



THE PRESIDENT  
OF THE  
GENERAL ASSEMBLY

27 June, 2014

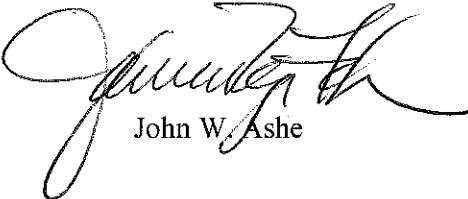
Excellency,

On behalf of H.E. Ms. Bénédicte Frankinet, Permanent Representative of Belgium and H.E. Mr. Courtenay Rattray, Permanent Representative of Jamaica, Co-facilitators for the consultations on the arrangements for the 2014 comprehensive review and assessment on the prevention and control of non-communicable diseases (NCDs), I have the honour to transmit, herewith, revision 2 of the outcome document in compilation form based on the inputs, comments and views shared by delegations at the informal consultations held on Thursday, 26 June 2014.

The Co-facilitators inform that the next informal consultations are scheduled for Monday, 30 June and Tuesday, 1 July at 3:00 p.m.

I encourage Member States to continue their support to the Co-facilitators in this process.

Please accept, Excellency, the assurances of my highest consideration.



John W. Ashe

All Permanent Representatives and  
Permanent Observers to the United Nations  
New York

**DRAFT OUTCOME DOCUMENT OF THE HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY ON THE REVIEW OF THE PROGRESS ACHIEVED IN THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES**

Revised version dated 27 June 2014 – 8.30 AM

---

**Intensifying our efforts towards a world free of the avoidable burden of NCDs**

We, Ministers and representatives of States and Governments [and Heads of Delegations] **(DELETE: G77)**, assembled at the United Nations from 10 to 11 July 2014 to take stock of the progress made in implementing the commitments in the 2011 Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases: [= agreed language copied from P1 of A/RES/66/2, and from P1 of A/RES/68/6]

1. Reaffirm the Political Declaration, which has catalyzed action and retains great potential for engendering [action for] faster results.

2. Reaffirm our commitment 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, and undermines social and economic development throughout the world and threatens the achievement of the internationally agreed development goals. [= agreed language copied from P2 of A/RES/66/2]

2bis. Reiterate that the most [prominent] / [prevalent] **(Australia)** non-communicable diseases, namely cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, are linked to four common [behavioral] **(EU)** risk factors, namely tobacco use, harmful use of alcohol, unhealthy diet, and physical inactivity. **(G77) (NOTE: FORMERLY PARA 11, REPLACED DUE TO G77 PROPOSAL) / (PLACE 11 AND 12 BEFORE 13: Switzerland)** [= based on language from P20 of A/RES/66/2]

2ter. [Acknowledge that the global burden and threat of non-communicable diseases, principally cardiovascular diseases, cancer, chronic respiratory diseases and diabetes, which are linked to four main risk factors, namely, tobacco use, harmful use of alcohol, an unhealthy diet and lack of physical activity, as well as the global burden of mental health issues, constitute major challenges for the economic and social development of many Member States and may lead to increasing inequalities within and between countries and populations] **(G77)**, [= language from PP4 of E/2014/L.13]

2quat. Recognize that mental and neurological [impairment] **(Australia)**/ [disorders] **(DELETE: Australia)** are an important cause of morbidity [and contribute to the global non-communicable disease burden] **(DELETE: Australia)**, for which there is a need to provide equitable access to effective programmes and health-care interventions. **G77) (NOTE: FORMERLY PARA 12, REPLACED DUE TO G77 PROPOSAL)** [= based on language from P18 of A/RES/66/2]

3. [Recall the Moscow Declaration adopted at the First Global Ministerial Conference on Healthy Lifestyles and Non-communicable Diseases Control] **(DELETE, OR RETAIN AND ADD REFERENCES TO OTHER CONFERENCES: G77) / (RETAIN: Russian Federation)** [=proposal made by Russian Federation, agreed language copied from P5 of WHA 66.10]

**Taking stock: Progress achieved since 2011**

4. Welcome [in accordance with paragraph 61 of the Political Declaration, the development by the World Health Organization of the comprehensive global monitoring framework] **(G77)** [the adoption by the World Health Assembly of the comprehensive global monitoring framework for the prevention and control of non-communicable diseases] **(DELETE: G77)**, including the set of nine voluntary global targets for achievement by 2025 [for the prevention and control of non-communicable diseases] **(DELETE: US)**, and a set of 25 indicators capable of application across regional and country settings to monitor trends and to assess progress made in the implementation of national strategies and plans on non-communicable diseases. [, and its adoption by the World Health Assembly] **(G77) (NOTE: MERGE PARAS 4,3 AND 7: AUSTRALIA) / (RETAIN EXISTING FORMAT OF PARAS 4 AND 3: EU, G77) (NOTE: MOVE PARA 9 BEFORE PARA 4 : G77)** [= based on language from OP1.2 and OP1.3 of resolution WHA66.10, and P 61 of A/RES/66/2]

5. Welcome also the endorsement by the World Health Assembly of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020 [and its adoption of the 9 action plan indicators to inform reporting on progress made in the process of implementing the Global Action Plan] **(G77)** [= based on language from OP1.1 of resolution WHA66.10]

6. [[Welcome also]] / [and] **(US)** the adoption by the World Health Assembly of the 9 action plan indicators to inform reporting on progress made in the process of implementing the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020.] **(DELETE: G77) (NOTE: MERGE PARAS 5 AND 6: US)** [= based on language from decision taken at WHA67]

7. Welcome also the endorsement by the World Health Assembly of the terms of reference for the WHO Global Coordination Mechanism on the Prevention and Control of Non-communicable Diseases. [=agreed language taken from decision taken at WHA67]

8. Welcome the establishment of the United Nations Interagency Task Force on the Prevention and Control of Non-communicable Diseases and the endorsement of its terms of references by the Economic and Social Council. [= agreed language from OP1 of E/RES/2013/12].

8bis. [Recognize that progress in the prevention and control of non-communicable diseases has been insufficient and highly uneven and that continued and increased efforts are essential for

achieving a world free of the burden of non-communicable diseases.] (G77) [=based on SG's report]

9. Recognize the remarkable progress since September 2011 achieved at national level, including an increase in the number of countries with an operational national non-communicable disease policy with a [dedicated] (DELETE:EU, US) budget [for implementation] (EU, US) from 32 per cent of countries in 2010 to 50 per cent in 2013. (NOTE: TO BE PLACED BEFORE PARA 4: G77). [= based on language from paragraph 30(e) of GAP endorsed by resolution WHA66.10.]

10. Acknowledge that, despite some improvements, commitments to promote, establish or support and strengthen, by 2013, multisectoral national policies and plans for the prevention and control of non-communicable diseases, and to increase and prioritize budgetary allocations for addressing non-communicable diseases [are yet to be translated into action, in particular in developing countries.] (Switzerland) / [, have often not been translated into action in accordance with national capacities.] (DELETE: Switzerland) [= based on language from P45 and P45(c) of A/RES/66/2]

12 bis. [Recognize the need to address air pollution at global, national, subnational and local levels in the response to non-communicable diseases as a major risk factor and a cause of respiratory and cardiovascular diseases and cancer and mortality thereof] (EU)

13. [Acknowledge that many countries, in particular developing countries, are struggling to move from commitment to action and, in this regard,] (DELETE: Switzerland) / [R]eiterate our call on Member States to consider implementing, as appropriate within national context [policies and evidence-based, affordable, cost-effective, population-wide and multisectoral interventions.] (G77) [ [and]] (DELETE: G77) without prejudice to the sovereign rights of nations to determine taxation among other policies] (DELETE: US, Japan) / (KEEP: G77), [specific interventions] (DELETE: G77) for the prevention and control of non-communicable diseases, [including [[those that are cost effective.]] (US) / (DELETE THE REST: US) [[to achieve the nine voluntary global targets for non-communicable diseases by 2025, and in particular the call on Member States to consider implementing a set of interventions]] (DELETE: Switzerland) / [those,] (Switzerland) which are very cost-effective and affordable for all Member States, [[based on current evidence]] (DELETE: EU) ] (DELETE: G77) / [[such as/including those]] (EU, G77), [[as described]] (DELETE: EU, G77) in Appendix 3 of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020]. (DELETE: Japan, Norway) [= based on language from Appendix 3 of resolution WHA66.10]

#### Reaffirming our leadership: Commitments and actions

14. Reaffirm our commitment to advance the implementation of multisectoral, cost-effective, population-wide interventions in order to reduce the impact of the four common risk factors for non-communicable diseases, 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. [=agreed language copied from P43 of A/RES/66/2]

15. [Recognize the value of health as an opportunity and an investment [[and an outcome]] **(New Zealand)** for economic and social development.] **(DELETE: Switzerland)**. [= based on section 3 of report of European regional consultation on NCDs]

16. [Recall that the very, cost-effective and affordable interventions to reduce modifiable risk factors for non-communicable diseases include:

Tobacco use

(a) Reduce the affordability of tobacco products [by increasing tobacco excise taxes];

**(NOTE:USE MORE GENERAL REFERENCE TO ANY TOBACCO POLICIES, NOT ONLY TAXES)**

**(Mexico)**

(b) Create legislation for completely smoke-free environments in all indoor workplaces, public places and transport;

(c) Warn people of the dangers of tobacco and tobacco smoke through effective health warning and mass media campaigns;

(d) Ban all forms of tobacco advertising, promotion and sponsorship;

Harmful use of alcohol

(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]; **(NOTE:USE MORE GENERAL REFERENCE TO ANY ALCOHOL POLICIES, NOT ONLY TAXES) (Mexico)**

Unhealthy diet and physical inactivity

(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 programs on diet and physical activity.] **(DELETE PARAGRAPH:**

**G77, EU, Japan, Australia, Switzerland) (NOTE: NO NEED TO IDENTIFY SPECIFIC- MAKE GENERAL REFERENCE TO MAIN DOCUMENTS: G77, EU, Japan, Australia, Switzerland)**

[=language copied from Appendix 3 in resolution WHA66.10 (highlighted in bold)]

16alt. [Accelerate the implementation of the WHO Global Strategy on Diet, Physical Activity and Health (WHA57.17), the Global Strategy to reduce the harmful use of alcohol (WHA63.13), the Recommendations on the marketing of foods and non-alcoholic beverages to children (WHA63.14), recognizing their important contribution to reducing non-communicable diseases.] **(G77)** [=based on para. 4 alt of the compilation]

16 bis [Recognize the WHO Global Strategy on Diet, Physical Activity and Health (WHA57.17), the Global Strategy to reduce the harmful use of alcohol (WHA63.13), the Recommendations on the marketing of foods and non-alcoholic beverages to children (WHA63.14) and the WHO

Global action plan for the prevention and control of non-communicable diseases 2013 – 2020 (WHA66/10) and the options on policies, actions and interventions, including for health services, they provide to Member States for implementation according to national circumstances, to achieve the nine voluntary global targets for the prevention and control of NCDs national circumstances, to achieve the nine voluntary global targets for the prevention and control of non-communicable diseases] (EU)

17. Reiterate our commitment to accelerate implementation by States parties of the World Health Organization Framework Convention on Tobacco Control, and encourage countries that have not yet done so to consider [ratifying or] (Australia) acceding to the Convention. [= based on language from P43(c) of A/RES/66/2]

17 bis. (in case 16 remains as is) [Reiterate the need for implementation of WHO Global Strategy to Reduce the Harmful Use of Alcohol.] (US)

18. [Reiterate our] (DELETE: Co-Facilitators) call on Member States to take steps, including, where appropriate, effective legislation, cross-sectoral structures, processes, methods and resources that enable societal policies which take into account and address their impacts on health determinants, health protection, health equity and health systems functioning, and which measure and track [economic,] social [and environmental] (G77) determinants and disparities in health. (NOTE: FIRST PART NEEDS REFORMULATION – GA DIDN'T MAKE THIS CALL) [= based on agreed language from OP2.2 of WHA67.12]

19. [Reiterate our] (DELETE: Co-Facilitators) call on Member States to develop, as appropriate, institutional capacity with adequate knowledge and skills in assessing health impacts of policy initiatives in all sectors, identifying solutions and negotiating policies across sectors to achieve improved outcomes from the perspective of health, health equity and health systems functioning. (NOTE: GA DIDN'T MAKE THIS CALL: Norway) [= agreed language from OP2.3 of WHA67.12].

20. [Also recall the very cost-effective interventions for national health-care systems, identified in Appendix 3 of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020, which are:

- (a) Drug therapy and counselling for individuals who have had a heart attack or stroke and for persons at high risk of cardiovascular events in the next ten 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.] (DELETE: G77, Japan, EU, Australia, Norway, Switzerland) [= language copied from Appendix 3 in resolution WHA66.10 (highlighted in bold)]

21. [Reiterate our call on Member States to strengthen and orient health systems to address the prevention and control of non-communicable diseases and the underlying social

determinants through people-centered primary [[and secondary]] **(New Zealand)** health care and universal health coverage.](**DELETE PARAGRAPH: G77**) [= based on language taken from the title of objective 4 of GAP endorsed by resolution WHA66.10]

21 alt. [Recognize the importance of universal health coverage in national health systems, and call upon Member States to strengthen health systems including health care infrastructure, human resources for health, 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 throughout the lifecycle.] **(G77)** (=based on 45n and 30 from the 2011 Political Declaration).

22. Also acknowledge that, although an increased number of private sector entities have started to produce and promote food products consistent with a healthy diet, these products are not always broadly affordable, accessible and available [in many developing countries or] **(DELETE: G77)** in all communities within countries, that limited progress is registered in the reduction of use of salt [and fat and in improving fat quality] **(EU)** in food, [, that the use of iodized salt should be promoted where appropriate] **(Switzerland)** [and that there is also little progress in reducing the impact of marketing of foods [[high in fat, sugar and salt]] **(Switzerland)** and monitoring mechanisms] **(DELETE: Australia)**, and reiterate the essential need for [multistakeholder actions, including the private sector and] **(US)** the efforts and engagement of all sectors of society to generate effective responses for the prevention and control of non-communicable diseases. [=based on language copied from P3 of A/RES/66/2]

22 bis. [Continue to encourage policies that support the production and manufacture of, and facilitate access to, foods that contribute to a healthy diet, and provide greater opportunities for the utilization of healthy local agricultural products and foods, thus contributing to efforts to cope with the challenges and take advantage of opportunities posed by globalization and to achieve food security] **(G77, Mexico)** [=based on paragraph 43 (h) of the 2011 Political Declaration]

23. Reiterate our commitment to 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. [= agreed language copied from P57 of A/RES/66/2]

24. Reiterate 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 [including private sector] **(Mexico)** to generate effective responses for the prevention and control of non-communicable diseases [at national and local levels] **(G77) / (CHANGE THE ORDER OF PARAS 23 AND 24: Switzerland)** . [= based on language in P3 of A/RES/66/2]

25. Recall 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 sectors beyond health, while protecting public health policies for the prevention and control of non-communicable diseases from undue influence by any form of real, perceived or potential conflicts of interest. [=agreed language in P36 of resolution A/RES/66/2 and P18 of WHA66.10]

#### Moving forward: National commitments

26. We commit to [prioritizing] /[treating] **(Switzerland)** non-communicable diseases [as a matter of priority] **(Switzerland)** in national and international development agendas [and therefore commit] **(DELETE: Switzerland)** to taking the following measures as a matter of priority: **(RESERVE POSITION ON THE REST OF THE TEXT: G77) (RESERVE POSITION ON WHOLE PARA: AUSTRALIA)**

(a) Enhance governance:

(i) [By 2015 set national targets for 2025 based on national situations, taking into account the nine voluntary global targets for non-communicable diseases, 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] **(DELETE: Australia); (RESERVE: EU)** ; [= agreed language from P63 of A/RES/66/2]

(ii) By 2015, [consider] develop[ing] **(EU)**, as appropriate, and strengthen national multisectoral policies and plans to achieve these national targets by 2025, taking into account the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020, as appropriate to the respective national context; **(RESERVE: EU)** [= based on language from action 30(e) of the WHO Global NCD Action Plan 2013-2020]

(iii) Continue to develop, strengthen and implement, as appropriate, multisectoral public policies and action plans to promote health education and health literacy, with a particular focus on populations with low health awareness and/or literacy; [= agreed language from P43(b) of A/RES/66/2 and action 49(d) of the GAP endorsed by resolution WHA66.10]

(iv) Raise awareness about the national public health burden causes by non-communicable diseases and the relationship between non-communicable diseases, poverty, and social and economic development; [= based on recommendation 4.1 resulting from the EMRO consultation]

(v) Integrate non-communicable diseases into health planning and the national development agenda, including the United Nations Development Assistance Framework design processes and implementation, as appropriate within the national context; [= based on recommendation 4.1 resulting from the EMRO consultation]

(vi) [Consider] **(EU)** Set[ing] **(EU)** up [, as appropriate to the respective national context,] **(Switzerland, EU)** a national multisectoral mechanism ([such as] **(Switzerland)** high-level



commission, agency or task force) [,as appropriate] **(US)** for engagement, policy coherence and mutual accountability of different spheres of policy making that have a bearing on non-communicable diseases, in order to implement health-in-all-policies and whole-of-government and whole-of-society approaches, [to convene multistakeholder working groups] **(DELETE: Switzerland)**, [to secure budgetary allocations for implementing and evaluating multisectoral, [action]] **(DELETE: Norway)** and to monitor and act on the social and environmental determinants of non-communicable diseases; [= based on language from action 30(f) included in the GAP endorsed by WHA66.10]

(vii) Enhance the capacity, mechanisms and mandates, as appropriate, of relevant authorities in facilitating and ensuring action across government sectors; [= agreed language from OP2.3 in resolution WHA66.10]

(b) Reduce the modifiable risk factors for non-communicable diseases and underlying social determinants through creation of health-promoting environments by implementing [according to national context] **(US)**, as appropriate, by 2016, the set of very cost-effective and affordable interventions for all Member States, based on current evidence, listed in Appendix 3 of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020 and recalled in paragraph 16 of this document; **(COMMENT: THE SAME AS PARA 13 – NO NEED TO REPEAT: Australia)** [= based on language from the title of objective 3 of the GAP endorsed by resolution WHA66.10]

(b) alt [Reduce exposure to risk factors for and address the social determinants of non-communicable diseases by implementing nationally selected set of interventions;] **(EU)**

(c) Strengthen and orient health systems to address the prevention and control of non-communicable diseases and the underlying social determinants through people-centered primary health care and universal health coverage, by implementing [according to national context] **(US)**, as appropriate, by 2016, the set of very cost-effective and affordable interventions for all Member States, based on current evidence, listed in Appendix 3 of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020 and recalled in paragraph 20 of this document; [= based on language from the title of objective 4 of the GAP endorsed by resolution WHA66.10]

(d) Monitor the trends and determinants of non-communicable diseases and evaluate progress in their prevention and control: [= agreed language from the title of objective 6 of the GAP endorsed by WHA66.10]

(i) [Establish and strengthen, as appropriate, a national surveillance and monitoring system to enable reporting, including against the 25 indicators of the comprehensive global monitoring framework, the nine voluntary global targets, and any additional regional or national targets and indicators for non-communicable diseases] **(DELETE: AUSTRALIA, EU)** [= based on language from OP2.7 of resolution WHA66.10]

(ii) [Assess progress towards attaining the voluntary global targets and report on the results using the established indicators in the Global Monitoring Framework, according to the agreed timelines;] **(DELETE:EU) / (MERGE 26d(ii) and 26d(iii))** [= language proposed by EU]

(ii) bis [Assess progress towards attaining the voluntary global targets and report on the results using the established indicators in the Global Monitoring Framework, according

to the agreed timelines to inform and guide policy and programming, aiming to maximize the impact of interventions and investments on NCD outcomes;] **(EU)**

(iii) [Use results from surveillance of the 25 indicators and voluntary targets and other data sources to inform and guide policy and programming, aiming to maximize the impact of interventions and investments on non-communicable disease outcomes;] **(DELETE: EU)** [= language proposed by US]

(iv) Contribute information on trends in non-communicable diseases to the World Health Organization, on progress made in the implementation of national action plans and on the effectiveness of national policies and strategies, coordinating country reporting with global analyses; [= language copied from SG's report - P 45 d (ii) of A/68/650 and Annex 6 of EB134/14]

(v) Develop surveillance systems at all levels to enable tracking of social, including gender, disparities in non-communicable diseases and their risk factors as a first step to addressing inequalities; [= EU proposal, language agreed at EURO NCD Consultations]

(e) 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 [[voluntary and]]] **(US)** mutually agreed terms and the production of affordable, safe, effective and quality medicines and vaccines,] **(DELETE: Australia)** while recognizing the leading role of the World Health Organization as the primary specialized agency for health in that regard. [= based on language from OP46 of A/RES/66/2]

27. Call for an adequate mobilization of resources, both domestic and external, to support the implementation of national efforts to address non-communicable diseases<sup>1</sup>. **(RESERVE: EU)** [= based on 45 (d) of A/RES/66/2]

28. Strengthen international cooperation within the framework of North-South, South-South and triangular cooperation, in the prevention and control of non-communicable diseases. [= agreed language from action 23(c) of the GAP endorsed by resolution WHA66.10]

29. [Strengthen the provision of adequate, predictable and sustained resources for the prevention and control of non-communicable diseases and for universal health coverage[[, through an increase in domestic budgetary allocations, voluntary innovative financing mechanisms and other means, including multilateral financing, bilateral sources and private sector and/or nongovernmental resources]]] **(DELETE: EU)** ] **(DELETE: Australia)** [[[, as

---

<sup>1</sup> Building on the Working Group to be established under the WHO Global Coordination Mechanism for the Prevention and Control of NCDs to recommend ways and means of encouraging Member States and non-State actors to realize the commitment included in paragraph 45(d) of the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs (see document A67/14 Add3 Rev 1)

appropriate to the respective national context.]]] **(Switzerland)** [=based on language from action 30(b) of the GAP endorsed by resolution WHA66.10]

#### **Moving forward: International commitments**

30. [In accordance with WHO Global Strategy and Plan of Action on Public Health Innovation, and Intellectual Property, which emphasizes the importance of intellectual property to medical innovation, we] **(US)** [Reaffirm] /[[reaffirm] **(US)** the right to use, [to the full, ] **(DELETE: US)** the provisions contained in the agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), the Doha Declaration on the TRIPS Agreement and Public Health, [and] **(US)** the decision of the World Trade Organization General Council of 3 of August 2003 on the implementation of paragraph 6 of the Doha Declaration on the TRIPS Agreement and Public Health [, and, when formal acceptance procedures are completed, the amendment to article 31 of the Agreement, which provides flexibilities for the protection of public health, and, in particular, to promote access to medicines for all, and encourage the provision of assistance to developing countries in this regard.] **(DELETE: US)** [= based on proposal by G77, language from P.142 of A/RES/66/288 "The future we want"]

30 alt. [To consider, as appropriate, adapting national legislation in order to make full use of the provisions contained in the TRIPS Agreement, including the flexibilities recognized by the Doha Ministerial Declaration on TRIPS Agreement and public health and other WTO instruments related to the TRIPS Agreement, in order to promote access to essential medicines, in line with the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property.] **(Australia)**

31. Give due consideration to the serious socio-economic consequences of non-communicable diseases [including the need for action to reduce the preventable and avoidable burden of mortality, morbidity and disability related to non-communicable diseases, and] **(EU)**, in particular the links to poverty [and disability] **(Australia)**, in the elaboration of the post-2015 development agenda [and consider including the need for action to reduce the preventable and avoidable burden of mortality [[,]] / [[and]] **(Australia)** morbidity [[and disability]] **(DELETE: Australia)** related to non-communicable diseases in the new set of goals and targets of the agenda.] **(DELETE: Japan, EU)** [= based on language from WHA 67.14, OP.1(5)]

32. [Call upon the World Health Organization, in collaboration with Member States, through the governing bodies of the World Health Organization, and in consultation with experts with requisite skills and experience to be selected by the Director-General of the World Health Organization in consultation with Member States<sup>2</sup> to develop, before the end of 2014, a set of voluntary process indicators to monitor progress made in the realization of the 2011 Political Declaration, coherent with the set of 25 indicators to monitor trends and to assess progress made in the implementation of national strategies and plans on non-communicable diseases and the 9 action plan indicators to inform reporting on progress made in the process of implementing the WHO Global Action Plan for the Prevention and Control of Non-

---

<sup>2</sup> and, where applicable, regional economic integration organizations

communicable Diseases 2013-2020.] **(DELETE: US, Australia, EU, Japan, Norway)** [= based on recommendation 5.1 resulting from the EMRO consultation]

33. [Call upon the World Health Organization, with the full participation of Member States, through the governing bodies of the WHO, and in collaboration with United Nations agencies, funds and programs, and other relevant regional and international organizations, as appropriate, building on the work already under way, to develop, before the end of 2015, a country framework for action to engage sectors beyond health in the prevention and control of non-communicable diseases.] **(DELETE: EU, Australia, Norway)** [= recommendation 5.2 resulting from the EMRO consultation]

34. [Call upon the World Health Organization, with the full participation of Member States, through the governing bodies of the WHO, and in collaboration with non-state actors, to develop, before the end of 2015, a tool to measure the contribution of the private sector and civil society to the nine voluntary targets for non-communicable diseases.] **(DELETE: EU, Australia, Norway, Switzerland)**/ **(RESERVE POSITION: US)** [= recommendation 5.3 resulting from the EMRO consultation]

35. [Urge the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases to support national efforts to prevent and control non-communicable diseases and the realization of the commitments made in the 2011 Political Declaration and in this document;] **(DELETE: Australia)** [= agreed language from P51 of the Political Declaration, OP1, OP2 and OP3 of E/2013/12]

36. [Urge the WHO Global Coordination Mechanism on the Prevention and Control of Non-communicable Diseases to start its work in facilitating and enhancing coordination of activities, multistakeholder engagement and action across sectors at the local, national, regional and global levels, in order to contribute to the WHO Global Action Plan.] **(DELETE: Australia)** [= agreed language from paragraph 1 in Appendix 1 of A67/14 Add.1 endorsed at WHA67]

#### **Towards the world we want: Follow up**

37. Request the Secretary-General, in close collaboration with the Director-General of the World Health Organization, to submit by 2016 to the General Assembly, for consideration by Member States, a report on the progress achieved in realizing the global assignments given to the World Health Organization [and to the United Nations Interagency Task Force on the Prevention and Control of Non-communicable Diseases] **(EU)** in this document.

38. Request the Secretary-General, in close collaboration with the Director-General of the World Health Organization, to submit by the end of 2016 to the General Assembly, for consideration by Member States, a report on the progress achieved and challenges faced in realizing the commitments, taking into account the process indicators that will be developed to measure progress towards implementing the 2011 Political Declaration, in preparation for a

comprehensive review in [2017] / [2019] (**EU, Switzerland**) of the progress achieved in the prevention and control of non-communicable diseases.