broadcast through a live webcast, which will be publicly accessible at <http://webtv.un.org>.

4. Further details on the organizational arrangements will be published in the UN Journal closer to the event at <http://www.un.org/en/documents/journal.asp> and are available on the website of the President of the General Assembly at: [http://www.un.org/en/ga/president/68/events/hlm\\_ncd.shtml](http://www.un.org/en/ga/president/68/events/hlm_ncd.shtml).

## Context

5. Most of the world's annual 14 million premature deaths from NCDs which occur in people between the ages of 30 and 70 years are preventable by influencing public policies in sectors outside health, rather than by making changes in health policy alone. At a macro level, NCDs drag on economic growth, as morbidity and mortality due to NCDs sap productivity among working age populations. The economic impacts associated with NCDs are expected to be disproportionately worse among low- and middle-income countries, where NCDs are expected to affect people at younger ages. Managing NCDs can be expensive and strain already overburdened health systems, driving up costs and diverting scarce health resources from other health issues. At a micro (household) level, NCDs can also have strong negative impacts. NCDs can push households into poverty, particularly those without adequate social protection measures, such as health and disability insurance. Some Governments have recognized that gains against the NCD epidemic can be achieved through interventions that involve all government departments or a whole-of-government approach.

In this regard, Ministers of Health at the 66th World Health Assembly reiterated a call for Member States *"to consider implementing, as appropriate, according to national circumstances, policy options and cost-effective multisectoral interventions for the prevention and control of non-communicable diseases, in particular those that are very cost-effective and affordable for all countries"*<sup>2</sup>

<sup>1</sup> Entitled "Scope and modalities of the comprehensive review and assessment of the progress achieved in the prevention and control of NCDs"

<sup>2</sup> Listed in bold in Appendix 3 of resolution WHA66.10

*to achieve the nine voluntary global targets for non-communicable diseases by 2025”.*

6. While there are no blue prints and one size does not fit all, what is needed for effective implementation in the prevention and control of NCDs is partnerships with sectors beyond health and with stakeholders beyond government. But many developing countries are struggling to move from commitment to whole-of-government responses, due to lack of resources, both technical and financial and appropriate governance mechanisms. To this end, the 2011 Political Declaration on NCDs<sup>3</sup> presents a highly focused agenda for strengthening international cooperation in support of national multisectoral efforts to prevent and control NCDs.

7. The 2014 high-level meeting will, inter alia, take stock of progress in implementing the 2011 Political Declaration and identify opportunities to address gaps and scale-up multi-stakeholder and national multisectoral as well as regional and global responses to the prevention and control of NCDs, including in the context of the post-2015 development agenda.

**Round table 1 – Strengthening national and regional capacities, including health systems, and effective multisectoral and whole-of-government responses for the prevention and control, including monitoring, of NCDs**

8. The 2011 Political Declaration on NCDs recognizes that effective NCD prevention and control requires multisectoral approaches for health at the government level, including, as appropriate, health-in-all-policies and whole-of-government approaches. It emphasizes also the need for a multisectoral approach that is coordinated and involves all relevant sectors, civil society and communities, and the private sector, while recognizing the fundamental conflict of interest between the tobacco industry and public health. The Declaration also recognizes the importance of strengthening local, provincial, national and regional capacities to address both the medical and the social determinants of NCDs, particularly in developing countries, and that this may entail increased and sustained human, financial and technical resources.

9. In particular, Heads of State and Government committed in September 2011 to:

- Promote, establish, support or strengthen, by 2013, multisectoral national policies and plans for the prevention and control of NCDs;
- Advance the implementation of multisectoral, cost-effective, population-wide interventions to reduce the exposure to risk factors for NCDs by involving all relevant sectors, civil society and communities, as appropriate;
- Accelerate implementation by State parties of the WHO Framework Convention on Tobacco Control and encourage countries that have not yet done so to consider acceding to the Convention;
- Strengthen the capacity of individuals and populations to make healthier choices and follow lifestyle patterns that foster good health, including through building community capacity in promoting healthy diets and lifestyles
- Urge international organizations to continue to provide technical assistance and capacity building to developing countries;
- Promote the capacity-building of NCD-related nongovernmental organizations.

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<sup>3</sup> Resolution A/RES/66/2

10. Governments assembled at the World Health Assembly in May 2013 likewise urged Member States to enhance the capacity, mechanisms and mandates of relevant authorities in facilitating and ensuring action across government sectors<sup>4</sup>;

11. The 2014 Note by the Secretary-General transmitting the report of the WHO Director-General on the prevention and control of NCDs<sup>5</sup> highlighted the following progress and bottlenecks with respect to multisectoral responses:

- While more developing countries in 2013 have established policies to tackle NCDs than in 2010, few are multisectoral and engage sectors outside health;
- A global survey conducted by WHO in 2013 to assess national capacity for the prevention and control of NCDs noted that progress has been made in countries, as demonstrated in the following chart:

WHO National Capacity Assessment Survey on NCDs	2010	2013
Countries with a unit, branch or department in a Ministry of Health with a responsibility for NCDs	89%	95%
Countries with integrated national policies or plans on NCDs	65%	78%
Countries with integrated operational policies or plans on NCDs with a dedicated budget	32%	50%
Countries with national population-based cancer registries	39%	36%
Countries which have conducted recent risk factor surveys	30%	63%
Countries providing primary prevention and health promotion in primary care	85%	94%
Countries providing risk factor detection in primary care	77%	88%
Countries providing risk factors and disease management in primary care	82%	85%

- The report concluded that the work to realize the commitment to promote, establish, support or strengthen multisectoral national plans and policies for the prevention and control of NCDs, by 2013, is unfinished and must continue;

12. Questions: Round table 1 seeks to collect views on how to strengthen capacities for whole-of-government responses to NCDs. To promote an interactive discussion, participants are asked to focus attention on the following questions:

- How can national capacities be strengthened during the next 2-3 years with a view to support countries in their national efforts to scale up multisectoral action against NCDs? What are the opportunities and challenges?
- What government sectors are core to the response to NCDs?
- What are the good practices, to be found, in mobilizing and financing whole-of-government responses for NCDs? How can these lessons learned be applied or translated to other countries?

<sup>4</sup> Operative paragraph 2.3 included in resolution WHA66.10

<sup>5</sup> Document A/68/650

## Round table 2 – Fostering and strengthening national, regional and international partnerships and cooperation in support of efforts to address NCDs

13. In terms of national partnerships and cooperation, the 2011 Declaration recognizes the role of governments in engaging all sectors of society to generate effective national responses for the prevention and control of NCDs. In terms of international partnerships and cooperation, the Declaration recognizes the important role of international cooperation in supporting Member States in their national efforts to address NCDs. It also recognizes that the rising prevalence, morbidity and mortality of NCDs worldwide can be largely prevented by enhancing development cooperation.

14. In particular, Heads of State and Government committed in September 2011 to:

- Foster partnerships between government and civil society, building on the contribution of health-related NGOs and patients' organizations, to support, as appropriate, the provision of services for the prevention and control, treatment and care, including palliative care, of NCDs;
- Engage non-health sectors and key stakeholders, where appropriate, including the private sector and civil society, in collaborative partnerships to promote health and to reduce exposure to risk factors for NCDs, including through building community capacity in promoting healthy diets and lifestyles;
- Strengthen international cooperation in support of national, regional and global plans for the prevention and control of NCDs;
- Stress the importance of North-South, South-South and triangular cooperation;
- Encourage the continued inclusion of NCDs in development cooperation agendas and initiatives;
- Explore the provision of adequate, predictable and sustained resources through, inter alia, bilateral and multilateral channels including traditional and voluntary funding mechanisms.

15. In November 2012, the General Assembly considered the Note by the Secretary-General transmitting the report of the Director-General of the World Health Organization on options for strengthening and facilitating multisectoral action for the prevention and control of NCDs through effective partnership<sup>6</sup>. The report highlights that policy responses for NCDs tend to be piecemeal rather than comprehensive and integrated, and recommends, firstly, that countries need to determine how to designate a lead body or agency that will drive the national response to NCDs, followed by implementation of regulatory and legislative reform to mitigate the risk factors for NCDs and provide support for treatment.

16. At the World Health Assembly in May 2013, Member States were urged to promote, establish, support and strengthen engagement or collaborative partnerships, including with non-health and non-State actors, such as civil society and the private sector, through a broad multisectoral approach, with particular attention to avoiding any real, perceived or potential conflict of interest.

17. The 2014 Note by the Secretary-General transmitting the report of the WHO Director-General on the prevention and control of NCDs highlighted the following progress and bottlenecks with respect to partnerships and international cooperation:

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<sup>6</sup> Document A/67/373



- A survey conducted by WHO in 2010 informed that 86 per cent of countries reported having some form of partnerships or collaborations for implementing key activities relating to NCDs. While most countries (76 per cent) engage in collaboration in the form of a cross-departmental or ministerial committee, fewer (68 per cent) have interdisciplinary committees) or joint task forces (59 per cent).
- Nongovernmental organizations, community-based organizations and civil society together form a stakeholder in the partnerships/collaborations in the majority of countries (82 per cent). Yet, private sector entities are the least common stakeholder (59 per cent) while collaborations with other, non-health government ministries is 80 per cent, with academia and the United Nations system at 72 and 68 per cent, respectively.
- In terms of bottlenecks, a significant number of requests by Member States to WHO for technical support to address NCDs cannot be adequately addressed through international cooperation and many commitments remain unfulfilled. Similarly, support for national efforts through bilateral and multilateral channels, remain inadequate.

18. Questions: Round table 2 seeks to collect views on how to foster partnerships and international cooperation in support of efforts to address NCDs. To promote an interactive discussion, participants are asked to focus attention on the following questions:

- What are good practices in establishing national partnerships to address NCDs? How can these lessons learned be applied or translated in other countries?
- How should these partnerships be inclusive of all stakeholders, including civil society, while preventing and managing conflicts of interests?
- How can we raise the priority given to NCDs on international cooperation agendas?

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10-11 July 2014

**High-level meeting on the comprehensive review and assessment of  
the progress achieved in the prevention and control of non-  
communicable diseases**

General Assembly resolution 66/2 of 19 September 2011, containing the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases called for the convening of a comprehensive review and assessment in 2014 of the progress achieved in the prevention and control of non-communicable diseases.

The General Assembly, by its resolution 68/271 of 13 May 2014, decided to convene a high-level meeting to undertake a comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases on 10 and 11 July 2014. The overall theme of the meeting will be "Taking stock of progress in implementing the Political Declaration on the Prevention and Control of Non-Communicable Diseases and scaling up of multi-stakeholder and national multi-sectoral responses to the prevention and control of non-communicable diseases including in the context of the post-2015 development agenda".

## PROGRAMME

**High-level Meeting on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases (NCDs)**

*‘Taking stock of progress in implementing the Political Declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases and scaling up multi-stakeholder and national multisectoral responses to the prevention and control of non-communicable diseases, including in the context of the post-2015 development agenda’*

**10 and 11 July, 2014  
United Nations, New York**

<b>Thursday, 10 July</b>	
<b>Morning</b>	
<b>10:00 am – 10:50 am</b>	<p><b>Opening Session (Plenary meeting)</b></p> <p>Remarks:</p> <ul style="list-style-type: none"> <li>• <b>H.E. Mr. John W. Ashe</b>, President of the General Assembly</li> <li>• <b>H.E. Mr. Ban Ki-Moon</b>, Secretary-General</li> <li>• <b>Dr. Margaret Chan</b>, Director-General, World Health Organization</li> <li>• <b>Ms. Helen Clark</b>, Administrator, United Nations Development Programme</li> <li>• <b>Professor Tezer Kutluk</b>, Professor of Pediatrics and Pediatric Oncology, Hacettepe University Faculty of Medicine &amp; Hacettepe University Cancer Institute and President-elect Union for International Cancer Control (UICC) [Civil Society Representative]</li> </ul> <p>Venue: General Assembly Hall (North Lawn Building)</p>
<b>10:55 am – 1:00 pm</b>	<p><b>General Debate</b></p> <p>Venue: General Assembly Hall (North Lawn Building)</p>
<b>Afternoon</b>	
<b>3:00 pm – 6:00 pm</b>	<p><b>General Debate</b></p> <p>Venue: General Assembly Hall (North Lawn Building)</p>
<b>Friday, 11 July</b>	
<b>Morning</b>	
<b>10:00 am – 1:00 pm</b>	<p><b>Round Table 1:</b></p> <p><i>Strengthening national and regional capacities, including health systems, and effective multisectoral and whole-of-government responses for the prevention and control, including monitoring, of non-communicable diseases</i></p> <p>Chair: <b>The Hon. Dr. Fenton Ferguson</b>, Minister of Health, Jamaica</p>

	<p>Panellists:</p> <ul style="list-style-type: none"> <li>• <b>Mr. Tonio Borg</b>, Commissioner for Health and Consumer Policy, European Union</li> <li>• <b>Dr. Anna Lartey</b>, Director, Nutrition Division, Food and Agriculture Organization (FAO)</li> <li>• <b>Dr. Vash Mungal-Singh</b>, CEO, Heart and Stroke Foundation, South Africa</li> <li>• <b>Dr. Sandeep Kishore</b>, Chair, Young Professionals Chronic Disease Network; Physician, Yale School of Medicine</li> </ul> <p>Venue: Trusteeship Council Chamber</p>
<b>Afternoon</b>	
<b>3:00 pm – 5:00 pm</b>	<p><b>Roundtable 2:</b></p> <p><i>Fostering and strengthening national, regional and international partnerships and cooperation in support of efforts to address non-communicable diseases</i></p> <p>Chair: <b>Dr. Howard Koh</b>, Assistant Secretary for Health, U.S. Department of Health and Human Services, United States</p> <p>Panellists:</p> <ul style="list-style-type: none"> <li>• <b>Dr. Lochan Naidoo</b>, President of the International Narcotic Control Board, United Nations Office on Drugs and Crime (UNODC)</li> <li>• <b>Dr. Sania Nishtar</b>, Founder, Heartfile, Pakistan</li> <li>• <b>Mr. Mario Ottiglio</b>, Director, Public Affairs and Global Health Policy, International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)</li> </ul> <p>Venue: Trusteeship Council Chamber</p>
<b>5:00 pm – 6:00 pm</b>	<p><b>Closing Session (Plenary meeting)</b></p> <ul style="list-style-type: none"> <li>• Chair’s summary of Roundtable 1</li> <li>• Chair’s summary of Roundtable 2</li> <li>• Adoption of Outcome Document</li> </ul> <p>Venue: Trusteeship Council Chamber</p>

**Proposed organizational arrangements for the  
comprehensive review and assessment of the progress achieved  
in the prevention and control of non-communicable diseases  
(10 and 11 July 2014, New York)**

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1. By its adoption of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases on 19 September 2011, which was included as an annex to resolution 66/2, the General Assembly decided to undertake a comprehensive review and assessment in 2014 of the progress achieved in the prevention and control of non-communicable diseases.
2. In its resolution 68/271 of 13 May 2014, the General Assembly further decided that the high-level meeting to undertake the comprehensive review and assessment shall be held on 10 and 11 July 2014 in New York under the theme *“Taking stock of progress in implementing the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases and scaling up multi-stakeholder and national multisectoral responses to the prevention and control of non-communicable diseases, including in the context of the post-2015 development agenda”*.
3. By paragraph 11 of resolution 68/271, the General Assembly requested the President of the General Assembly, in consultation with Member States, to finalize the organizational arrangements of the meeting.

**Plenary meetings**

4. Pursuant to paragraphs 1 and 3 of resolution 68/271, formal plenary meetings will be held on 10 July and will feature opening statements by the President of the General Assembly, the Secretary-General, the Director-General of the World Health Organization, the Administrator of the United Nations Development Programme and a representative of civil society who will be chosen by the President of the General Assembly from among non-governmental organizations in consultative status with the Economic and Social Council and in consultation with Member States.
5. To enable maximum participation of Member States on 10 July 2014, statements in plenary meetings should not exceed five minutes when speaking in a national capacity and eight minutes when speaking on behalf of a group. A list of speakers will be maintained in accordance with the level of participation and on a first come, first served basis. For inscription to the speaker’s list, please contact Ms. Antonina Poliakova (email: [poliakova@un.org](mailto:poliakova@un.org); tel.: 212-963-5063; room S-3082). Delegations are asked to kindly indicate the level of representation when inscribing on the speakers list.
6. A closing plenary meeting will be held on 11 July 2014 from 5:00 p.m. to 6:00 p.m. comprising the presentation of summaries of the round tables and the adoption of a concise, focused, action-oriented outcome document.

## **Round tables**

7. Round tables 1 and 2 will take place consecutively on 11 July 2014, as indicated in paragraph 1 of resolution 68/271.

Pursuant to paragraph 5 (a) of resolution 68/271, the round tables will address the following themes:

Round table 1: Strengthening national and regional capacities, including health systems, and effective multisectoral and whole-of-government responses for the prevention and control, including monitoring, of non-communicable diseases.

Round table 2: Fostering and strengthening national, regional and international partnerships and cooperation in support of efforts to address non-communicable diseases.

8. Participation in each round table will include Member States, observers, and representatives of entities of the United Nations system, civil society and non-governmental organizations, academic institutions and the private sector.
9. Each round table will be co-chaired at the ministerial level or a high official level, with the co-chairs to be appointed by the President of the General Assembly. The President of the General Assembly will take into account equitable geographical representative and gender balance in consideration of the appointment of co-chairs.
10. To promote interactive and substantive discussions, there will be no pre-established list of speakers for the round tables. Participants will be invited to make brief remarks not exceeding three minutes, pose questions and respond to other speakers. Written statements are strongly discouraged.
11. Pursuant to paragraphs 6 and 7 of resolution 68/271, the President of the General Assembly, in a letter dated 10 June 2014, brought to the attention of Member States, the list of non-governmental organizations in consultative status with the Economic and Social Council that may participate in the high-level meeting, including the round tables (List 1). In the same letter, a list of other relevant non-governmental organizations, civil society organizations, academic institutions and the private sector who may participate in the round tables of the high-level meeting (List 2) was brought to the attention of Member States for consideration on a no-objection basis with a deadline of 10:00 a.m. on 13 June 2014. As there were no objections to the composition of List 2, the final list was presented by the President of the General Assembly to the attention of the General Assembly in a letter dated 13 June 2014.

## **Further information**

12. Key documents in preparation for the high-level meeting are available on the website of the President of the General Assembly at:  
[http://www.un.org/en/ga/president/68/events/hlm\\_ncd.shtml](http://www.un.org/en/ga/president/68/events/hlm_ncd.shtml). A concept note is being finalized and will be posted shortly.



**High-level Meeting on the comprehensive review and assessment of the progress  
achieved in the prevention and control of non-communicable diseases (NCDs)  
10 and 11 July 2014**

## **Meeting Summary**

### **Introduction**

Pursuant to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, adopted on 19 September 2011, the General Assembly decided to hold a comprehensive review and assessment in 2014 of the progress achieved in the prevention and control of non-communicable diseases.

By resolution 68/271 of 13 May 2014, the General Assembly further decided that a high-level meeting would be held on 10 and 11 July 2014 to undertake the comprehensive review and assessment.

### **Objective**

The high-level meeting provided Member States and other relevant stakeholders with an opportunity to, inter alia, take stock of progress made in implementation of the commitments of the 2011 Political Declaration; identify and address gaps in implementation and responses at the national, regional and global levels; and reaffirm the political commitment in response to the challenge of non-communicable diseases. The overall theme of the high-level meeting was *“Taking stock of progress in implementing the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases and scaling up multi-stakeholder and national multisectoral responses to the prevention and control of non-communicable diseases, including in the context of the post-2015 development agenda”*.

### **Opening Session**

In accordance with Operative Paragraph 3 of resolution 68/271, statements were made in the opening plenary by the President of the General Assembly, the Secretary-General, the Director General of the World Health Organization, the Administrator of the United Nations Development Programme and a representative of civil society who was chosen by the President of the Assembly from among non-governmental organizations in consultative status with the Economic and Social Council and in consultation with Member States;

In his opening remarks, the President of the General Assembly identified NCDs as the largest single cause of death and disability worldwide. According to WHO, NCDs are responsible for some 36 million deaths, or 63 per cent of a total 57 million in 2008. By 2020, that number is expected to grow to 44 million per annum. NCDs are key determinants of human health and therefore represent a significant threat to human wellbeing and sustainable development.



In the developing world, the statistics are quite alarming. The President pointed out that 80 per cent of global deaths from NCDs occur in developing countries, making them the most vulnerable and least resilient in preventing and controlling NCDs. The problem is not lack of political will, but rather lack of resources, both technical and financial. President Ashe suggesting that integrating NCDs into bilateral and international development cooperation, national development agendas and prevention strategies, can lead to better partnerships and cooperation and more effective use of the billions of dollars in development assistance that is dedicated to health.

Ms. Susana Malcorra, Under-Secretary-General and Chef de Cabinet of the Executive Office of the Secretary-General delivered a statement on behalf of the Secretary-General. The Secretary-General identified NCDs as a major and growing challenge to development. Delegations were reminded that three years ago, Governments were asked to protect their citizens from NCD risk factors, provide responsive health systems and track NCD trends. Civil society and the private sector were also called on to help implement new policies so the scale of the problem would not prevent achievement of the MDGs. As a result, some Governments are now able to provide institutional, legal, financial and service arrangements to prevent and control” NCDs.

Additional success will depend on finding new ways to strengthen the ability of countries to adopt bolder action. The Secretary-General acknowledged the special role that WHO has to play in this regard, but indicated that the whole UN system must incorporate NCDs as a priority and develop innovative partnerships to address the growing demand for technical assistance.

The Secretary-General also called for strong leadership and action from other sectors and non-State actors; improved access to affordable medicines for NCDs; new ways of encouraging the private sector to stop marketing unhealthy foods to children; and increased production of foods that are low in fat, sugar and salt.

Dr. Margaret Chan, Director-General of the World Health Organization, began her presentation by affirming adoption of the 2011 Political Declaration on the prevention and control of NCDs as a watershed event. The bold commitments contained in the Declaration, made prevention the cornerstone of the global response against NCDs. Since 2011, WHO has completed all of the time-bound assignments agreed by Heads of State and Government which established global mechanisms and a roadmap for coordinated multisectoral action and monitoring of results.

A 2013 WHO survey to measure progress within countries found 95 per cent of the 172 reporting countries now have a unit or department responsible for NCDs. Half of these countries have an integrated operational plan with a dedicated budget. While the report showed that countries are laying the groundwork for action against NCDs, it also showed that progress has been insufficient and uneven, especially in developing countries and the fact that NCDs has now “overtaken infectious diseases as the world’s leading cause of morbidity and mortality, has profound consequences.”

Dr. Chan emphasized that it is necessary for public health to shift focus from cure to prevention, from short-term to long-term management and from acting independently to coordinated, multisectoral and multistakeholder action. This is in light of the fact that inter alia, economic growth and urbanization have created an entry for the globalization of unhealthy lifestyles and NCD risk factors are a part of modern society. Commitment from the highest political levels can direct the broad-based collaboration needed for substantial progress against NCDs; introduce coherent public policies; coordinate action; and push for legislative support. Governments with such strategies in place are better able to cope with NCDs.

Ms. Helen Clark, Administrator of the United Nations Development Programme, acknowledged that the major challenge which NCDs pose to public health is also a challenge to human development. “NCDs is inseparable from human development” and impacts the capacity of people to survive and thrive.

With 80 per cent of the world’s NCD-related deaths occurring in developing countries, NCDs are no longer only a problem for high-income countries. The ways in which NCDs impede development progress and impact the lives of the world’s poorest people, has yet to be fully addressed. Ms. Clark pointed out in low and middle income countries the economic costs from the four main NCDs (cardiovascular diseases, cancers, chronic respiratory diseases and diabetes) are expected to exceed US\$7 trillion between 2011 and 2025. Furthermore, what may be a manageable condition in a high income setting can be life threatening in a low income one. For example, the average age of death from cardiovascular disease in sub-Saharan Africa is at least ten years earlier than in developed countries. Similarly, the death rate among women in Africa from NCDs is twice that of women in high income countries.

Various other social, legal and environmental determinants of NCDs exist, such as the concentration of alcohol advertising or the absence of parks in poor neighbourhoods. These factors require strong action beyond the health sector. Sustainable development calls for integrated policy-making across the economic, social and environmental spheres. If we look at health in the broader sustainable development context, this is consistent with the multi-sectoral approaches required to address NCDs. The UNDP Administrator pointed out that progress would require more than just medical interventions, but also revisiting patterns of trade, consumption, governance and urbanization among others.

Ms. Clarke identified some actions that Governments can initiate immediately to accelerate efforts against NCDs, including: zoning ordinances that restrict the density of fast food eateries in low-income urban areas; using domestic sources of revenue such as national trust funds or greater taxation on unhealthy products for NCD responses; and incentivizing the production, trade and consumption of healthy food. International support to countries tackling NCDs, particularly developing countries is equally important because of the “inherent injustice in persisting disparities in health across countries” and the “patterns of globalization international trade” that contribute to the inequities. Collective responsibility and action must match the scale of the challenge which NCDs now present to both rich and poor countries.

Speaking on behalf of civil society, Professor Tezer Kutluk presented his first-hand experience as a paediatric oncologist, researcher and an advocate in the global cancer community. He spoke of the challenges of providing NCD diagnosis, treatment and palliative care to children in developing countries. He recalled childhood cancer as an example of the gross inequity experienced by those living with NCDs in low- and middle-income countries. While the knowledge is available to treat childhood cancer, with over 80 per cent success rates in high-income countries, this rate can drop to as low as 10 per cent in other settings.

Professor Kutluk posed several questions to meeting participants for consideration as they reviewed progress three years after adoption of the Political Declaration: “What needs to be done to carry momentum forward? How do we shift progress at the global level to national action and implementation? How do we unlock the power of the Political Declaration at the national level for the hundreds of millions of people with NCDs and the millions more at risk?”

The Professor also called on Member States to take several actions, including: accelerating coordinated and harmonised national responses to NCDs, through costed multisectoral national plans, a national multisectoral NCD commission, and country-level monitoring and evaluation systems; ensuring that NCDs are central to the Post-2015 Development Agenda, including a stand-alone target on NCDs; addressing the resource gap for NCDs, at global and national levels through innovative financing mechanisms that are proven to curb NCDs and raise significant revenue; and finally, starting a movement of people affected or living with NCDs, that will be active in holding governments accountable for the commitments made in the fight against NCDs.

### **General Debate**

Sixty-two speakers were inscribed to deliver statements in the general debate, including 8 Ministers and 5 Vice-Ministers. Highlighted below are some of the key messages presented by Member States during the general debate:

- Speakers welcomed the opportunity to take stock of the progress made since the Political Declaration on NCDs was adopted in 2011, and acknowledged the work of the WHO in meeting the milestones requested by Member States. However, speakers noted that progress has been uneven and the incidences of non-communicable diseases, especially in the developing world, continue to increase, as the leading cause of death and disability in many countries;
- Speakers noted that non-communicable diseases not only pose a health issue, but also a larger social issue that is an impediment to the development of States, with strong linkages to other development challenges including poverty reduction, food security and climate change;
- Many speakers raised concerns about the high incidences of deaths and disability caused by NCDs in their countries, and that economic growth, modernization and

urbanization have led to the spread of unhealthy lifestyles that contribute to causing NCDs;

- Speakers noted that chronic diseases such as heart disease, cancer, stroke, chronic respiratory diseases and diabetes cut lives short, cause preventable disabilities and reduce the quality of life for millions, including the families of patients. NCDs cost the global economy billions of dollars every year. The economic impact of NCDs is felt more deeply in developing countries;
- Speakers shared their national experiences and best practices in combating NCDs in their own countries, including public policy strategies to tackle risk factors such as tobacco use, harmful alcohol consumption, unhealthy diet and lack of physical exercise. These risk factors are determined by, and interlinked with, broader social, economic and environmental factors;
- Several participants noted the benefits of comprehensive national health programmes and the involvement of line ministries, including finance, health, education and social services.
- Speakers stressed that in order to effectively tackle the multifaceted challenge of NCD prevention and control, a whole-of-society approach much be taken, involving a multisectoral approach building on partnerships and coordination between and within governments, health sector, businesses, academia, communities and others;
- The importance of data collection, national legislation and an enabling environment to support policy implementation was also stressed during the deliberations.
- Speakers committed to, or encouraged, technical assistance for capacity building, especially for developing countries, which will in turn strengthen the ability of countries to measure, monitor and assess progress made in addressing NCDs;
- Speakers raised the issue of lack of resources to fully implement the Political Declaration on NCDs and other relevant instruments and strategies. This may be addressed by cooperation with international and regional financial institutions. While noting that there is no lack of commitments, it was time to put those commitments into action;
- Speakers reiterated the importance of access to affordable medication and diagnostics, especially in developing countries. And to this end, countries should strive towards universal health coverage and strengthening of national health systems;
- Speakers called for the integration of a NCDs/health-oriented goal or objective in the post-2015 development agenda, including as a stand-alone goal.

## **Closing Session**

The closing session was chaired by H.E. Mr. Mohamed Khaled Khiari, Vice-President of the General Assembly and included summaries delivered by the Chairperson of each of the two consecutive round tables.

**Summary of Round Table 1 - Friday, 11 July 2014, 11:00 am – 1:00 pm, Trusteeship Council Chamber, UN Headquarters**  
***“Strengthening national and regional capacities, including health systems, and effective multisectoral and whole-of-government responses for the prevention and control, including monitoring, of non-communicable diseases”***

**Chaired by: The Hon. Dr. Fenton Ferguson, Minister of Health, Jamaica**

### **Situation analysis:**

Member States expressed a deep respect for the 2011 Political Declaration and efforts by the Caribbean that brought the international community the first high-level meeting three years ago and the second high-level meeting today. Strong leadership and commitment is required at the highest level, as well as advocacy in promoting and advancing the NCD agenda.

Participants spoke of the importance of strengthening food systems from production to consumption to prevent diet-related NCDs. Climate change has a significant effect on food systems in some countries. It is recognized that there is still a huge imbalance between prevention and treatment of NCDs. For example in the European Union, only 3 per cent of national health budgets are allocated for prevention, and 97 per cent are dedicated to cure.

There is now a growing international awareness that national policies in sectors other than health have a major bearing on the risk factors for NCDs. There are many illustrations of where health gains can be achieved much more readily by influencing public policies in sectors like trade, finance, taxation, education, agriculture, urban development, food and pharmaceutical production, than by making changes in health policy alone. Numerous examples exist where national authorities adopted approaches to the prevention and control of NCDs that involved all government departments and stakeholders beyond government. Examples from Argentina, Barbados, Chile, Congo, Costa Rica, Denmark, European Union, Federated States of Micronesia, Iran, Korea, Mexico, Nepal, Spain, and South Africa (UNAIDS, DDG, Centre for Science) illustrated successful initiatives on salt reduction, healthy food legislation to ensure health-in-all-policies, hypertension, diabetes, and obesity.

### **Opportunities:**

- The good news is that there are immediate opportunities to strengthen national capacities. These include:

- National leaders can translate the dream of “the all pervasiveness of health” into a concrete national NCD action plan that unites government departments, civil society and the private sector around a common agenda. National leaders should establish as mandated in the 2011 Political Declaration a national high-level council or commission as shared by Iran.
- Develop clear messaging in relation to the myths surrounding NCDs similar to the HIV/AIDS response and underscore that prevention must be the cornerstone of national NCDs efforts.
- Map the national NCD epidemic so that it is no longer hidden, misunderstood and underreported. There is an immediate opportunity to strengthen national surveillance systems.
- Member States can engage with industry whilst remaining sensitive to potential conflicts of interest.
- Government, civil society and private sector are working together and more can be done in this area.
- Multisectoral actions for NCDs should involve programmes related to health literacy and advocacy, community mobilization, health system organization, as well as legislation and regulation. In particular, more legislation and regulation can reduce the impact of marketing of foods on children as we heard from Mexico.
- Strengthen research capacity to address NCDs, particularly in developing countries.
- Invest in strengthening the capacity of human capital in the health sector.
- Rethink funding as a key challenge in moving from commitment to action by establishing financial instruments at national and global levels, including those related to official development assistance (ODA).
- Continue to encourage the establishment of platforms for civil society (e.g. national NCD Alliance in South Africa) for advocacy, provision of services, mobilizing people on the ground and holding governments to account.

There are also global opportunities to strengthen national capacities, such as:

- Establish a global “countdown NCD 2025” initiative similar to countdown to 2015: maternal, newborn and child health care.
- Start to fund and equip the WHO global coordination mechanism on NCDs.
- Promote international solidarity among countries to ensure policy coherence between trade and health.
- Use opportunities for synergy between the unfinished business of the MDGs (e.g. HIV) and NCDs.

**Concrete recommendations:**

- Maintain strong leadership and commitment at the highest level.
- Conduct a review of international experience in the prevention and control of NCDs and identify and disseminate lessons learned.

- Include the prevention and control of NCDs as an integral part of work on national and global development agenda and related investment decisions.
- Establish coalitions of stakeholders (e.g. media, health care sector) around a common target (e.g. to reduce salt intake).
- Consider addressing tobacco use as an entry point for wider NCD work. In particular, include the use of tobacco taxes to increase the availability of domestic financing for NCD programmes.

### **Operationalization:**

To strengthen capacities for whole-of-society efforts for NCDs, while taking into account the triple burden that most of us are facing. At the national level, we must now: set national targets for NCDs; ensure that prevention becomes a cornerstone of national NCD policies and plans; reform primary health care infrastructure and train and retrain the health work force in all aspects of NCD response; increase public sector investment in addressing NCDs as a development priority, using domestic and international resources, including tobacco taxes, and including in human capital; and ensure policy coherence across government departments.

And at the global level: mainstream NCDs into relevant existing platforms e.g. scaling up response for nutrition (sun); scale up existing projects to a global level, e.g. global hypertension control project as shared by the Healthy Caribbean Coalition; ensure that NCDs have a prominent role in the post-2015 development agenda.

### **Summary of Round Table 2**

**Friday, 11 July 2014, 3:00 pm – 4:30 pm**

***Fostering and strengthening national, regional and international partnerships and cooperation in support of efforts to address non-communicable diseases***

**Trusteeship Council Chamber, UN Headquarters**

**Chaired by: Dr. Howard Koh, Assistant Secretary for Health, U.S. Department of Health and Human Services**

### **Situation analysis:**

There are lessons to be learned from existing UN conventions on internationally controlled medicines on how to foster international cooperation for NCDs by giving priority to the promotion of healthy lifestyles, regulation of medicines for NCDs, training of the health work force, and preventing the medicalization of NCD efforts. Opportunities for synergies exist to address NCDs with treatment of drug addiction and mental health conditions.

The 2011 Political Declaration sets out clear roles for Member States, UN organizations (and other intergovernmental organizations), civil society and the private sector to address NCDs.

There are many examples illustrating these roles from Argentina, Canada, Denmark, Iran, Korea, Mexico, Niger, Norway, Spain, Suriname and Sweden.

There was a call for “Not more partnerships, but better results” and for rethinking the role of international resources for NCDs, because, “Coming together is the beginning, keeping together is progress, working together is success”.

### **Opportunities:**

- There was a clear call to embrace a collaborative multisectoral approach for NCDs, ranging from the financial sector to entertainment.
- Coming together for a common objective around a common NCD agenda requires incentives. Possible incentives may include:
  - For international actors: Establishment of a Global NCD Observatory (as part of the WHO Global Coordination Mechanism on NCDs), including “soft” accountability as well as various models of holding governments, civil society and the private sector accountability.
  - For bilateral and multilateral donors: Funding instruments and OECD/DAC creditor reporting system code to track ODA for NCDs.
  - For domestic partners: Establish high-level commission or domestic partnerships, including mainstreaming NCDs into health planning and development agendas.
  - For health systems: Include into Universal Health Coverage (UHC) frameworks, mainstream NCDs into existing vertical programmes (e.g. hepatitis B, cervical cancer, and HIV/AIDS chronic care systems) and scale up chronic care models.
- We may benefit from stronger international regulatory frameworks to combat obesity (as suggested by Mexico), reduce the harmful use of alcohol (Korea).
- Taxes on tobacco and alcohol provide opportunities for domestic financing.
- Establish models to help countries calculate the cost of inaction versus action.
- The private sector can serve as a partner to improve access to affordable medicines for NCDs, e.g. by improving medical infrastructures in rural areas, increasing health literacy of vulnerable populations, mobile phones for adherence.
- Civil society also has a clear role to play (advocacy, service provision, providing a voice to people with NCDs) – but we need to strengthen this role (e.g. Denmark’s support to NCD Alliances in East Africa).

### **Concrete recommendations:**

- Mobilize collective expertise on how to form multisectoral partnerships for NCDs and how to measure their impacts.
- These multisectoral partnerships for NCDs must focus on systemic issues, roster of partnerships, core competencies and core assets of each partner, and impact measurement. WHO’s “best buys” for NCDs should not be forgotten.



- Focus resource mobilization on generating domestic sources (e.g. tobacco taxes, alcohol taxes) and use the domestic proceeds to finance domestic health services.
- Include NGOs in official delegations to the World Health Assembly and the UN General Assembly, without jeopardizing their independence as a “watch dog”.
- Provide technical support to countries to calculate the cost of action versus inaction (return on investment), and establish a regulatory framework for NCDs.
- Position NCDs in the Post-2015 Development Agenda with the right vision.

#### **Operationalization:**

- For Member States: Implement the concrete steps included in the outcome document adopted at this high-level meeting.
- For OECD/DAC: Establish a creditor reporting system code to track ODA for NCDs and increase funding for NCD work.
- For WHO and UN Task Force on NCDs: Scale up activities to provide technical assistance to support national efforts, including training of the health work force.
- For civil society: increase advocacy and provision of services to complement government efforts.
- For private sector: Establish concrete partnerships in which private sector can engage.

#### **Closing remarks**

H.E. Mr. Mohamed Khaled Khiari, Vice-President of the General Assembly delivered closing remarks on behalf of the President, in which he summed up the key messages heard during the general debate. He recalled that the Outcome Document adopted on 10 July reminds all stakeholders that NCDs must be approached from all levels and angles, and along with other health issues, must be given strong consideration in negotiations on the Post-2015 Development Agenda.

After thanking participants, the Vice-President urged everyone to keep attention focused for the Secretary-General’s report to be issued by the end of 2017 on implementation of both the Outcome Document adopted on 10 July 2014 and the 2011 Political Declaration, and the comprehensive review of progress on NCDs to take place in 2018.