**Meeting: WHO EB 142**

**Agenda Item: 3.8 Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases, to be held in 2018**

**Statement:**

MMI appreciates this opportunity to address agenda item 3.8. PHM supports this statement.

We welcome WHO’s focus on NCDs but are concerned that the basic approach lacks coherence. EB142/15 acknowledges that global trade, inequalities within and between states, and inequalities between states and private corporations underpin the NCDs epidemic. Nonetheless, its recommendations do not address these structural factors.

A comprehensive response to preventing NCDs requires regulating and taxing health-impeding industries (e.g. the tobacco, alcohol, and processed foods industries), regulating trade, and eliminating industry influence health policymaking. We believe WHO can play an important role in developing a binding legal framework that allows MS to tax and regulate health-impeding industries.

NCDs now increasingly affect the poor and marginalized. Many NCDs are chronic illnesses that require long-term care, treatment and management. This requires robust health systems at the primary, secondary and tertiary levels, and appropriate linkages and referrals for access to diagnostics, treatment and care facilities. These needs cannot be achieved only through technological innovations like mHealth. They must be addressed by investing in public health systems, particularly in LLMICs. We encourage WHO to assist MS in strengthening public health systems as the primary providers of health care – particularly chronic care for the poor and the marginalised.

We urge WHO to guide MS in devising interventions that prioritise poor and marginalised groups. Workers in stressful and precarious jobs, the unemployed, and women experience NCDs differently because of poor nutrition, barriers to accessing healthcare, and limited economic resources, information, decision making power, and mobility. Working conditions and gender parity must be considered in understanding NCD risk factors and developing interventions for marginalised groups.

We share WHO’s concerns over the funding shortfalls for NCDs and call on MS to increase their untied contributions in order to finance this important work.