
Follow-up to the 2014 high-level meeting of the United Nations General Assembly to undertake a comprehensive review and assessment of the progress achieved in the prevention and control of noncommunicable diseases

Report by the Director-General

1. The Executive Board at its 136th session noted an earlier version of this report¹ and decided to request the Director-General to publish a technical note in the coming months on how the Director-General will report in 2017 to the United Nations General Assembly on the national commitments included in the 2014 outcome document² and the 2011 Political Declaration,³ using existing survey tools and taking into account existing indicators at the global and regional levels.⁴ The version of the report below has been updated to provide an account of the latest developments and expected next steps, as follows: (i) paragraphs 18–26 were updated taking into account timelines and pursuant to decision EB136(13); and (ii) a new annex (Annex 3) was added, taking into account the fact that the Board at its 136th session considered an earlier version of its content, which appeared in document EB136/11 Add.1.⁵

THE HIGH-LEVEL MEETING IN 2014

2. Representatives of 63 Member States attended the high-level meeting of the United Nations General Assembly to undertake a comprehensive review and assessment of the progress achieved in the prevention and control of noncommunicable diseases (New York, 10 and 11 July 2014), with the participation of ministers and representatives of governments. Pursuant to United Nations General Assembly resolution 68/271 on the scope and modalities of the comprehensive review and assessment of the progress achieved in the prevention and control of noncommunicable diseases, the aim of the

¹ Document EB136/11; see the summary record of the 136th session of the Executive Board, twelfth meeting, section 2, thirteenth meeting, and fourteenth meeting, section 6.

² See Annex 1 to this present report.

³ Adopted by the United Nations General Assembly in resolution 66/2 (2011).

⁴ Decision EB136(13).

⁵ See the summary record of the 136th session of the Executive Board, twelfth meeting, section 2, thirteenth meeting, and fourteenth meeting, section 6.

high-level meeting was to take stock of the progress made in implementing the commitments made by Heads of State and Governments, which were set out in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (hereafter called the Political Declaration).¹ The high-level meeting also aimed to identify and address gaps and reaffirm the political commitment in response to the challenges of noncommunicable diseases.

3. The outcome document of the 2014 high-level meeting (hereafter called the outcome document),² adopted by the United Nations General Assembly in resolution 68/300, sets out continued and increased efforts that are essential in order to realize the road map of commitments included in the Political Declaration. Paragraph 30 includes a number of time-bound measures to be implemented by Member States by 2015 and 2016. The United Nations Secretary-General and the Director-General will submit a report on progress to the United Nations General Assembly in 2017, which will serve as input to a third high-level meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases, in 2018.

4. The present report responds to the Health Assembly's agreement, in May 2014, to request the Director-General to report to the Sixty-eighth World Health Assembly on the role of WHO in the follow-up to the high-level meeting in 2014.³

OUTCOMES OF THE HIGH-LEVEL MEETING IN 2014

Context

5. The Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases, adopted in September 2011 by Heads of State and Government,⁴ included a road map of concrete commitments, with a time-bound commitment to promote, establish or support and strengthen, by 2013, as appropriate, multisectoral national policies and plans for the prevention and control of noncommunicable diseases. The Political Declaration also requested WHO to complete several global assignments that translate the vision rooted in the landmark global strategy for the prevention and control of noncommunicable diseases⁵ and the road map of commitments contained in the Political Declaration into practical guidelines and actions to support Member States in their national efforts. The Political Declaration also called for a comprehensive review and assessment in 2014 of the progress achieved in the prevention and control of noncommunicable diseases.

¹ Adopted by the United Nations General Assembly in resolution 66/2 (2011).

² See Annex 1.

³ See document WHA67/2014/REC/3, summary record of seventh meeting of Committee A of the Sixty-seventh World Health Assembly, section 2.

⁴ United Nations General Assembly resolution 66/2.

⁵ Resolution WHA53.17.

National commitments

6. The outcome document of the 2014 high-level meeting recognized the remarkable progress achieved at the national level since September 2011, including an increase in the number of countries that had an operational national noncommunicable disease policy with a budget for implementation, from 32% of countries in 2010 to 50% of countries in 2013.

7. Recognizing also that progress in the prevention and control of noncommunicable diseases has been insufficient and highly uneven, and that continued and increased efforts are essential, in paragraph 30 of the outcome document ministers committed themselves to prioritize a set of measures in four priority areas: governance, prevention and reduction of risk factors, health care and surveillance. In particular, the outcome document includes, *inter alia*, four time-bound measures, which ministers have committed themselves to prioritize by 2015 and 2016:

- by 2015, consider setting national targets for 2025 and process indicators based on national situations, taking into account the nine voluntary global targets for noncommunicable diseases;¹
- by 2015, consider developing or strengthening national multisectoral policies and plans to achieve the national targets by 2025, taking into account the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020;²
- by 2016, as appropriate, reduce risk factors for noncommunicable diseases and underlying social determinants through the implementation of interventions and policy options to create health-promoting environments, building on guidance set out in Appendix 3 to the global action plan;³
- by 2016, as appropriate, strengthen and orient health systems to address the prevention and control of noncommunicable diseases and underlying social determinants through people-centred primary health care and universal health coverage throughout the life cycle, building on guidance set out in Appendix 3 to the global action plan.⁴

International commitments

8. In relation to the global assignments given to WHO in the Political Declaration, the outcome document welcomed:

- the adoption by the Sixty-sixth World Health Assembly of the comprehensive global monitoring framework, including the set of nine voluntary global targets for achievement

¹ In accordance with the commitment from Ministers and representatives of States and Governments and heads of delegations included in paragraph 30(a)(i) of United Nations General Assembly resolution 68/300.

² In accordance with the commitment from Ministers and representatives of States and Governments and heads of delegations included in paragraph 30(a)(ii) of United Nations General Assembly resolution 68/300.

³ In accordance with the commitment from Ministers and representatives of States and Governments and heads of delegations included in paragraph 30(b) of United Nations General Assembly resolution 68/300.

⁴ In accordance with the commitment from Ministers and representatives of States and Governments and heads of delegations included in paragraph 30(c) of United Nations General Assembly resolution 68/300.

by 2025 and a set of 25 indicators to be applied across regional and country settings in order to monitor trends and assess progress made in the implementation of national strategies and plans on noncommunicable diseases;¹

- the endorsement by the Sixty-sixth World Health Assembly of the global action plan for the prevention and control of noncommunicable diseases 2013–2020² and the approval by the Sixty-seventh World Health Assembly of the nine indicators to inform reporting on progress made in implementing the global action plan;³
- the establishment of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases and the endorsement of its terms of reference by the United Nations Economic and Social Council on 13 June 2014;⁴
- the agreement by the Sixty-seventh World Health Assembly to endorse the terms of reference of the global coordination mechanism on the prevention and control of noncommunicable diseases and to note its work plan covering the period 2014–2015.⁵

9. Recognizing the need to continue to strengthen international cooperation in the prevention and control of noncommunicable diseases, ministers committed themselves in the outcome document to invite the OECD's Development Assistance Committee to consider developing a purpose code for noncommunicable diseases in order to improve tracking of official development assistance in support of national efforts for the prevention and control of noncommunicable diseases.⁶

10. With a view to strengthening the contributions from non-State actors to realize the commitments included in the Political Declaration, ministers requested the Secretariat, in consultation with Member States, to develop, before the end of 2015, an approach that can be used to register and publish contributions of the private sector, philanthropic entities and civil society to the achievement of the nine voluntary targets for the prevention and control of noncommunicable diseases.⁷

11. In preparation for a comprehensive review by the United Nations General Assembly in 2018 of the progress achieved in the prevention and control of noncommunicable diseases, ministers requested the United Nations Secretary-General, in collaboration with Member States, WHO and relevant organizations of the United Nations system, to submit to the United Nations General Assembly, by the

¹ See resolution WHA66.10.

² In accordance with the commitment from Ministers and representatives of States and Governments and heads of delegations included in paragraph 30(c) of United Nations General Assembly resolution 68/300.

³ See document WHA67/2014/REC/3, summary record of seventh meeting of Committee A of the Sixty-seventh World Health Assembly, section 2.

⁴ See United Nations Economic and Social Council resolutions E/RES/2013/12 and E/RES/2014/10.

⁵ Endorsed by the Sixty-seventh World Health Assembly (see document WHA67/2014/REC/3, summary record of seventh meeting of Committee A of the Sixty-seventh World Health Assembly, section 2).

⁶ In accordance with the commitment from Ministers and representatives of States and Governments and heads of delegations included in paragraph 33 of United Nations General Assembly resolution 68/300.

⁷ In accordance with paragraph 37 of United Nations General Assembly resolution 68/300.

end of 2017, a report on the progress achieved in implementing the Political Declaration and the outcome document.¹

GAPS NOT DEALT WITH BY THE HIGH-LEVEL MEETING IN 2014

12. The need to develop a set of process indicators, capable of application across country settings, to assess the progress made in the implementation of the road map of commitments included in the Political Declaration was the subject of intense discussions by Member States during the preparatory process leading towards the high-level meeting in 2014.

13. One view held that the development of such a set of process indicators would enable the United Nations Secretary-General and the Director-General to inform their reporting in 2017 to the United Nations General Assembly on the progress made in the process of implementing the Political Declaration. The indicators to inform reporting on progress made in the process of implementing the Political Declaration at national level, which the Regional Committee for the Eastern Mediterranean adopted in October 2012,² were cited as an example.

14. Another view considered that the nine indicators to inform reporting on the progress made in the process of implementing the global action plan for the prevention and control of noncommunicable diseases 2013–2020³ and/or the 25 outcome indicators to measure progress achieved in attaining the nine voluntary global targets⁴ would inform reporting on the progress made to the United Nations General Assembly in 2017.

15. The absence of consensus among all Member States on this issue resulted in an outcome document that lacks guidance on how the Director-General should report to the United Nations General Assembly in 2017 on the progress achieved in implementing the Political Declaration and the outcome document.

WHO'S Role in the follow-up to the high-level meeting in 2014

16. **Technical assistance provided by the Secretariat to Member States.** In order to provide technical guidance to Member States in their efforts to implement the measures set out in paragraph 30 of the outcome document, the Secretariat will publish a series of policy briefs during 2015 on each measure. These policy briefs will also serve as input to a first global conference of national noncommunicable disease focal points, which the Secretariat will convene towards the end of 2015. An electronic learning platform for policy-makers will be launched towards the end of 2015. To continue to strengthen WHO's efforts to build national capacities to tackle the high-level noncommunicable disease issues related to governance, the prevention and reduction of risk factors, health care and surveillance, the Secretariat will aim to build, within existing resources, a new model to expand its technical assistance to Member States, building on lessons learnt from projects implemented using voluntary contributions from the Russian Federation, the Bill & Melinda Gates

¹ In accordance with paragraph 38 of United Nations General Assembly resolution 68/300.

² See resolution EM/RC59/R.2.

³ Endorsed by the Sixty-seventh World Health Assembly (see document WHA67/2014/REC/3, summary record of seventh meeting of Committee A of the Sixty-seventh World Health Assembly, section 2).

⁴ See resolution WHA66.10.

Foundation, and Bloomberg Philanthropies. The “One-WHO Noncommunicable Disease Work Plan” (method of work), currently under development, will ensure synergies and alignment of activities across the three levels of the Organization in 2015 and beyond.

17. Technical assistance provided by the Members of the United Nations Inter-Agency Task Force on the Prevention and Control of Noncommunicable Diseases to Member States. Pursuant to paragraph 9 of United Nations General Assembly resolution 68/300, and in accordance with paragraph 2 of United Nations Economic and Social Council resolution 2013/12, as well as a follow-up to United Nations Economic and Social Council resolution 2014/10, the Secretariat plans to continue and strengthen its leadership and coordination role in promoting global action against noncommunicable diseases in relation to the work of other relevant organizations of the United Nations system, development banks and other international organizations in tackling noncommunicable diseases in a coordinated manner. To support Member States in their commitment to integrate measures to address noncommunicable diseases into the design process and implementation of the United Nations Development Assistance Framework,¹ WHO and UNDP published a guidance note in March 2015.² To support governments in their national efforts to tackle noncommunicable diseases, the Members of the Inter-Agency Task Force will continue to field six joint technical assistance missions in 2015, building on the outcomes of three missions carried out in 2014. To support national efforts in using mobile technologies to tackle noncommunicable diseases, the Secretariat will aim to expand the technical assistance provided under the ITU/WHO Global Joint Programme on mHealth and noncommunicable diseases, entitled “Be he@lthy, be mobile”.³ Efforts are under way to start implementing similar global joint programmes with other organizations of the United Nations system in 2015.

18. Facilitation and enhancement of coordination of activities, multistakeholder engagement and action across sectors. Pursuant to paragraph 11 of United Nations General Assembly resolution 68/300 and in accordance with the agreement of the Sixty-seventh World Health Assembly to endorse the terms of reference of the global coordination mechanism on the prevention and control of noncommunicable diseases,⁴ the Director-General established on 15 September 2014 a separate secretariat within the office of the Assistant Director-General for Noncommunicable Diseases and Mental Health to support the global coordination mechanism. In accordance with the work plan for that global coordination mechanism covering the period 2014–2015,⁵ which the Sixty-seventh World Health Assembly noted,⁴ during the fourth quarter of 2014 the secretariat for the global coordination mechanism established two Working Groups to recommend ways and means of encouraging Member States and non-State actors to realize the commitments included in paragraphs 44 and 45(d),

¹ In accordance with commitment from Ministers and representatives of States and Governments and heads of delegations included in paragraph 30(a)(v) of United Nations General Assembly resolution 68/300.

² WHO, UNDP. Guidance note on the integration of noncommunicable diseases into the United Nations Development Assistance Framework, 2015, available at <http://www.who.int/nmh/ncd-task-force/guidance-note.pdf?ua=1> (accessed 2 April 2015).

³ See http://www.itu.int/en/ITU-D/ICT-Applications/eHEALTH/Pages/Be_Healthy_intro.aspx (accessed 27 October 2014).

⁴ See document WHA67/2014/REC/3, summary record of seventh meeting of Committee A of the Sixty-seventh World Health Assembly, section 2.

⁵ Contained in document A67/14 Add.3 Rev.1.

respectively, of the Political Declaration.¹ Each Working Group met in February 2015 to start its work, taking into account that each Working Group's final report will be submitted to the Director-General towards the end of 2015. Work is under way to establish dialogues, web-based platforms and communities of practice during the first half of 2015. Pursuant to paragraph 15 of Appendix 1 to document A67/14 Add.1, the draft work plan for the global coordination mechanism covering the period 2016–2017 is submitted for consideration in Annex 3.

19. Development of an approach that can be used to register and publish contributions of non-State actors to the achievement of the nine voluntary global targets for the prevention and control of noncommunicable diseases. Pursuant to paragraph 37 of United Nations General Assembly resolution 68/300, the Secretariat will develop, before the end of 2015, in consultation with Member States, an approach that can be used to register and publish contributions of the private sector, philanthropic entities and civil society to the achievement of the nine voluntary targets for the prevention and control of noncommunicable diseases. To this end, towards the end of the second quarter of 2015 the Secretariat aims to publish a first discussion paper outlining a proposed approach for a web-based consultation, to be followed by the publication of a second discussion paper during the third quarter of 2015, which will serve as an input into a consultation with Member States during the fourth quarter of 2015 to complete the work.

20. Development of a Framework for Country Action to engage sectors beyond health. Pursuant to paragraph 10 of United Nations General Assembly resolution 68/300 and in accordance with subparagraph 3(1) of resolution WHA67.12, the Secretariat has prepared, for the consideration of the Sixty-eighth World Health Assembly, in consultation with Member States, organizations of the United Nations system and other international organizations, and within existing resources, a Framework for Country Action, for adaptation to different contexts, taking into account the Helsinki Statement on Health in All Policies. To this end, the Secretariat published on 29 October 2014 a first discussion paper outlining the proposed framework for country action for a web-based consultation until 31 December 2014.² The outputs of the web-based consultation served as an input into a second discussion paper which the Secretariat published on 16 February 2015 for a web-based consultation until 3 March 2015.³ A Technical Reference Group met on 5 and 6 March 2015 to support the Secretariat in its efforts to finalize the work on a final draft, which the Secretariat will submit to the Sixty-eighth World Health Assembly for consideration.

21. Updating the menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases to assist Member States in implementing actions to achieve the nine voluntary global targets. Pursuant to paragraphs 15, 24, 30(b) and 30(c) of United Nations General Assembly resolution 68/300, and in accordance with subparagraph 3(10) of resolution WHA66.10, the Secretariat is conducting a review of evidence in 2015 to propose an update of Appendix 3 to the global action plan for the prevention and control of noncommunicable diseases 2013–2020 in light of new scientific evidence, and to submit a proposed update of Appendix 3 to the Sixty-ninth World Health Assembly, in 2016, through the Executive Board. The review of evidence in 2015 will include systematic reviews, where appropriate.

¹ More information is available at <http://www.who.int/nmh/ncd-coordination-mechanism/en/> (accessed 2 April 2015).

² More information is available at <http://www.who.int/nmh/events/action-framework-step1/en/> (accessed 2 April 2015).

³ More information is available at <http://www.who.int/nmh/events/action-framework/en/> (accessed 2 April 2015).

22. **Updating the WHO global status reports on noncommunicable diseases.** Action 39(e) of the action plan for the global strategy for the prevention and control of noncommunicable diseases 2008–2013 and action 60(b) of the global action plan for 2013–2020 request the Secretariat to publish global status reports on the prevention and control of noncommunicable diseases in 2014, 2016 and 2021, describing trends in noncommunicable diseases and risk factors and countries' capacity to respond, and providing policy guidance for the prevention and control of noncommunicable diseases, similar to the first WHO global status report on noncommunicable diseases in 2010.¹ Accordingly, the second global status report was published recently 2015.² It includes data on mortality and risk factors in 2010, providing a global baseline against which progress will be measured towards attaining the nine voluntary global targets by 2025. It also sets out the latest statistics, evidence and experiences needed to support Member States in launching a forceful response to meet the time-bound commitments included in paragraph 30 of the outcome document.

23. **Reporting progress to the Health Assembly.** As requested in subparagraph 3(9) of resolution WHA66.10, the Secretariat will submit reports on progress made in implementing the global action plan for the prevention and control of noncommunicable diseases 2013–2020, through the Executive Board, to the Health Assembly in 2016, 2018 and 2021. In accordance with action 60(b) of the global action plan for the prevention and control of noncommunicable diseases 2013–2020, the Secretariat will conduct an independent evaluation of the implementation of the action plan in 2017 and 2020, and include its findings in these progress reports. The Secretariat will also submit reports on progress achieved in attaining the nine voluntary global targets in 2016, 2021 and 2026. These progress reports will include the outcomes of the WHO surveys to assess national capacity for the prevention and control of noncommunicable diseases, which will be conducted in 2015, 2017 and 2019.

24. **Reporting progress to the United Nations Economic and Social Council.** As requested in paragraph 3 of United Nations Economic and Social Council resolution 2014/10, the Secretariat will prepare a report for the United Nations Secretary-General on the implementation of United Nations Economic and Social Council resolution 2013/12, which the United Nations Secretary-General will submit for the consideration of the Economic and Social Council at its 2015 Coordination and Management Meeting (scheduled to be held in New York, 8–10 June 2015) under the provisional agenda item on “Coordination, programme and other questions”, sub-item “Prevention and control of non-communicable diseases”.

25. **Reporting progress to the United Nations General Assembly.** As requested in paragraph 38 of United Nations General Assembly resolution 68/300, the Secretariat will prepare a report, towards the end of 2017, on the progress achieved in the implementation of the outcome document and the Political Declaration, in collaboration with Member States and relevant organizations of the United Nations system. Pursuant to decision EB136(13), the Secretariat is currently completing its work on a technical note on that reporting, which will be published on the relevant pages of the WHO website³ in due time.

¹ Global status report on noncommunicable diseases 2010. Geneva: World Health Organization; 2010.

² Second global status report on noncommunicable diseases 2014. Geneva: World Health Organization; 2014, available at <http://www.who.int/nmh/publications/ncd-status-report-2014/en/> (accessed 2 April 2015).

³ www.who.int/ncd.

26. **Preparatory process for the third high-level meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases.** As part of the preparatory process for the third high-level meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases, and building on the successful outcomes of the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control (Moscow, 28 and 29 April 2011), which served as a key input for the preparations leading to the first high-level meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases,¹ the Secretariat is exploring the possibility of convening a second global ministerial conference on healthy lifestyles and noncommunicable disease control in 2016 or 2017.

27. A table summarizing the sequencing of reports and evaluations listed in paragraphs 16 to 26 of this report is set out in Annex 2.

ACTION BY THE HEALTH ASSEMBLY

28. The Health Assembly is invited to note this report, including the work plan for the global coordination mechanism on the prevention and control of noncommunicable diseases covering the period 2016–2017 (Annex 3).

¹ See resolution WHA64.11.

ANNEX 1

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

Resolution 68/300 adopted by the United Nations General Assembly on 10 July 2014.

The General Assembly

Adopts the following outcome document:

Outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases

We, Ministers and representatives of States and Governments and heads of delegations, assembled at the United Nations on 10 and 11 July 2014 to take stock of the progress made in implementing the commitments set out in the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, adopted by the General Assembly in its resolution 66/2 of 19 September 2011,

Intensifying our efforts towards a world free of the avoidable burden of non-communicable diseases

1. Reaffirm the political declaration, which has catalysed action and retains great potential for engendering sustainable improved health and human development outcomes;
2. Reaffirm our commitment to address the global burden and threat of non-communicable diseases, which constitute one of the major challenges for development in the twenty-first century, undermine social and economic development throughout the world, threaten the achievement of internationally agreed development goals and may lead to increasing inequalities within and between countries and populations;
3. Reiterate that the most prevalent non-communicable diseases, namely, cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, are primarily linked to four common risk factors, namely, tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity;
4. Reiterate our concern regarding the rising levels of obesity in different regions, particularly among children and youth;
5. Recognize that mental and neurological conditions are an important cause of morbidity and contribute to the global non-communicable disease burden, in respect of which there is a need to

provide equitable access to effective programmes and health-care interventions, as described in the comprehensive mental health action plan 2013–2020 of the World Health Organization;¹

6. Recall the Moscow Declaration, adopted at the first Global Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control, held in April 2011,² as well as all the regional initiatives undertaken on the prevention and control of non-communicable diseases, including the declaration of the Heads of State and Government of the Caribbean Community entitled “Uniting to stop the epidemic of chronic non-communicable diseases”, adopted in September 2007, the Libreville Declaration on Health and Environment in Africa, adopted in August 2008, the statement of the Commonwealth Heads of Government on action to combat non-communicable diseases, adopted in November 2009, the declaration of commitment of the Fifth Summit of the Americas, adopted in June 2009, the Parma Declaration on Environment and Health, adopted by the member States in the European region of the World Health Organization in March 2010, the Dubai Declaration on Diabetes and Chronic Non-communicable Diseases in the Middle East and Northern Africa Region, adopted in December 2010, the European Charter on Counteracting Obesity, adopted in November 2006, the Aruba Call for Action on Obesity of June 2011, and the Honiara Communiqué on addressing non-communicable disease challenges in the Pacific region, adopted in July 2011;

Taking stock: progress achieved since 2011

7. Welcome the development by the World Health Organization, in accordance with paragraph 61 of the political declaration, of the comprehensive global monitoring framework, including the set of 9 voluntary global targets for achievement by 2025 and a set of 25 indicators to be applied across regional and country settings in order to monitor trends and assess progress made in the implementation of national strategies and plans on non-communicable diseases, and the adoption of the framework by the World Health Assembly;

8. Also welcome the endorsement by the World Health Assembly of the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2020³ and its adoption of the nine indicators to inform reporting on progress made in implementing the Global Action Plan;

9. Welcome the establishment of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases and the endorsement of its terms of reference by the Economic and Social Council on 13 June 2014;

10. Welcome the request that the Director General of the World Health Organization prepare, for consideration during the sixty-eighth World Health Assembly, in consultation with Member States, United Nations organizations and other relevant stakeholders, as appropriate, and within existing resources, a framework for country action, for adaptation to different contexts, taking into account the Helsinki Statement on Health in All Policies, adopted at the Eighth Global Conference on Health Promotion, aimed at supporting national efforts to improve health, ensure health protection, health equity and health system functioning, including through action across sectors on determinants of health and risk factors of non-communicable diseases, based on best available knowledge and evidence;

¹ World Health Organization, document WHA66/2013/REC/1.

² A/65/859, annex.

³ World Health Organization, document WHA66/2013/REC/1.

11. Also welcome the endorsement by the World Health Assembly of the terms of reference for the comprehensive global coordination mechanism for the prevention and control of non-communicable diseases;
12. Recognize the remarkable progress achieved at the national level, since September 2011, including an increase in the number of countries which have an operational national non-communicable disease policy with a budget for implementation, from 32 per cent of countries in 2010 to 50 per cent of countries in 2013;
13. Recognize that progress in the prevention and control of non-communicable diseases has been insufficient and highly uneven, due in part to their complexity and challenging nature, and that continued and increased efforts are essential for achieving a world free of the avoidable burden of non-communicable diseases;
14. 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, were often not translated into action, owing to a number of factors, including the lack of national capacity;
15. Acknowledge that many countries, in particular developing countries, are struggling to move from commitment to action and, in this regard, reiterate our call upon Member States to consider implementing, as appropriate, within national contexts, policies and evidence-based, affordable, cost-effective, population-wide and multisectoral interventions, including a reduction of modifiable risk factors of non-communicable diseases as described in appendix 3 to the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2020;
16. Recognize that affordable interventions to reduce environmental and occupational health risks are available and that prioritization and implementation of such interventions in accordance with national conditions can contribute to reducing the burden of non-communicable diseases;
17. Reiterate our call upon Member States to consider implementing, as appropriate, according to national circumstances, policy options and cost-effective, affordable, multisectoral interventions for the prevention and control of non-communicable diseases¹ in order to achieve the nine voluntary global targets for non-communicable diseases by 2025;

Reaffirming our leadership: commitments and actions

18. Reaffirm our commitment to advance the implementation of multisectoral, cost-effective, population-wide interventions in order to reduce the impact of the four common behavioural risk factors for non-communicable diseases, through the implementation of relevant international agreements, strategies, national policies, legislation and development priorities, including educational, 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;

¹ Such as those included in appendix 3 to the annex to resolution WHA66.10.

19. Recognize that the implementation of the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2020, the Global Strategy on Diet, Physical Activity and Health,¹ the Global Strategy to Reduce the Harmful Use of Alcohol,² the Global Strategy for Infant and Young Child Feeding of the World Health Organization and the United Nations Children’s Fund, and the World Health Organization Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children,³ as appropriate, will accelerate efforts to reduce non-communicable diseases, and reiterate our call upon Member States to mobilize political will and financial resources for that purpose;
20. Reiterate our commitment to accelerate the implementation of the World Health Organization Framework Convention on Tobacco Control⁴ by States parties, and encourage countries to consider becoming parties to the Convention;
21. Call upon 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 the impacts on health determinants, health protection, health equity and health system functioning, and which measure and track economic, social and environmental determinants and disparities in health;
22. Call upon Member States to develop, as appropriate, institutional capacity with adequate knowledge and skills for assessing the impact on health 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 system functioning;
23. 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, and health and social protection systems, particularly in developing countries, in order to respond effectively and equitably to the health-care needs of people with non-communicable diseases throughout the life cycle;
24. Continue to scale up, where appropriate, a package of proven, cost-effective interventions, including those identified in appendix 3 to the Global Action Plan;
25. Reiterate the importance of increased access to cost-effective cancer screening programmes as determined by national situations, as well as the importance of promoting increased access to cost-effective vaccinations to prevent infections associated with cancer, as part of national immunization schedules;
26. Acknowledge that limited progress has been made in implementing paragraph 44 of the annex to General Assembly resolution 66/2, and although an increased number of private sector entities have started to produce and promote food products consistent with a healthy diet, such products are not always broadly affordable, accessible and available in all communities within countries;

¹ World Health Organization, document WHA57/2004/REC/1, resolution 57.17, annex.

² World Health Organization, document WHA63/2010/REC/1, annex 3.

³ World Health Organization, document WHA63/2010/REC/1, annex 4.

⁴ United Nations, Treaty Series, vol. 2302, No. 41032.

27. 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, thereby contributing to efforts to cope with the challenges and take advantage of opportunities presented by globalization and to achieve food security and adequate nutrition;

28. Reaffirm the primary role and responsibility of Governments in responding to the challenge of non-communicable diseases, including through engaging non-governmental organizations, the private sector and other sectors of society to generate effective responses for the prevention and control of non-communicable diseases at the global, national and local levels;

29. Recall that effective non-communicable disease prevention and control requires leadership and multisectoral approaches to health at the governmental 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 conflict of interest;

Moving forward: national commitments

30. Commit to addressing non-communicable diseases as a matter of priority in national development plans, as appropriate within national contexts and the international development agenda, and to take the following measures with the engagement of all relevant sectors, including civil society and communities, as appropriate:

(a) Enhance governance:

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

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

(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;

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

(v) Integrate measures to address non-communicable diseases into health planning and national development plans and policies, including the design process and implementation of the United Nations Development Assistance Framework;

- (vi) Consider establishing, as appropriate to the respective national context, a national multisectoral mechanism, such as a high-level commission, agency or task force for engagement, policy coherence and mutual accountability of different spheres of policymaking 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, and to monitor and act on the determinants of non-communicable diseases, including social and environmental determinants;
- (vii) Enhance the capacity, mechanisms and mandates, as appropriate, of relevant authorities in facilitating and ensuring action across governmental sectors;
- (viii) Strengthen the capacity of ministries of health to exercise a strategic leadership and coordination role in policy development that engages all stakeholders across government, non-governmental organizations, civil society and the private sector, ensuring that issues relating to non-communicable diseases receive an appropriate, coordinated, comprehensive and integrated response;
- (ix) Align international cooperation on non-communicable diseases with national plans concerning non-communicable diseases in order to strengthen aid effectiveness and the development impact of external resources in support of non-communicable diseases;
- (x) Develop and implement national policies and plans, as relevant, with financial and human resources allocated particularly to addressing non-communicable diseases, in which social determinants are included;
- (b) By 2016, as appropriate, reduce risk factors for non-communicable diseases and underlying social determinants through the implementation of interventions and policy options to create health-promoting environments, building on guidance set out in appendix 3 to the Global Action Plan;
- (c) By 2016, as appropriate, strengthen and orient health systems to address the prevention and control of non-communicable diseases and the underlying social determinants through people-centred primary health care and universal health coverage throughout the life cycle, building on guidance set out in appendix 3 to the Global Action Plan;
- (d) Consider the possible linkages between non-communicable diseases and some communicable diseases, such as HIV/AIDS, call for the integration, as appropriate, of responses to HIV/AIDS and non-communicable diseases, and in this regard call for attention to be given to people living with HIV/AIDS, especially in countries with a high prevalence of HIV/AIDS, in accordance with national priorities;
- (e) Continue to promote the inclusion of prevention and control of non-communicable diseases within programmes for sexual and reproductive health and maternal and child health, especially at the primary health-care level, as well as communicable disease programmes, such as those addressing tuberculosis, as appropriate;
- (f) Consider the synergies between major non-communicable diseases and other conditions as described in appendix 1 to the Global Action Plan in order to develop a comprehensive response for the prevention and control of non-communicable diseases that also recognizes the conditions in which people live and work;

(g) Monitor the trends and determinants of non-communicable diseases and evaluate progress in their prevention and control:

(i) Assess progress towards attaining the voluntary global targets and report on the results using the indicators established in the comprehensive global monitoring framework, according to the agreed timelines, and use results from monitoring of the 25 indicators and 9 voluntary targets and other sources of data to inform and guide policy and programming, aiming to maximize the impact of interventions and investments on non-communicable disease outcomes;

(ii) Contribute information on trends in non-communicable diseases to the World Health Organization, according to the agreed timelines 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;

(iii) Develop or strengthen, as appropriate, surveillance systems to track social disparities in non-communicable diseases and their risk factors as a first step to addressing inequalities, and pursue and promote gender-based approaches for the prevention and control of non-communicable diseases on the basis of data disaggregated by sex, age and disability, in an effort to address the critical differences in the risks of morbidity and mortality from non-communicable diseases for women and men;

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

31. Continue to strengthen international cooperation through North–South, South–South and triangular cooperation in the prevention and control of non-communicable diseases to promote at the national, regional and international levels an enabling environment to facilitate healthy lifestyles and choices, bearing in mind that South–South cooperation is not a substitute for, but rather a complement to, North–South cooperation;

32. Continue to explore the provision of adequate, predictable and sustained resources, through domestic, bilateral, regional and multilateral channels, including traditional and voluntary innovative financing mechanisms;

Moving forward: international commitments

33. Invite the Development Assistance Committee of the Organization for Economic Cooperation and Development to consider developing a purpose code for non-communicable diseases in order to improve the tracking of official development assistance in support of national efforts for the prevention and control of non-communicable diseases;

34. Reiterate our commitment to actively promote national and international investments and strengthen national capacity for quality research and development, in all aspects relating 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 in public health, inter alia, as appropriate, through a sound and balanced intellectual property rights system, which is important, inter alia, for the development of new medicines, as recognized in the Doha Declaration on the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) and Public Health;

35. Reaffirm the right to use, to the fullest extent, the provisions contained in the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), the Doha Declaration on the TRIPS Agreement and Public Health, the decision of the General Council of the World Trade Organization of 30 August 2003 on the implementation of paragraph 6 of the Doha Declaration, and, when formal acceptance procedures are completed, the amendment to article 31 of the TRIPS Agreement, which provide 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;

36. Give due consideration to addressing non-communicable diseases in the elaboration of the post-2015 development agenda, taking into account, in particular, their serious socioeconomic consequences and determinants and their links to poverty;

37. Call upon the World Health Organization, in consultation with Member States, in the context of the comprehensive global coordination mechanism for the prevention and control of non-communicable diseases, while ensuring appropriate protection from vested interests, to develop, before the end of 2015, an approach that can be used to register and publish contributions of the private sector, philanthropic entities and civil society to the achievement of the nine voluntary targets for non-communicable diseases;

Towards the world we want: follow-up

38. Request the Secretary-General, in collaboration with Member States, the World Health Organization and relevant funds, programmes and specialized agencies of the United Nations system, to submit to the General Assembly, by the end of 2017, for consideration by Member States, a report on the progress achieved in the implementation of the present outcome document and of the political declaration of the high-level meeting of the Assembly on the prevention and control of non-communicable diseases, in preparation for a comprehensive review, in 2018, of the progress achieved in the prevention and control of non-communicable diseases.

*100th plenary meeting
10 July 2014*

	United Nations General Assembly	United Nations Economic and Social Council	World Health Assembly			Evaluation	Status and guidance	National Noncommunicable Diseases Capacity Assessment Survey
	Report on progress	Report on the implementation of resolution 2013/12 (United Nations Inter-Agency Task Force on Prevention and Control of Noncommunicable Diseases)	Reports on progress made in implementing the global action plan for the prevention and control of noncommunicable diseases 2013–2020	Reports on progress made in attaining the nine voluntary global targets	Update of Appendix 3 to the global action plan for the prevention and control of noncommunicable diseases 2013–2020	Independent evaluation of the implementation of the global action plan for the prevention and control of noncommunicable diseases 2013–2020	WHO global status reports on noncommunicable diseases	
2023								
2024								
2025								
2026				X				

ANNEX 3

Proposed work plan for the global coordination mechanism on the prevention and control of noncommunicable diseases covering the period 2016–2017

Report by the Director-General

1. The Sixty-seventh World Health Assembly endorsed the terms of reference of the global coordination mechanism on the prevention and control of noncommunicable diseases, as set out in Appendix 1 to document A67/14 Add.1, and noted the proposed work plan for that global coordination mechanism covering the period 2014–2015, including the terms of reference of its Working Groups, as contained in the Annex to document A67/14 Add.3 Rev.1.¹
2. Pursuant to paragraph 15 of the terms of reference for the global coordination mechanism on the prevention and control of noncommunicable diseases, the Director-General hereby submits the second draft work plan covering the period 2016–2017 to the Executive Board for its consideration before onward transmission to the Sixty-eighth World Health Assembly.
3. This report sets out the activities of the global coordination mechanism, including those of time-bound Working Groups, covering the period 2016–2017. The work plan takes into account the terms of reference for the global coordination mechanism, the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020,² the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases³ and the Outcome document of the high-level meeting of the United Nations General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases.⁴
4. The work plan is organized around five objectives (paragraphs 8–12), in line with the five functions of the global coordination mechanism stated in its terms of reference. It will be implemented between January 2016 and December 2017 in line with the time frame of the Proposed programme budget 2016–2017 and the budgetary provisions related to the activities of the global coordination mechanism included in that programme budget. This work plan will be fully integrated into outcome 2.1 of the Proposed programme budget 2016–2017, which will be operationalized through the Category 2 Network and Programme Area Network 2.1, in accordance with established operating procedures.

¹ See document WHA67/2014/REC/3, summary record of seventh meeting of Committee A of the Sixty-seventh World Health Assembly, section 2.

² Endorsed by the Sixty-sixth World Health Assembly in resolution WHA66.10.

³ Adopted by the United Nations General Assembly in resolution 66/2 (2011).

⁴ Adopted by the United Nations General Assembly in resolution 68/300 (2014).

5. As with the work plan covering the period 2014–2015,¹ the draft second work plan covering the period 2016–2017 aims to facilitate and enhance the coordination of activities, multistakeholder engagement and action across sectors at local, national, regional and global levels, in order to contribute to implementation of the global action plan for the prevention and control of noncommunicable diseases 2013–2020, in line with the terms of reference of the global coordination mechanism.

OBJECTIVES AND ACTIONS

6. Objective 1. Advocate for and raise awareness of the urgency of implementing the global action plan for the prevention and control of noncommunicable diseases 2013–2020, and mainstream the prevention and control of noncommunicable diseases in the international development agenda.

Action 1.1: Develop a global communications campaign in the first half of 2016, and start implementing the campaign in the second half of 2016, advocating the feasibility of achieving the nine global targets for a world free of the avoidable burden of noncommunicable diseases by the 2025 deadline provided that countries and partners alike follow through on their shared commitments to put in place the necessary policies and resources.

Action 1.2: Conduct a dialogue in 2016 on the role of non-State actors in supporting Member States in their national efforts to tackle noncommunicable diseases in the post-2015 era. The dialogue will result in a report with recommendations.

Action 1.3: Conduct a dialogue in 2017 on how governments can promote policy coherence between different spheres of policy-making that have a bearing on noncommunicable diseases. The dialogue will result in a report with recommendations.

7. Objective 2. Disseminate knowledge and share information based on scientific evidence and/or best practices regarding implementation of the global action plan for the prevention and control of noncommunicable diseases 2013–2020.

Action 2.1: Expand the broad engagement of participants through the web-based platforms established in 2014–2015, including developing the requirements and criteria for access by different groups, and use the web-based platform to disseminate information on country plans and the implementation of country commitments.

Action 2.2: Explore other potential low-cost approaches for knowledge dissemination and interaction between participants and use these as appropriate.

Action 2.3: Facilitate the exchange of information on noncommunicable disease-related research and its translation, identify barriers to research generation and translation, and facilitate innovation in order to enhance the knowledge base for ongoing national, regional and global action.

Action 2.4: Hold a new series of webinars for participants.

¹ Contained in document A67/14 Add.3 Rev.1.

8. Objective 3. Provide a forum to identify barriers and share innovative solutions and actions for the implementation of the global action plan for the prevention and control of noncommunicable diseases 2013–2020 and to promote sustained actions across sectors.

Action 3.1: Establish a Working Group in 2016 to recommend ways and means of encouraging Member States and non-State actors to promote the inclusion of the prevention and control of noncommunicable diseases within responses to HIV/AIDS and programmes for sexual and reproductive health and maternal and child health, as well as other communicable disease programmes, such as those on tuberculosis,¹ including as part of wider efforts to strengthen and orient health systems to address the prevention and control of noncommunicable diseases through people-centred primary health care and universal health coverage.² The Working Group will produce a report with recommendations.

Action 3.2: Establish a Working Group in 2016 to recommend ways and means of encouraging Member States and non-State actors to align international cooperation on noncommunicable diseases with national plans concerning noncommunicable diseases in order to strengthen aid effectiveness and the development impact of external resources in support of noncommunicable diseases.³ The Working Group will produce a report with recommendations.

Action 3.3: Establish a Working Group in 2017 to recommend ways and means of encouraging Member States and non-State actors to promote health education and health literacy for noncommunicable diseases, with a particular focus on populations with low health awareness and/or literacy,⁴ and taking into account the cost-effective and affordable interventions for all Member States contained in Appendix 3 of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020. The Working Group will produce a report with recommendations.

9. Objective 4. Advance multisectoral action by identifying and promoting sustained actions across sectors that can contribute to and support the implementation of the global action plan for the prevention and control of noncommunicable diseases 2013–2020.

Action 4.1: Continue supporting communities of practice established in 2014 and 2015 and establish new communities of practices in 2016 and 2017.

¹ In accordance with the commitment from Ministers and representatives of States and Governments and heads of delegations included in paragraphs 30(d) and 30(e) of United Nations General Assembly resolution 68/300.

² In accordance with commitment from Ministers and representatives of States and Governments and heads of delegations included in paragraph 30(c) in United Nations General Assembly resolution 68/300.

³ In accordance with the commitment from Ministers and representatives of States and Governments and heads of delegations included in paragraph 30(a)(ix) of United Nations General Assembly resolution 68/300.

⁴ In accordance with the commitment from Ministers and representatives of States and Governments and heads of delegations included in paragraph 30(a)(iii) of United Nations General Assembly resolution 68/300.

Action 4.2: Start implementing in 2016 the approach that WHO will have developed before the end of 2015 to register and publish contributions from the private sectors, philanthropic entities and civil society to the achievement of the nine voluntary targets for noncommunicable diseases.¹

10. Objective 5. Identify and share information on existing and potential sources of finance and cooperation mechanisms at local, national, regional and global levels for implementation of the global action plan for the prevention and control of noncommunicable diseases 2013–2020.

Action 5.1: Mobilize relevant and selected participants to conduct 12 studies (two per WHO region) on the national public health burden caused by noncommunicable diseases in developing countries, the relationship between noncommunicable diseases, poverty and social and economic development, the cost of inaction, and the cost of action. The outcome of the studies will be published in 2016 and 2017.

Action 5.2: Establish a web-based platform in 2016 to map existing and potential sources and mechanisms of assistance provided by the participants to developing countries in meeting their commitments to tackling noncommunicable diseases in the post-2015 era.

GENERAL MEETING

11. Pursuant to paragraph 12 of the terms of reference for the global coordination mechanism, its participants will meet face-to-face in 2017 in order to facilitate and enhance coordination of activities, multistakeholder engagement and action across sectors at all levels, as well as to promote the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020 and to assess progress made so far by the global coordination mechanism. Member States will determine the proposed modalities for convening this meeting when adopting the global coordination mechanism's work plan for 2016–2017 and the related programme budget for 2016–2017. Proposed modalities for the General Meeting are set out in Appendix 1.

PRELIMINARY EVALUATION

12. Pursuant to paragraph 19 of the terms of reference for the global coordination mechanism, a preliminary evaluation by the Health Assembly will take place in 2017 to assess results and the added value of the global coordination mechanism, taking into account the report on progress in implementing the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020 and the post-2015 sustainable development agenda. Proposed modalities for the preliminary evaluation are set out in Appendix 2.

¹ Pursuant to paragraph 37 of United Nations General Assembly resolution 68/300, the WHO Secretariat, in consultation with Member States, will develop, before the end of 2015, an approach that can be used to register and publish contributions of the private sector, philanthropic entities and civil society to the achievement of the nine voluntary targets for noncommunicable diseases.

APPENDIX 1

PROPOSED MODALITIES FOR THE GENERAL MEETING OF THE GLOBAL COORDINATION MECHANISM ON THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES IN 2017

1. The General Meeting will be hosted by a Member State.
2. The host country and WHO will convene the first General Meeting of the global coordination mechanism on the prevention and control of noncommunicable diseases during the first half of 2017. The duration of the General Meeting will be two days.
3. The host country and WHO will explore the interest of the World Bank, the World Trade Organization and the United Nations Development Programme to co-host the meeting.
4. The venue of the General Meeting will be decided following a call for interest to Member States to host the meeting.
5. The General Meeting will address how governments can facilitate and enhance coordination of activities, multistakeholder engagement and action across sectors in order to contribute to the implementation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020, while avoiding duplication of efforts, using resources in an efficient and results-oriented way, and safeguarding public health from any undue influence by any form of real, perceived or potential conflicts of interest.
6. The General Meeting will be a ministerial and/or technical meeting, the level to be determined in consultation with Member States.
7. All Member States will be able to attend.
8. Funds, programmes and specialized agencies of the United Nations system and other international organizations that are Participants in the global coordination mechanism on the prevention and control of noncommunicable diseases will be able to attend. Non-State actors that are Participants in the global coordination mechanism on the prevention and control of noncommunicable diseases will be able to attend. The proposed organizational arrangements of the General Meeting will comprise the following:
 - (a) an opening plenary meeting, chaired by a minister of the host country and featuring opening statements by the Head of State or Government of the host country, the Director-General, and a representative of the civil society who will be chosen from the Participants in the global coordination mechanism on the prevention and control of noncommunicable diseases
 - (b) formal plenary meetings during the first and second day, chaired by ministers of the host country and featuring statements from Member States
 - (c) a closing plenary meeting on the second day, chaired by a minister of the host country, comprising the presentation of summaries of the round tables

(d) four round tables on themes to be finalised in discussion with Member States, which could include:

- Round table 1. Enhance governance and improve accountability for noncommunicable diseases: how can governments mobilize civil society and the private sector to strengthen their contribution to the achievement of the nine targets for noncommunicable diseases and measure their contributions through public reporting and accountability frameworks? How can governments engage sectors beyond health? How can governments mobilize sectors beyond government? How can governments increase domestic and international financing for the prevention and control of noncommunicable diseases?
- Round table 2. Reduce risk factors for noncommunicable diseases: how can governments adopt approaches to implement a set of cost-effective and affordable interventions for all Member States to reduce risk factors in a way that involves all government departments, as well as civil society and the private sector?
- Round table 3. Enable health systems to respond through people-centred primary care and universal health coverage: how can governments engage civil society and the private sector to implement a set of cost-effective and affordable interventions for all Member States to strengthen and orient health systems for the prevention and control of noncommunicable diseases through people-centred primary health care and universal health coverage?
- Round table 4. Monitor trends and evaluate progress: how can governments mobilize civil society and the private sector to strengthen their contribution to mapping the noncommunicable disease epidemic and strengthen national surveillance systems?

(e) in order to promote interactive and substantive discussions, participation in each round table will include Member States and other Participants in the global coordination mechanism on the prevention and control of noncommunicable diseases.

9. The General Meeting will result in a concise report.

10. In accordance with resolution WHA50.1, Member States classified as least developed countries will be eligible for financial support covering an economy class ticket of one delegate each.

11. The General Meeting will provide interpretation services in the six official languages of the United Nations.

12. The General Meeting will provide web-conferencing services for Participants unable to attend and will broadcast the proceedings over the internet.

13. Depending on the host country arrangements, it is estimated that the cost to WHO for convening the General Meeting will be between US\$ 3 million and US\$ 4 million. These figures take into account costs of previous meetings with a similar scope and purpose.

APPENDIX 2

PROPOSED MODALITIES OF THE PRELIMINARY EVALUATION OF THE GLOBAL COORDINATION MECHANISM ON THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

1. The World Health Assembly will be the commissioner and owner of the preliminary evaluation of the global coordination mechanism on the prevention and control of noncommunicable diseases.
2. The objective of the preliminary evaluation is to assess whether the global coordination mechanism has produced results and provided added value. The preliminary evaluation will provide an understanding of how results and outcomes have been achieved between 2014 and 2017 and examine their relevance, effectiveness, sustainability and efficiency, taking into account the terms of reference and the work plans covering the periods 2014–2015 and 2016–2017. It will also examine achievements in relation to WHO's results chain and systematically analyse the work of the WHO Secretariat of the global coordination mechanism conducted in accordance with its work plans.
3. An evaluation management group will be convened to assist in the selection of consultants and the direction and quality control of the evaluation. It will have responsibility for developing and approving the terms of reference and providing comments on the draft report. The evaluation management group will be kept informed of progress and will be available to respond to queries from the evaluation team and should provide suggestions for consideration. The evaluation management group will consist of the Officers of the Seventieth World Health Assembly and will be supported by the WHO Secretariat in the conduct of its work.
4. The evaluation team will consist of independent external consultants with an appropriate knowledge and skill mix of the subject of evaluation, as well as experience in performing evaluations. It is proposed that the consultants be selected through a request for proposals, which will invite leading consultants to submit proposals on the conduct of the evaluation in accordance with the approved terms of reference. The proposals will be examined against criteria that are based on a combination of technical competence and cost, and which have been approved by the evaluation management group. The evaluation team will be supported by the WHO Secretariat in the conduct of its work.
5. The timeline, covering the period end-May 2017 to January 2018, is as follows:
 - establishment of the evaluation management group by the Seventieth World Health Assembly: May 2017
 - finalization of the terms of reference of the evaluation team by the evaluation management group: June 2017
 - issuance of the request of proposals: July 2017
 - selection of the evaluation team by the evaluation management group: September 2017
 - submission of the final report for consideration by the Seventy-first World Health Assembly through the Executive Board: January 2018.

6. Depending on the final terms of reference and the composition of the evaluation team, it is estimated that the consulting fees for the evaluation will be in the range US\$ 60 000 –US\$ 125 000. These figures take into account variations in consultants’ rates, for example, from US\$ 1000 to US\$ 2500 per day for a two-member team, and a duration of about 30 working days. Additional resources will also need to be allocated for overheads, travel and other direct costs, estimated to be in the region of US\$ 25 000.

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