

...from a Global Strategy to a UN High Level Meeting...



History of international policy declarations on non-communicable diseases

Prepared by the WHO Watch of the People's Health Movement



61st session

A61/8 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases

WHA61.14

53th session

A53/14 Global strategy for the prevention and control of non-communicable diseases

WHA53.17

56th session

WHA56.1

Framework Convention on Tobacco Control

57th session

WHA57.17 Global strategy on diet, physical activity and health

60th session

A60/15 Secretariat's report on implementation of the global strategy on NCDs

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A63.12 Secretariat's report on implementation of the global strategy on NCDs

WHA63.13 Global Strategy to reduce the harmful use of alcohol

WHA63.14 Marketing of food and non-alcoholic beverages to children

Nov: WHO hearings with CSO and private sector on the HLM

64th session

A64/21 on role of WHO in UN HLM
WHA64.11

Global Status Report on NCDs 2010

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64th Session

A/RES/64/265 Prevention and control of non-communicable diseases

65th Session

A/65/362

A/RES/65/238: Scope, modalities, format and organization of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases

66th Session

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June: interactive hearing with CSO, priv sector & academia

High-level Meeting on the prevention and control of non-communicable diseases

A/66/2

WHO global forum: Addressing the challenge of noncommunicable diseases
27 April 2011 – Moscow

First global ministerial conference on healthy lifestyles and noncommunicable disease control
28-29 April 2011 -- Moscow, the Russian Federation
Moscow Declaration



At the 53th session of the World Health Assembly, the WHO Secretariat presented the [Global Strategy for the Prevention and Control of Non-Communicable Diseases](#). The WHA had requested this strategy in a previous resolution on NCD prevention and control (WHA 51.8) adopted at its 51st session in 1999.

53th session

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A53/14 Global strategy for the prevention and control of non-communicable diseases

Goal: “to support Member States in their efforts to reduce the toll of morbidity, disability and premature mortality related to noncommunicable diseases”

The Strategy set the scene for the global NCD agenda of the upcoming decade by deciding to focus on the four most prominent noncommunicable diseases: **cardiovascular disease, cancer, chronic respiratory disorders and diabetes**. It stated that these four conditions are linked by common preventable risk factors related to lifestyle (tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol).

The Strategy has three main objectives:

- to map the emerging epidemics of noncommunicable diseases and to analyse the latter’s social, economic, behavioural and political determinants with particular reference to poor and disadvantaged populations, in order to provide guidance for policy, legislative and financial measures related to the development of an environment supportive of control;
- to reduce the level of exposure of individuals and populations to the common risk factors for non-communicable diseases (...) and their determinants;
- to strengthen health care for people with noncommunicable diseases by developing norms and guidelines for cost-effective interventions



A53/14 Global strategy for the prevention and control of non-communicable diseases

Addressing the four common risk factors was seen as one of the most important aspects of global NCD action. The Strategy emphasized that “decisions made outside the health sector often have a major bearing on elements that influence the risk factors. More health gains in terms of prevention are therefore achieved by influencing public policies in domains such as **trade, food and pharmaceutical production, agriculture, urban development, and taxation policies** than by changes in health policy alone”. A comprehensive long-term strategy for control of noncommunicable diseases must include prevention of the emergence of risk factors in the first place. It urged Member States to tackle issues outside the health sector which influence prevention and control of noncommunicable diseases, and to assess the impact of social and economic development on the burden of the major noncommunicable diseases with a view to conducting a comprehensive, multidisciplinary analysis. It stated WHO would “conduct a critical review of the global burden of noncommunicable diseases from the viewpoint of the poor in order to identify control policies that are particularly oriented to poorer populations in developing countries, taking into consideration the likely **impact of globalization of trade and marketing on risk factors**”.

The Strategy further emphasized the need to address the challenge of NCDs in the context of an **overall health system reform**. Interventions at the level of the family and community were deemed essential for successful prevention strategies because “the causal risk factors of NCDs are deeply entrenched in the social and cultural framework of the society”. It noted that experience indicates that success of community-based interventions requires community participation, supportive policy decisions, intersectoral action, appropriate legislation, health care reforms, and collaboration with nongovernmental organizations, industry and the private sector. WHO would foster the launching of pilot projects on prevention and health promotion based on **integrated reduction** of the main risk factors. The expected outcome was the creation of models in selected countries to demonstrate that **community-based programmes** for risk factor reduction can be effectively implemented in low- and middle-income countries. It would also assess and design appropriate models for **self-management education** to help patients in managing their own conditions.



WHA53.17 Prevention and control of noncommunicable diseases

Some selections from the [resolution](#) adopted at the 53th WHA

The Fifty-third World Health Assembly,

Noting that the most prominent noncommunicable diseases are linked to common risk factors and being aware that these risk factors have economic, social, gender, political, behavioural and environmental determinants;

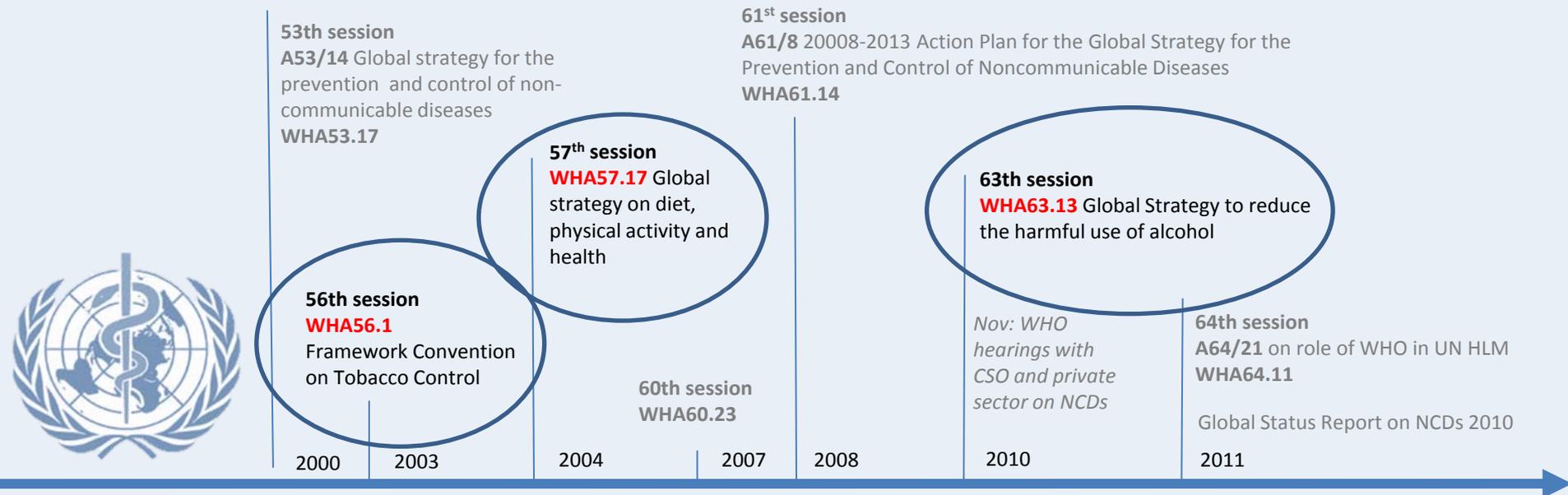
URGES Member States:

- (1) to develop a national policy framework taking into account several policy instruments such as healthy public policies creating a conducive environment for healthy lifestyles; fiscal and taxation policies towards healthy and unhealthy goods and services; and public media policies empowering the community;
 - (d) to emphasize the key role of governmental functions, including regulatory functions, such as development of nutrition policy, control of tobacco products, prevention of alcohol abuse and policies to encourage physical activity;
 - (e) to promote community-based initiatives for prevention of NCDs, based on a comprehensive risk-factor approach;

REQUESTS the Director-General:

- (8) to pursue dialogue with the pharmaceutical industry, with a view to improving accessibility to drugs to collectively treat major noncommunicable diseases and their determinants.





Since resolution 53.17, the Health Assembly has adopted a series of related resolutions which amplify WHO's mandate in the area of noncommunicable diseases:

- [WHA56.1](#) on the WHO Framework Convention on Tobacco Control¹;
- [WHA57.16](#) on Health promotion and healthy lifestyles;
- [WHA57.17](#) on the Global strategy on diet, physical activity and health;
- [WHA58.22](#) on Cancer prevention and control;
- [WHA63.13](#) on the Global Strategy to reduce the harmful use of alcohol

In addition, the WHA adopted the [11th General Programme of Work](#) 2006-2015 in resolution WHA59.4, setting a global goal to “reduce death rates from all chronic diseases by 2% per year during the next ten years” (11th GPW, Annex 6)

¹ There are now 174 Parties to the WHO Framework Convention on Tobacco Control, making it one of the most successful treaties in the United Nations' history

In 2007, the Secretariat presented a [report](#) on the implementation of the global strategy to the World Health Assembly, after which the Assembly adopted resolution [WHA60.23](#) on the Prevention and Control of Noncommunicable Diseases.

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A60/15 Prevention and control of noncommunicable diseases: implementation of the global strategy. Report by the Secretariat

The Secretariat reported the increasing burden of noncommunicable diseases, affecting disadvantaged populations disproportionately. It noted again that the major chronic conditions were caused by common risk factors “driven by underlying social, economic and environmental determinants of health” and that most of the deaths caused by these conditions were preventable.

Since the adoption of WHA53.17 chronic conditions had received increased attention from Member States, with an increase in the proportion of countries with a national policy for chronic disease prevention and control and a separate unit or department in the ministry. In addition, there was an increase in countries with a specific budget line for these conditions. However, the proportion of the total health budget going to chronic conditions remained very small. All regional committees had adopted resolutions covering the full range of prevention and control activities against chronic diseases.

WHO had been working with Member States to develop national policy frameworks for chronic disease prevention and control and had promoted the adoption of intersectoral policies to minimize the incidence of the major risk factors of chronic diseases. WHO was also working closely with the Commission on Social Determinants of Health to ensure that chronic diseases were given priority in public health. The Secretariat emphasized the need for a strong primary health-care system as part of an integrated health system to respond to the double disease burden faced by many low- and middle income countries.

Some of the important challenges remaining were:

- multisectoral collaboration, supported by a national coordinating mechanism to generate action that could modify the **underlying determinants** of health due to lack of awareness of the magnitude of the problem amongst actors working outside the health sector,
- strengthening of **health systems** with a focus on primary health-care,
- more dialogue with the private sector and the media; and to explore and capitalize on new financial measures and **funding mechanisms**, including partnerships, for chronic disease prevention and control.



WHA60.23 Prevention and control of noncommunicable diseases: implementation of the global strategy

A selection from the resolution

The Sixtieth World Health Assembly,

Notes the lack of multisectoral response; the need to strengthen health care systems with a focus on primary health care and the need for increased funding.

Recognizes that greater efforts are required to improve the nutritional quality of food and drink products, the way in which they are marketed, and the quality of information and its availability to consumers and their families, in particular children, young people and other population groups in vulnerable circumstances.

URGES Member States

To increase resources and commitment and to establish and strengthen a national coordinating mechanism with a broad multisectoral mandate involving all relevant stakeholders,

To develop and implement a national multisectoral evidence-based action plan for prevention and control of noncommunicable diseases that sets out priorities, a time frame and performance indicators, provides the basis for coordinating the work of all stakeholders, and actively engages civil society, while ensuring avoidance of potential conflict of interest,

To strengthen health systems, focusing on primary health care; to emphasize the key role of government functions and to increase access to appropriate health care including affordable, high-quality medicines for high-risk populations in low- and middle-income countries.



WHA60.23 Prevention and control of noncommunicable diseases: implementation of the global strategy

REQUESTED the Secretariat

To raise further awareness, provide support to Member States, disseminate information, encourage dialogue with relevant stakeholders - while ensuring avoidance of conflict of interest - and to strongly promote dialogue between Member States,

To promote initiatives aimed at increasing availability of healthy food, and promoting healthy diets and healthy eating habits, and to promote responsible marketing including the development of a set of recommendations on marketing of foods and non-alcoholic beverages to children, in order to reduce the impact of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt, in dialogue with all relevant stakeholders, including private-sector parties, while ensuring avoidance of potential conflict of interest,

To prepare an action plan to be submitted to the Sixty-first World Health Assembly, through the Executive Board, that sets out priorities, actions, a time frame and performance indicators for prevention and control of noncommunicable diseases between 2008 and 2013 at global and regional levels.

To report to the Sixty-third World Health Assembly, and subsequently **every two years** to the Health Assembly, through the Executive Board, on progress in implementing the global strategy on prevention and control of noncommunicable diseases, including progress on the action plan.



Following to the request of the Assembly to translate the Global Strategy for the Prevention and Control of NCDs into concrete action, a draft action plan was drawn up and discussed by the Executive Board at its 122nd session in January 2008 and at informal consultations with WHO Member States and other stakeholders (February-March 2008). The views of nongovernmental organizations and representatives of the food and non-alcoholic beverages industry were gathered at two other meetings. The draft action plan was brought to the WHA 61st session as an annex to the [Report of the Secretariat](#) on the Implementation of the Global Strategy for the Prevention and Control of NCDs (A61/8)

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2008 – 2013 ACTION PLAN

for the Global Strategy for the Prevention and Control of NCDs

The [Action Plan](#), endorsed at the Sixty-first World Health Assembly in May 2008 (WHA61.14), sets out six objectives and performance indicators to guide the work of WHO at national, regional and global levels, with a particular focus on low - and middle - income countries and vulnerable populations.

For each of the six objectives, distinct sets of actions are outlined for implementation between 2008-2013 by Member States, WHO and other international partners. The objectives are:

- to raise the **priority** accorded to noncommunicable diseases in development work at global and national levels, and to integrate prevention and control of such diseases into policies across government departments;
- to establish and strengthen **national policies and plans** for the prevention and control of NCDs;
- to promote interventions to reduce the main shared modifiable **risk factors**: tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol;
- to promote **research** for the prevention and control of noncommunicable diseases;
- to promote **partnerships** for the prevention and control of noncommunicable diseases; and
- to **monitor** noncommunicable diseases and their determinants **and evaluate progress** at the national, regional and global levels.

The actions for the Secretariat set out in the plan are aligned with strategic objective 3 and strategic objective 6 in the [Medium-term strategic plan 2008–2013](#), which provide details of expected results, targets and indicators for the Organization’s work on prevention and control of noncommunicable diseases.

The [Global Status Report on Noncommunicable Diseases](#) was developed as part of the implementation of the 2008–2013 Action Plan and released in 2011.



2008 – 2013 ACTION PLAN

“The Action Plan highlights the pressing need to invest in NCD prevention as an integral part of sustainable socioeconomic development. NCD prevention is an all-government responsibility. Considerably more gains can be achieved by influencing policies of non-health sectors than by health policies alone. All stakeholders will need to intensify and harmonize their efforts to avert these preventable conditions”

Reiterates that the focus of the Global Strategy and its Action Plan lies on **cardiovascular diseases, cancers, chronic respiratory diseases and diabetes**. Other important chronic conditions, such as renal disease, neurological diseases, HIV/AIDS etc. are not included because “they are the subjects of other WHO strategies, action plans and technical guidance”. Similarly, **mental health disorders** are not included, “as they do not share the same risk factors (other than the harmful use of alcohol), and because they require different intervention strategies. Public-health considerations in the area of mental health are covered in the WHO [mental health gap action programme](#), the implementation of whose strategies, programmes and policies was recognized as a need in resolution WHA 55.10”.

Devotes much attention to the socioeconomic determinants of NCDs, the need for multisectoral collaboration, community-based interventions, equity, reorientation of health systems and primary health care and access to medicines. It is interesting to note, however, that **the socioeconomic determinants are left out in Objective 3**, while they are specifically mentioned in the 2nd goal of the Global Strategy.

For objective 1 (raise priority and integrate across government departments) the following message is central:

“The international public health advocacy in this area must be driven by one key idea: **NCDs are closely linked to global social and economic development**. These diseases and their risk factors are closely related to poverty and contribute to poverty; they should, therefore, no longer be excluded from global discussions on development.



2008 – 2013 ACTION PLAN

At the national level, key messages should explain that:

- **National policies in sectors other than health have a major bearing on the risk factors for NCDs.** National authorities may wish, therefore, to adopt an approach to the prevention and control of these diseases that involves all government departments.
- **Throughout the life course, inequities in access to protection, exposure to risk, and access to care are the cause of major inequalities in the occurrence and outcome of NCDs.** Global and national action must be taken to respond to the social and environmental determinants of NCDs, promoting health and equity and building on the findings of the Commission on Social Determinants of Health”.

For objective 2 (strengthening of national policies and plans) it is emphasized that: the national framework should be multisectoral, integrated into the national health development plan and should include the reorientation and strengthening of health systems towards primary health care with special attention to equity and access to essential medicines and basic technologies. Regarding human resources, the Action Plan mentions the potential role of patients in providing their own care and encourages self-management education programmes. It further points out the need for sustainable health financing to reduce inequities. These actions are proposed in view of the fact that “in many Member States the organizational and financial arrangements with respect to health care are such that the long-term needs of people with NCDs are rarely dealt with successfully”.

Under objective 3 (reduce the main shared modifiable risk factors) the importance of the socioeconomical determinants of health and the need for multisectoral action is again recognized. However, as pointed out before, addressing these determinants is not part of the objective (in contrast to the 2nd goal of the Global Strategy). The actions proposed for Member States include only tobacco control, the promotion of healthy diets & physical activity and the reduction of the use of alcohol. WHO will provide support to Member States, using existing strategies, and will give special attention to community-based programmes.



2008 – 2013 ACTION PLAN

As for objective 4 (promote research) the Action Plan particularly promotes research on socioeconomic determinants, lifestyle and behaviour modification, community-based interventions, equity, reorientation of health systems and primary health care and access to essential medicines and technologies; together with research that explores models of care that are applicable to resource-poor settings.

For objective 5 (partnerships) the Action Plan again recognizes the importance of the socioeconomic determinants of NCDs and the need for collaborative efforts and partnerships. The actions proposed for MS in this regard, however, are poor: they are encouraged to “participate actively in regional and subregional networks” and to “establish effective partnerships and develop collaborative networks, involving key stakeholders, as appropriate”.

Finally, for objective 6 (monitor NCDs and their determinants and evaluate progress) The text states that an evaluation of the implementation of the plan and of progress made will be carried out at the mid-point of the plan’s six-year time frame and at the end of the period. MS are encouraged to strengthen surveillance systems and standardized data collection. The Secretariat will convene a representative group of stakeholders to evaluate progress on implementation of the action, which will set realistic and evidence-based targets and indicators for use in both the mid-term and final evaluations.

The last part of the Action Plan contains a set of proposed “output indicators” to measure progress. It is a long list of potentially useful indicators, but does not contain any ‘hard end point’ such as morbidity or mortality from the major noncommunicable diseases. This is unfortunate since the aim of the Global Strategy is, as reaffirmed in res53.17, “to reduce premature mortality and improve quality of life”. If these ultimate goals are not reflected in the measurement of progress, it will not be possible to hold governments accountable for their commitment to the aim of the Global Strategy. The global goal set in the 11th GPW “to reduce death rates from all chronic diseases by 2% per year during the next ten years” is not mentioned.



The Action Plan was endorsed by the WHA in resolution [WHA61.14](#), in which the WHA reaffirmed its commitment to the aim of the Global Strategy to reduce premature mortality and improve quality of life; and urged Member States to strengthen national efforts to address the burden of non-communicable diseases and to consider the proposed actions in the action plan.

The resolution requests the WHO Secretariat to consider allocating a higher proportion of budget to the prevention and control of NCDs but does not speak of the need for more funding from Member States to support the Secretariat in its effort to combat NCDs.

Finally, the resolution requests the DG to report to the Sixty-third World Health Assembly, and subsequently every two years to the Health Assembly, through the Executive Board, on progress in implementing the global strategy on prevention and control of noncommunicable diseases and the action plan

60th session

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After many resolutions, global strategies and an action plan, the message that noncommunicable diseases are one of the major challenges of the 21st century was getting foot in the wider international community. Especially their negative impact on the development of low-and middle income countries was receiving much attention.

At the 2009 Western Asia Ministerial Meeting on noncommunicable diseases and injuries several Member States called for a special session of the United Nations General Assembly to consider noncommunicable diseases in low- and middle-income countries. They further recommended the General Assembly to consider integrating evidence-based indicators on noncommunicable diseases into the monitoring and evaluation system for achievement of the Millennium Development Goals during its review of the Goals in 2010 ([Doha Declaration](#))

This call was echoed during the Economic and Social Council's High-level Segment (Geneva 2009), where WHO had organized a Ministerial Roundtable breakfast meeting on NCDs and their links with poverty and development. Some Member States called to add indicators to Target 6.C of the MDGs (have halted by 2015 and begun to reverse the incidence of malaria and other major diseases). The Ministerial Declaration adopted by Member States at the Economic and Social Council at the High-level Segment called for urgent action to implement the action plan.



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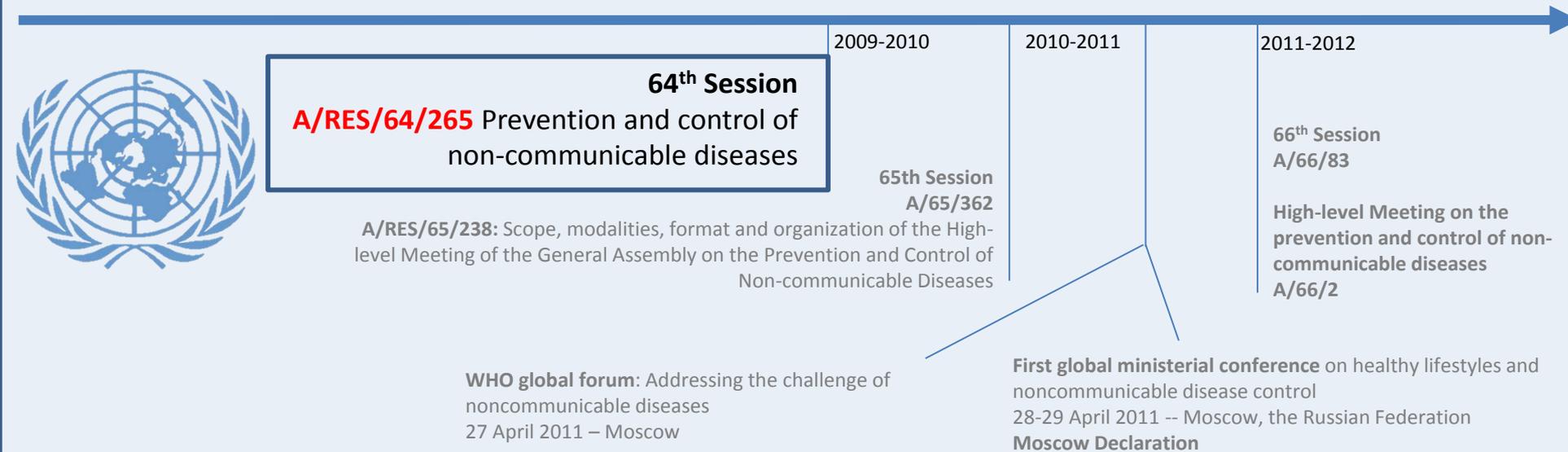
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At the 64th General Session of the UN General Assembly (2009-2010) the 14 Member States of the Caribbean Community (CARICOM) introduced draft [resolution](#) “Prevention and control of noncommunicable diseases” under the agenda item ‘Follow-up to the outcome of the Millennium Summit’. The resolution was widely supported with over 100 sponsors, the African Group sponsoring as a bloc. This was seen as indicating “the significant impact of non-communicable diseases on the health, productivity, economies and development aspirations of all countries”.

The main concern was the economic impact of NCDs, as emphasized in the introduction speech at the Assembly: “the scourge of non-communicable diseases is far more than an issue of public health. For much of the world, it is a fundamental development challenge that robs all States of their most productive workers, consigns families to poverty and imposes costs on States that often approach 7% of their gross domestic product (...) It is a cost that we can ill afford, particularly as developing countries continue to grapple with the fallout of the global economic crisis on our fragile economies”.



A/RES/64/265 Prevention and control of non-communicable diseases

Some selections from the resolution

The General Assembly,

Recognizing the enormous human suffering caused by non-communicable diseases, and the threat they pose to the economies of many Member States, leading to increasing inequalities between countries and populations, thereby threatening the achievement of the internationally agreed development goals, including the MDGs,

Noting the call to consider integrating indicators to monitor the magnitude, the trend and the socio-economic impact of non-communicable diseases into the Millennium Development Goals monitoring system,

1. *Decides* to convene a high-level meeting of the General Assembly in September 2011, with the participation of Heads of State and Government, on the prevention and control of non-communicable diseases;
2. *Also decides* to hold consultations on the scope, modalities, format and organization of the high-level meeting;
3. *Encourages* Member States to include in their discussions at the high-level plenary meeting of the sixty-fifth session of the General Assembly on the review of the Millennium Development Goals, to be held in September 2010, the rising incidence and the socio-economic impact of the high prevalence of non-communicable diseases worldwide;
4. *Requests* the Secretary-General to submit a report to the General Assembly at its sixty-fifth session, in collaboration with Member States, the World Health Organization and the relevant funds, programmes and specialized agencies of the United Nations system, on the global status of non-communicable diseases, with a particular focus on the developmental challenges faced by developing countries.



As requested by WHA resolution 60.23, the WHO Secretariat presented a [report](#) on the implementation of the Global Strategy on NCDs and its Action Plan, in which it gave an overview of actions undertaken by the Secretariat for each of the six objectives of the Action Plan. The major challenges in the implementation of the Action Plan highlighted in the report were: effective surveillance mechanisms, interventions to reduce risk factors and determinants supported by intersectoral action and health system strengthening. To meet these challenges would require “increased political commitment and prioritization by Member States to prevention of these diseases, and more resources for the development and implementation of national plans”.

In addition, the report noted that official development assistance to support low- and middle-income countries in building sustainable institutional capacity to tackle noncommunicable diseases remained insignificant.

Annexed to the Report was a [Set of Recommendations](#) on the Marketing of Foods and Non-alcoholic Beverages to Children. These recommendations were adopted in resolution [WHA63.14](#). The WHA asked to Secretariat to report on the implementation of the set of recommendations to the Sixty-fifth World Health Assembly through the Executive Board.

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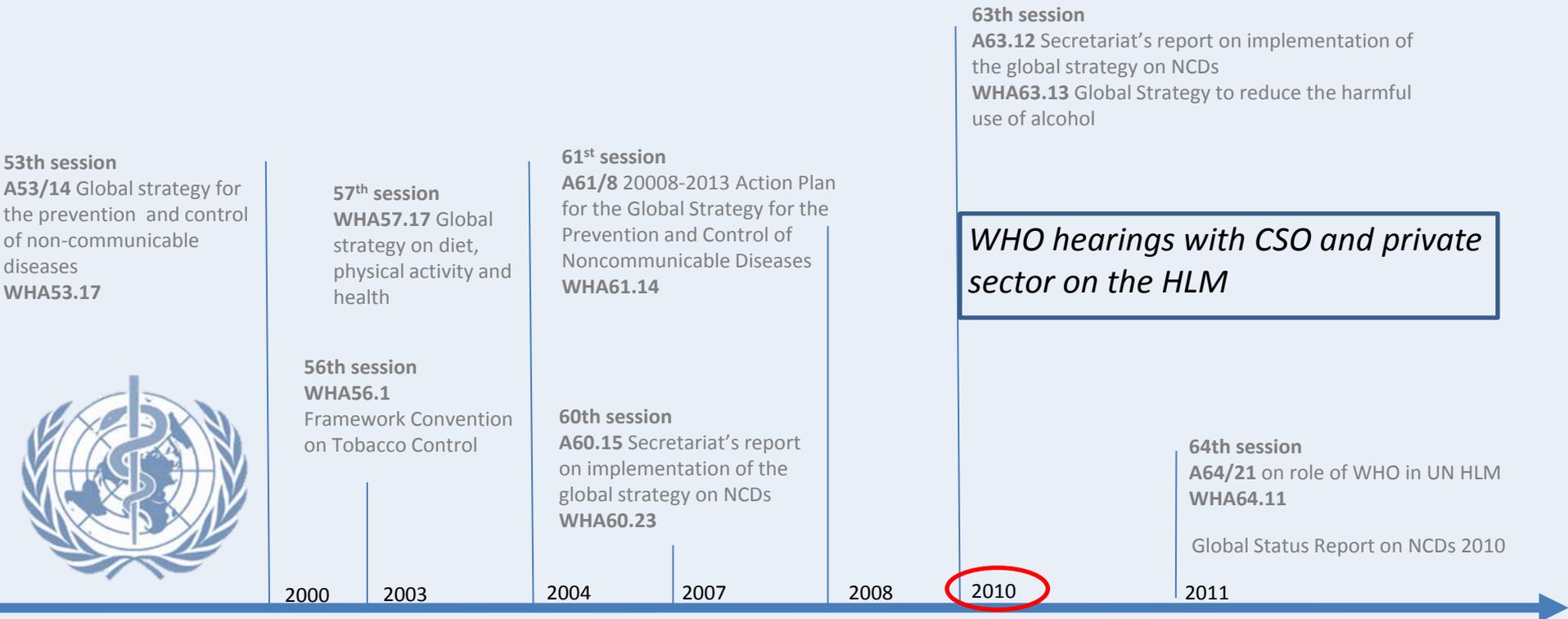
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In November 2010, WHO organised an [informal dialogue](#) with both Civil-Society Organisations and the Private Sector on the way forward to the High-level Meeting of the United Nations General Assembly on Non-communicable Diseases.

Thirty-seven NGOs participated in the dialogue, which consisted of two sessions: one on the Action Plan and one on the HLM. During the first session, NGOs commented on all of the six objectives of the Action Plan and made some further general suggestions.



WHO informal dialogue with CSO on the way forward to the HLM on NCDs

Session on the Action Plan 2008-2013

Objective 1 (raise priority and integrate across government departments)

- stronger recognition of the links between NCDs and the MDGs need to be made. NGOs could help raise awareness of the need to bridge the gap with Ministries of Foreign Affairs and Ministries of Finance
- need to engage the health, non-health and social sectors. More attention to upstream social policies is crucial. Food security and food systems were considered important too.

Objective 2 (strengthening of national policies and plans)

- importance of mainstreaming the prevention, treatment and care of NCDs into national plans for all sectors
- the provision of essential medicines and essential practices is crucial and policy options for greater access should be explored: "access to insulin for all", for example should be considered. NCD policies can learn from the experience of universal access to the prevention, treatment and care (including palliative care) for HIV/AIDS.
- importance of training all health professionals as part of strengthening the health system. Nurses in particular are a group that could play a more active role, as well as caregivers in the community.

Objective 3 (reduce the main shared modifiable risk factors)

- tackling the major risk factors (tobacco, alcohol, inactivity and unhealthy diets) are key interventions, but so too are improving the broader environment (e.g. better urban planning and healthier work setting). Need for a stronger linkage between the social determinants of health agenda and the health in all policies approach.
- concerning the food system: attention to the whole system (as opposed simply to "healthy diet") would result in more holistic approaches (food security, industry, agriculture, physical and policy environment, personal choice and behaviour) as a continuous whole. Similarly environmental and systems approaches to physical activity are needed with action across areas such as healthy urban planning and design, equitable access to active and sustainable transportation, healthy villages, cities and schools.



WHO informal dialogue with CSO on the way forward to the HLM on NCDs

Session on the Action Plan 2008-2013

Objective 4 (promote research)

- research at country level is a core component of NCD plans.
- the WHO consultation process on priorities for NCD research needs to be completed by the end of 2010 so the results can feed into the High Level Meeting preparatory process [*in 2008, about 200 leading researchers, representatives of international NGOs, donor agencies, and WHO collaborating centres were consulted on research priorities for NCDs. Out of the consultations emerged a series of reviews outlining multisectoral and transnational research that has special relevance to NCDs. A draft agenda for prioritized research was examined by a group of experts in October 2009 and was planned to be finalized in 2010*]

Objective 5 (partnerships)

- need for involvement of NGOs working in sectors such as education, human rights and agriculture. WHO should reach out even more to non-NCD NGOs (primary/community care, human rights, agriculture, literacy, poverty reduction, gender, education, workplace).
- WHO's work on health systems strengthening should promote integration of NCDs into health systems.

Objective 6 (monitor NCDs and their determinants and evaluate progress)

- importance of robust surveillance integrated into health information systems with monitoring and evaluation.

Additional comments:

- Some NGOs were concerned that mental health was not reflected in the Action Plan, but WHO explained the rationale for this (i.e. mental health has its own high profile Mental Health Global Action Programme (mhGAP))
- The importance of tackling inequalities and wider social determinants of health through disease prevention, risk reduction, disease management and palliative care (the so-called 'portfolio approach') was repeatedly highlighted.

- NGOs pointed out that insufficient attention has been placed to date on the needs of women and migrants and other 'neglected populations'. The importance of human rights in this context was stressed: **the Action Plan should be seen as a vehicle for social justice.**



WHO informal dialogue with CSO on the way forward to the HLM on NCDs

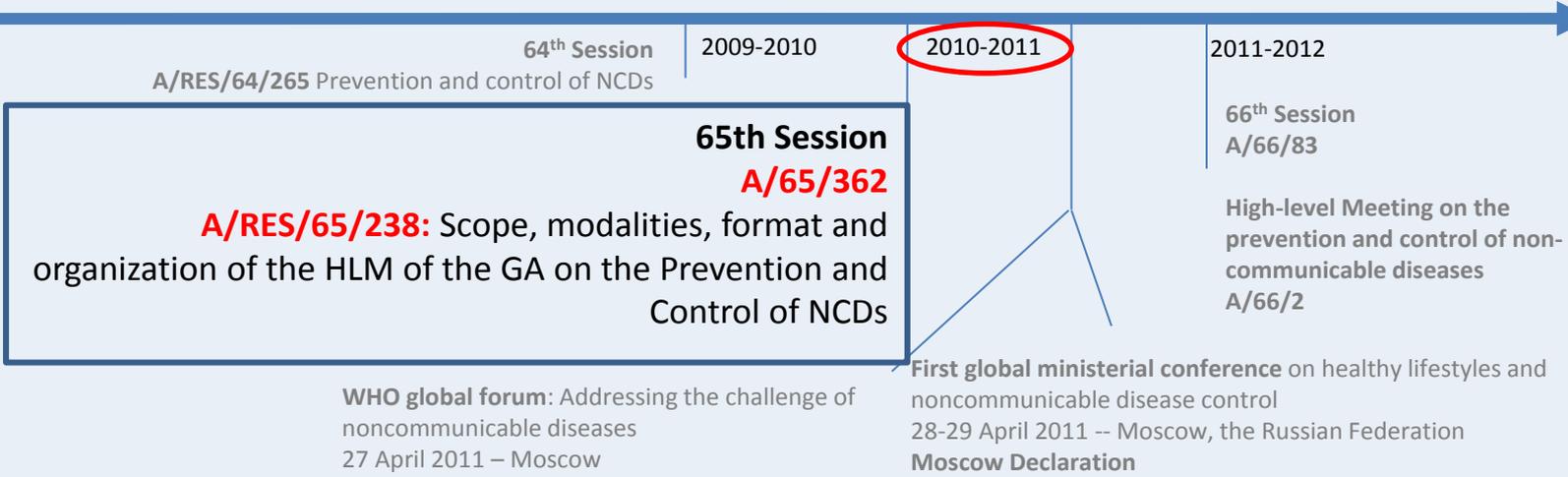
Session on the UN High-Level Meeting on NCDs

- NGOs should be involved throughout. Need for formal inclusion of NGOs in the preparatory meetings and the establishment of a civil society task force under the office of the UN General Assembly President, as was done at the 2006 and 2008 HIV/AIDS High-Level Meetings;
- Links should be sought with other global meetings (e.g. the 4th World High Level Forum on Aid Effectiveness in Korea or the Rio Global Conference on Social Determinants of Health);
- Need to create a small set of global goals, targets and indicators for NCDs is as a priority. The lessons from HIV indicate that measurable targets create accountability and spur action. Global targets need to be realistic, feasible, readily collected and have a clear price tag. In the future, NCDs need to be included in any post-MDG process;
- A key outcome of the HLM would be to promote a stronger funding base for action globally. This includes innovative sources of financing globally such as taxation on tobacco, and possible levy on currency transactions. At international level, it includes the integration of NCDs in overseas development assistance programmes. NCDs could also be included in existing global funds and initiatives. No desire however to see a new agency dedicated to NCDs. At national level tobacco and alcohol taxes can be used to fund health promotion and disease prevention;
- Importance of a health-systems approach;
- Need for an outcomes statement at the end of the HLM that describes action for governments, the UN, civil society and other stakeholders and a robust reporting mechanism. The HLM should conclude that governments should be accountable and measured on NCD plans, that the Framework Convention on Tobacco Control should be fully implemented by all countries, and that Member States should give a commitment to prevent the preventable, and implement globally agreed approaches to NCD treatment and care. Resources should be made available to deliver global NCD interventions and NCDs should be included in the successor goals to the MDGs, and if possible be included in the MDGs now.



Despite requests by Member States to include NCDs in the MDGs, the [outcome document of the MDG summit](#) in September 2010 only mentions that members of the GA will commit themselves to “undertaking concerted action and a coordinated response at the national, regional and global levels in order to adequately address the developmental and other challenges posed by non-communicable diseases, namely cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, working towards a successful high-level meeting of the General Assembly in 2011” and to “strengthening the effectiveness of health systems and proven interventions to address evolving health challenges such as the increased incidence of noncommunicable diseases”.

The UN General Assembly adopted [resolution 65/238](#) on the scope, modalities, format and organization of the HLM at its 65th session, after taking note of the [Report](#) by the UN Secretary General on the global status of NCDs (A/65/362). In his report the SG noted that “the major challenges to prevention initiatives include the need to monitor NCDs and their socio-economic and political determinants, the need to establish effective intersectoral action by ensuring the accountability of non-health sectors in terms of their policies and decisions that influence health, and to ensure access to essential health care by strengthening health systems and universal coverage of essential health interventions with special emphasis on poor and marginalized populations. The prevention of non-communicable diseases has to be fully integrated into the priorities of the global and national development agendas, including through poverty reduction initiatives”.



A/RES/65/238: Scope, modalities, format and organization of the HLM on NCDs

Some selections from the resolution

The General Assembly,

Decides that the High-level Meeting shall 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,

Decides that the organizational arrangements of the High-level Meeting and the round tables shall be as follows:

- (a) Formal plenary meetings
- (b) Three round tables, addressing the following themes: the rising incidence, developmental and other challenges and the social and economic impact of non-communicable diseases and their risk factors; Strengthening national capacities, as well as appropriate policies, to address prevention and control of non-communicable diseases; Fostering international cooperation, as well as coordination, to address NCDs,

Encourages Member States to consider, as appropriate and where relevant, including in their national delegations to the High-level Meeting parliamentarians, representatives of civil society, including NGOs, academia and networks working on the control and prevention of NCDs,

Decides that the High-level Meeting shall result in a concise action-oriented outcome document, and requests the President of the General Assembly to produce a draft text,

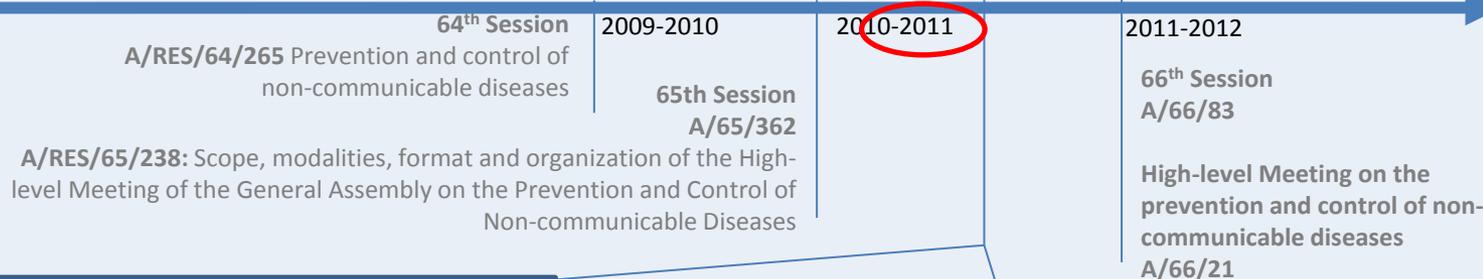
Invites the World Health Organization to continue to hold regional multisectoral consultations, as appropriate,

Requests the President of the General Assembly to organize an informal interactive hearing with non-governmental organizations, civil society organizations, the private sector and academia to provide an input to the preparatory process for the High-level Meeting.



In April 2011, WHO and the Russian Federation jointly organized the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control. It aimed to support Member States to develop and strengthen policies and programmes on healthy lifestyle and NCD prevention; based on the Global Strategy and its Action Plan with a focus on multisectoral and innovative approaches in prevention and care. Again, highlighting the socioeconomic impact of NCDs was one of the main goals, as well as to review international experience and to provide best evidence. The Ministerial Conference resulted in the adoption of the [Moscow Declaration](#).

Capitalizing on the opportunity presented by the Ministerial Conference, WHO decided to convene a “multi-stakeholder [forum](#)” the day before the conference. In contrast to previous consultations and dialogues convened by WHO on noncommunicable diseases, the Forum “brought together the different stakeholders in a format that allowed for discussion and interaction rather than a two way dialogue between WHO and individual stakeholder groups”. The intention was to create an opportunity for the different groups to listen and respond to each other to allow WHO to canvass a wider and richer range of views to inform its work on noncommunicable diseases.



WHO global forum: Addressing the challenge of noncommunicable diseases
27 April 2011 – Moscow

First global ministerial conference on healthy lifestyles and noncommunicable disease control
28-29 April 2011 -- Moscow, the Russian Federation
Moscow Declaration

WHO Global Forum on NCDs

Brought together participants from CSOs, NGOs, faith-based organizations, patient and consumer organizations, private sector representative organizations, food and non-alcoholic beverage and alcoholic beverage representative organizations, WHO Collaborating Centres, researchers and research bodies, academia and Member States.

The discussions were framed around three key issues:

- the key **challenges** for NCD prevention and control,
- the desired **outcomes** of the Moscow Ministerial Conference and the September High Level Meeting
- the **commitments/priorities** necessary to accelerate progress in addressing NCDs.

Dr. Chan in her opening remarks stressed that “the policies that promote unhealthy lifestyles throughout entire populations are made in domains beyond the direct control of health. For many decades, public health has stressed the need for collaboration with other sectors, especially for prevention. For a very long time, these were friendly sectors, almost sister sectors, like education, the environment, water supply, sanitation, and a secure and safe food supply. **Today, many of the threats to health that contribute to noncommunicable diseases come from corporations that are big, rich and powerful, driven by commercial interests, and far less friendly to health**”.

She added: “Here is a question I would like to ask the food and beverage industries. Does it really serve your interests to produce, market, globally distribute, and aggressively advertise, especially to children, products that damage the health of your customers?”

She noted to “strongly believe that the rise of chronic diseases calls for some serious thinking about **what the world really means by progress**. What is the net gain if the benefits of modernization and economic growth are cancelled out by the costs, like medical bills, lost productivity, and premature death, of a preventable disease? Rest assured, in this day and age, ever more sophisticated and costly medicines, devices, and technologies will not be able to save the situation. They will not avert an impending disaster. Only smart, farsighted policies can do this.”



WHO Global Forum on NCDs: outcomes

Health systems strengthening, with a focus on integration and community-based primary health care.

There was wide agreement on the need to shift the balance to primary and community care. Access to affordable medicines, diagnostic tools and services in low income countries was identified as a major challenge. Participants called for extending education about NCD prevention to lay people, as they could do much of the work now provided by trained health-professionals. Moreover, educating the public is essential because governments are spurred to action when communities advocate for change. Researchers and academia stressed the need for context-specific implementation research in order to effectively integrate science into policy action. Some concerns were raised regarding the unclear boundaries of noncommunicable diseases; risk factors for some NCDs are in fact infectious in nature. The strong links between mental health disorders, including substance use disorders, and other NCDs was emphasized. Participants asked for more 'normative clarity' around the relationships with communicable diseases and the required health systems response. It was deemed important not to set different conditions in competition, and to use a holistic approach that caters to the needs of people who often have both communicable and noncommunicable diseases simultaneously.

Financing

Insufficient funding and resources was identified as one of the main challenges. Governments were urged to fully commit to the NCD agenda and commit the necessary resources. Funding will require political leadership that goes beyond ministers of health, and innovative financing mechanism will be needed, as well as full implementation of the agreed 'best buys', e.g. raising taxes on tobacco and alcohol.



WHO Global Forum on NCDs: outcomes

Role of the private sector

Participants agreed that the corporate sector has an important role to play in the global response to NCDs and should work closely with governments to support NCD prevention and control by reformulating their products, ensuring responsible marketing, and helping to make essential medicines and technologies more accessible. However, there were differing views on whether the benefits of public-private partnerships outweigh the potential risks. It was noted that the private sector will need to work hard to earn trust. Industry needs to be clearer on exactly what they are prepared to do and whether these actions will in fact contribute to achieving international and national policy objectives. Differing views were held on how and when the private sector should be engaged, as well as the appropriate balance between voluntary selfregulation and government regulation. Enforcement mechanisms were identified as a specific area that needs strengthening. An important next step would be for greater transparency on food industry commitments and accountability mechanisms that include clear targets and timelines

Clear targets to ensure accountability

There was wide consensus that whatever outcomes are agreed at the UN high-level meeting on NCDs, it would be of utmost importance that these outcomes are measured and monitored. This will require agreed time-based indicators; targets for NCD prevention and control and a clear accountability framework.

Finally, the point was made that, **for youth, NCDs are the social justice challenge of their generation** much as HIV/AIDS was for the previous one. Thinking about NCDs as an epidemic, as happened with HIV/AIDS, was seen as important, as it emphasizes the reversibility of the problem.



First global ministerial conference on healthy lifestyles and NCDs control

A great part of the discussion at the Ministerial Meeting was becoming a familiar story; on the impact of NCDs, the challenges they pose to development, the need for a multisectoral response, adequate funding, community-based primary health care interventions, access to affordable medicines and technology, clear monitoring and an accountability framework and so on.

However, one part of the discussion centred on the challenges faced to raise the importance of NCDs in the development agenda at the High-level meeting in September at the UN Headquarters. It was recognized that the HLM will be held at the level of Heads of State and will thus mainly involve diplomats and development experts. These officials use a different language than Health Ministries and public health officials, necessitating the message to be adapted to present the strongest possible case for international action.

The following points were stressed:

- Need to speak to non-health Ministries in their language; show them how our goal of a healthier future will help them achieve their goals as well
- Need to overcome the idea that it is a “zero-sum” game. Investing in NCD prevention and control does not mean investing less in other health and development issues such as infectious diseases. There are ample opportunities to strengthen synergies
- As it is a UN General Assembly meeting, there will be a focus on development and whole-of-government approaches. Are we prepared for the debates on globalization, trade and urbanization, which are drivers of epidemiologic transition?
- We must propose clear and measurable actions that make sense in a UN setting. What would be appropriate global targets and indicators? Is it feasible to integrate these indicators into the MDG monitoring system?
- This is a valuable and unique opportunity to get NCD onto the agenda of other UN agencies. Have we sufficiently prepared arguments for NCD to go public and become a development issue in a much broader sense? It will be important to identify synergies and links with other agencies
- Above all, we must concentrate on obtaining long-term commitments from Heads of State to promote continuity in the implementation of policies to tackle NCDs. While raising awareness of NCD issues is obviously essential, follow-through is equally important.



At the 64th session of the World Health Assembly, the Secretariat informed Member States of the role played by WHO in the many regional meetings, consultations and the moscow conference; as part of the preparations for the UN HLM ([A64/21](#)).

The Assembly adopted resolution [WHA64.11](#), in which it endorsed the Moscow Declaration and requested the SG (a) to report to the Sixty-fifth World Health Assembly, through the Executive Board, on the outcomes of the first Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control and the high-level meeting, and (b) to develop, together with relevant United Nations agencies and entities, an implementation and follow-up plan for the outcomes, including its financial implications, for submission to the Sixty-sixth World Health Assembly, through the Executive Board.

60th session

A60.15 Secretariat's report on implementation of the global strategy on NCDs

WHA60.23 Prevention and control of noncommunicable diseases:
implementation of the global strategy

53th session

A53/14 Global strategy for the prevention and control of non-communicable diseases

WHA53.17

56th session

WHA56.1

Framework Convention on Tobacco Control

57th session

WHA57.17 Global strategy on diet, physical activity and health

61st session

A61/8 2008-2013 Action Plan

WHA61.14

64th session

A64/21 on role of WHO in UN HLM
WHA64.11

Global Status Report on NCDs

63th session

A63.12 Secretariat's report on implementation of the global strategy on NCDs

WHA63.13 Global Strategy to reduce the harmful use of alcohol

2000

2003

2004

2007

2008

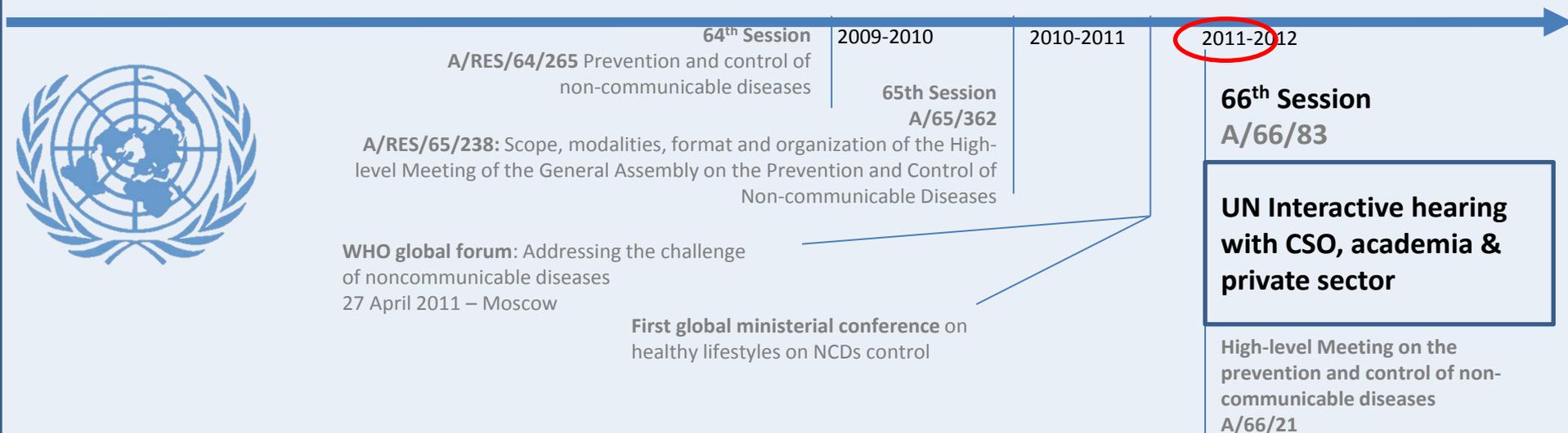
2010

2011



To guide interaction with civil society, the President of the UN General Assembly set up a Civil Society Task Force with several members from civil society (including the World Economic Forum) experienced in noncommunicable diseases. As requested by GA resolution an [informal interactive civil society hearing](#) was organised by the UN to provide an input to the preparatory process of the HLM. An online consultation was undertaken prior to the interactive hearing, to canvass the views of those unable to attend the hearing in person.

The hearing consisted of opening and closing sessions, and three sequential informal interactive roundtables on: the scale of the challenge; national and local solutions ; and what is needed to enhance global cooperation?



UN interactive hearing with NGOs, CSO, academia and the private sector

Integration

The most important message coming out of the hearing was that NCD prevention and control should not be seen as competing with other development and health priorities; and that solutions must be integrated into existing initiatives, with regards to both the global development agenda and the health systems response.

Integrating NCDs into existing initiatives and looking for synergies could leverage the lack of funding: “reducing donor 'silos' will help to ensure that health development occurs in a much more integrated way that will benefit NCDs as well as other priority areas. There is a need to expand the donor base, and opportunities to do so through linking with other related issues such as climate change”.

Many speakers highlighted the great potential for synergy with existing health development priorities, improving health systems for all conditions regardless of their origin. A holistic (‘horizontal’ or ‘diagonal’) approach is required that addresses the needs of people and doesn't treat diseases in isolation. This was seen as one of the main learnings from HIV/AIDS. In this sense, it was noted that other non-communicable conditions such as mental health and substance abuse and oral health disorders should be considered in the health system response to NCDs.

Equity

It was pointed out that many individuals and families are tipped into poverty by chronic conditions; making NCDs also a social justice issue. Universal social insurance schemes are an essential part of health systems strengthening to reduce the potential for 'catastrophic' expenditure . Many speakers emphasized that access to high-quality and affordable essential medicines and technologies for prevention and treatment of NCDs is critical.



UN interactive hearing with NGOs, CSO, academia and the private sector

'Health in all policies'

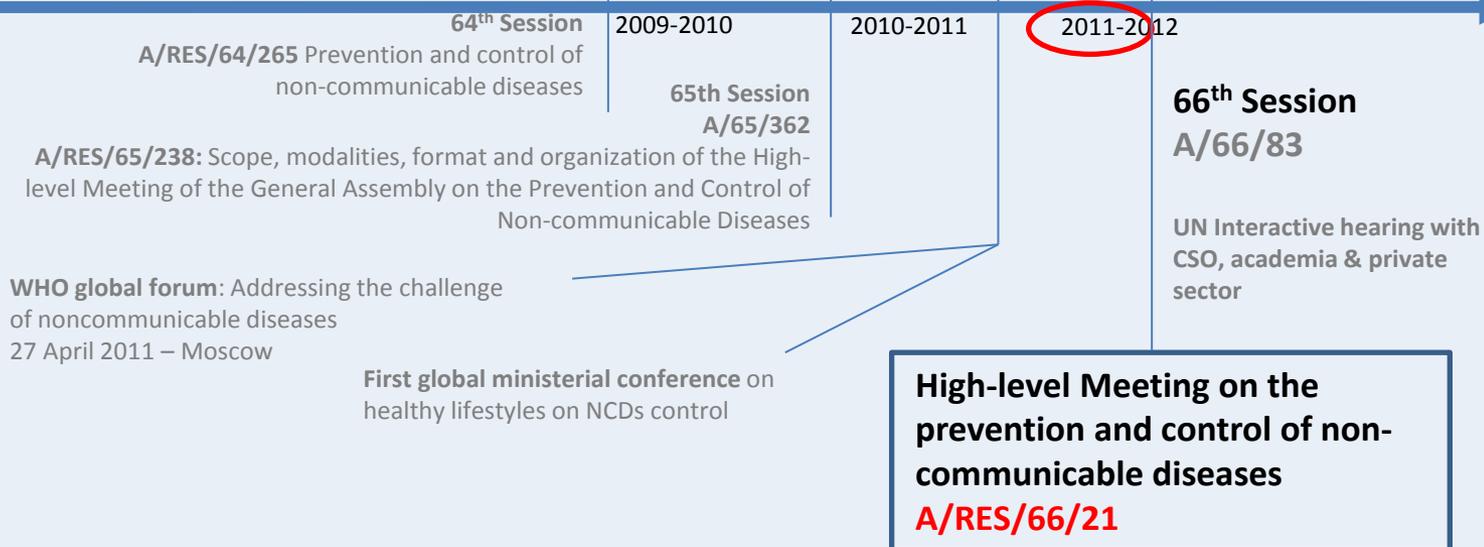
“There is a fundamental right to good health that is being undermined by the globalization of NCD risk factors and an insufficient action to date. Thus, a human rights-based approach to NCD prevention and control is warranted. The global response to NCDs needs to address the developmental and political aspects of the drivers of the main NCDs, and this will require collective action”. The leadership role of governments was highlighted, which should include committing to 'health in all policies'. It was repeatedly emphasized that all key stakeholders need to be involved in the response, but it was noted that clarity of roles is essential to ensure that potential conflicts of interest are appropriately managed and it was proposed that frameworks be developed to assist countries to do so. Speakers noted that governments need to set the pace for change and utilize their power to ensure appropriate regulation to achieve public health goals. Children and the public should be protected from commercial marketing that encourages unhealthy actions.

Accountability

The outcome document for the High-level Meeting must have clear objectives and measurable indicators, supported by a monitoring and evaluation function, to support national accountability for scaling up NCD prevention and control. Civil society organizations should play a role in independently monitoring and reporting on progress.



Finally, after a long preparatory process, the UN General Assembly High-Level Meeting on the prevention and control of Non-Communicable Diseases took place in New York from 19-20 September 2011. It was the second time in the history of the United Nations that the General Assembly had a meeting at the level of heads of State and Government to discuss an emerging health issue with a major socio-economic impact (the first one was on HIV/AIDS). The draft [political declaration](#) was unanimously adopted at the plenary meeting (A/RES/66/21), which was followed by a general debate and three round table sessions on: (1) the rising incidence, developmental and other challenges and the social and economic impact of non-communicable diseases and their risk factors; (2) strengthening national capacities, as well as appropriate policies, to address prevention and control of non-communicable diseases; and (3) fostering international cooperation, as well as coordination, to address non-communicable diseases.



A/RES/66/21 UN HLM on NCDs – Political Declaration

Some important aspects of the resolution:

Acknowledges that the global burden and threat of NCDs constitutes one of the major challenges for development in the 21st century, undermining social and economic development throughout the world, and threatening the achievement of internationally agreed development goals. Recognizes the urgent need for greater measures at 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;

Notes with concern the growing double burden of disease, and the importance of addressing the full range of other non-communicable diseases besides the four most prominent ones, including mental and neurological disorders, renal, oral and eye diseases.

Notes with great concern the vicious cycle between NCDs and poverty; and the disproportionate affection of poor and vulnerable population groups. Acknowledges 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. Recognizes the critical importance of strengthening health systems, including social protection systems. Calls to integrate, as appropriate, responses for HIV/AIDS and non-communicable diseases.

Expresses 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. Encourages 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.



A/RES/66/21 UN HLM on NCDs – Political Declaration

Acknowledges the primacy of prevention and the need to put forward a multisectoral approach for health at all government levels, including, as appropriate, health in all policies and whole-of-government approaches, to address non-communicable disease risk factors and underlying determinants of health comprehensively and decisively.

Encourages 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. Encourages to promote, establish or support and strengthen, *by 2013*, as appropriate, multisectoral national policies and plans for the prevention and control of non-communicable diseases; with special attention to strengthening of primary health care, increased budget allocation, gender-based approaches informed by disaggregated data, the rights of indigenous peoples, full and active participation of all stakeholders, the development of a skilled health workforce, the use of information systems and the achievement of universal coverage through PHC and social protection mechanisms.

Encourages to promote access to comprehensive and cost-effective prevention, treatment and care for the integrated management of NCDs, 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.

Calls for the fulfilment of all official development assistance-related commitments and encourages the continued inclusion of NCDs in development cooperation agendas and initiatives. Encourages to enhance the quality of aid (country ownership, alignment, harmonization, predictability, mutual accountability & transparency and results-orientation) and the engagement of non-health actors and key stakeholders, including the private sector as appropriate.



A/RES/66/21 UN HLM on NCDs – Political Declaration

Calls upon WHO, with the full participation of Member States, 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 NCDs.

Calls upon WHO, in collaboration with Member States through the governing bodies of WHO, to prepare recommendations for a set of voluntary global targets for the prevention and control of NCDs, before the end of 2012.

Requests the Secretary-General, in close collaboration with the Director-General of WHO, and in consultations 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, options for strengthening and facilitating multisectoral action for the prevention and control of non-communicable diseases through effective partnership;
- present to the General Assembly at the 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.



For a more detailed analysis of the international response to non-communicable diseases and to see how the HLM will be followed up, please consult the WHO Watch website of the People's Health Movement:



<http://www.ghwatch.org/who-watch/topics/ncd>