

Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018

The Seventy-first World Health Assembly,

Having considered the reports on the Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018;¹

Having recognized that the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases² has catalysed action and retains great potential for engendering progress towards Sustainable Development Goal target 3.4 (by 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being);³

Noting with concern that, according to WHO, each year, 15 million people between the ages of 30 and 69 years die from a noncommunicable disease and that the current levels of decline in the risk of dying prematurely from noncommunicable diseases are insufficient to attain Sustainable Development Goal target 3.4 by 2030;

Welcoming the convening of the WHO Global Conference on Non-communicable Diseases,⁴ which was organized by Uruguay and WHO, co-chaired by Finland, the Russian Federation and Uruguay, from 18 to 20 October 2017 in Montevideo;

Welcoming also the convening of the WHO Global Dialogue on Partnerships for Sustainable Financing of Noncommunicable Disease (NCD) Prevention and Control hosted by the Government of Denmark and WHO, from 9 to 11 April 2018 in Copenhagen, recognizing the need to prioritize tackling noncommunicable diseases as an essential pillar of sustainable development and an integral part of countries' efforts towards universal health coverage;

Recalling the Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development, adopted at the 9th Global Conference on Health Promotion, held in China from 21 to 24 November 2016;

¹ Documents A71/14 and A71/14 Add.1.

² United Nations General Assembly resolution 66/2.

³ United Nations General Assembly resolution 70/1.

⁴ WHO Global Conference on Noncommunicable diseases: Enhancing policy coherence between different spheres of policy making that have a bearing on attaining SDG target 3.4 on NCDs by 2030 [website]. Geneva; World Health Organization: 2018 (<http://www.who.int/nmh/events/2017/montevideo/about/en/>, accessed 18 May 2018).

Taking note that the Director-General has established a WHO Independent High-level Commission on Noncommunicable Diseases¹ and a WHO Civil Society Working Group on the third High-level Meeting of the General Assembly on NCDs;²

Recalling United Nations General Assembly resolution 72/274 (2018) on the scope, modalities, format and organization of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases,

1. WELCOMES the outcome document of the WHO Global Conference on the Prevention and Control of Non-communicable Diseases entitled “Montevideo roadmap (2018-2030) on the prevention and control of Noncommunicable Diseases as a sustainable development priority”,^{3,4} as a contribution to the preparatory process leading to the third High-level Meeting;

2. URGES Member States:⁵

(1) to continue to step up efforts on the prevention and control of noncommunicable diseases in order to attain Sustainable Development Goal target 3.4 by 2030;

(2) to actively engage in the preparations at national, regional and global levels for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018;

(3) to be represented at the level of Heads of State and Government at the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and to call for action through a concise, action-oriented outcome document;

3. REQUESTS the Director-General:

(1) to continue to support Member States, in coordination with United Nations specialized agencies, funds and programmes as well as other stakeholders, in their efforts to reduce by one third premature mortality from noncommunicable diseases through prevention and control and promote mental health and well-being, including by applying evidence-based multisectoral and multistakeholder approaches;

(2) to report to the Seventy-second World Health Assembly, through the Executive Board, on the outcomes of the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and its follow-up.

¹ WHO Independent High-level Commission on NCDs [website] Geneva: World Health Organization: 2018 (<http://www.who.int/ncds/governance/high-level-commission/en/>, accessed 18 May 2018).

²WHO Civil Society Working Group on the third High-level Meeting of the UN General Assembly on NCDs [website] Geneva: World Health Organization: 2018 (<http://www.who.int/ncds/governance/high-level-meetings/working-group-third-high-level-meeting/en/>, accessed 18 May 2018).

³ See Annex.

⁴ Clarification Statement: http://www.who.int/conferences/global-ncd-conference/USA_statement_EOP_montevideo_roadmap.pdf?ua=1, accessed 18 May 2018.

⁵ And, where applicable, regional economic integration organizations.

ANNEX

**WHO GLOBAL CONFERENCE ON NCDs
PURSUING POLICY COHERENCE TO ACHIEVE SDG TARGET 3.4 ON NCDs
(MONTEVIDEO, URUGUAY, 18–20 OCTOBER 2017)****MONTEVIDEO ROADMAP 2018–2030 ON NCDs AS A SUSTAINABLE
DEVELOPMENT PRIORITY**

1. We, Heads of State and Government, Ministers and representatives of State and Government participating in this Conference, have come together to restate our commitment to take bold action and accelerate progress to, by 2030, reduce by one third the premature mortality from non-communicable diseases (NCDs) in line with the 2030 Agenda for Sustainable Development. We continue to be inspired by the action catalysed by the 2011 Political Declaration of the UN General Assembly on NCDs, and the WHO Global Action Plan for the Prevention and Control of NCDs 2013–2020. We reaffirm our commitment to their implementation, according to national context.
2. We acknowledge that premature mortality from NCDs¹ continues to constitute one of the major challenges for development in the 21st century, driven by economic, environmental and social determinants of health. Despite the remarkable progress achieved in some countries or regions, this has been highly uneven and insufficient to reach the global target on NCDs. Each year, 15 million people between the ages of 30 and 69 years die from an NCD; over 80% of these premature deaths occur in developing countries, disproportionately affecting the poorest and those furthest behind. Implementing coherent policies and ensuring that cost-effective, affordable and evidenced-based NCD interventions are available to all countries, according to national context and priorities, can reduce inequities and premature deaths from NCDs.
3. We recognize the importance of SDG 3 and ensuring that people not just survive, but live long and healthy lives, as well as the importance of preventing NCDs as specified in SDG target 3.4 on NCDs in achieving this overall goal. We also recognize that there are obstacles that countries must overcome to achieving SDG target 3.4.² Addressing the complexity of the main risk factors, namely: tobacco use, physical inactivity, harmful use of alcohol and unhealthy diets, as well as air pollution, and the determinants of NCDs, including health literacy, requires multisectoral responses which are challenging to develop and implement, particularly when robust monitoring of NCD risk factors is absent at country level. Consequently, successful action requires enhanced political leadership to advance strategic, outcome-oriented action across sectors and policy coherence for the prevention and control of NCDs, in line with whole-of-government and health-in-all-policies approaches.
4. One obstacle at country level is the lack of capacity to effectively address public health goals when they are in conflict with private sector interests, in order to effectively leverage the roles and contributions of the diverse range of stakeholders in combatting NCDs. Policies to prevent and control

¹ Mainly four types of noncommunicable diseases (NCDs): cardiovascular diseases, cancers, chronic respiratory diseases and diabetes.

² By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being.

NCDs, including effective regulatory and fiscal measures, may be negatively influenced by private sector and other non-State actors' interests, and may be subject to legal disputes or other means to delay, curtail or prevent their effective use to reach public health goals. Health systems need to improve NCD prevention, diagnosis and management and to strengthen effective health promotion over the life course, as part of efforts to achieve universal health coverage and reduce health inequities, including in the context of population ageing. Reducing NCDs should be a higher priority across the relevant UN Agencies, NGOs, philanthropic foundations and academic institutions. The increasing disease burden from NCDs should be taken fully into account in international cooperation and development policies with a view to address the unmet demand for technical cooperation to strengthen national capacities.

5. Unless coherent political action to address these obstacles is accelerated, engaging across sectors and across stakeholders, the current rate of decline in premature mortality from NCDs is insufficient to meet SDG 3.4 by 2030. In order to address the premature mortality and excess morbidity caused by NCDs, we commit to pursue these actions:

Reinvigorate political action

6. We will continue to address the complexity and challenging nature of developing and implementing coherent multisectoral policies across government through a health-in-all-policies approach in order to achieve improved outcomes from the perspectives of health, health equity and health system functioning.

7. We will prioritize the most cost-effective, affordable, equitable and evidence-based interventions that will bring the highest public health return on investment, in accordance with national context and priorities. We will emphasize health as a political priority, with measures that address the impact of the major NCD risk factors, including regulation, standard setting and fiscal policies and other measures that are consistent with countries' domestic legal frameworks and international obligations.

8. We will act across relevant government sectors to create health-conducive environments and identify opportunities to establish concrete cross-sectoral commitments in order to promote co-benefits and to reduce negative impacts on health, including through health impact assessments. We will encourage NCDs implementation research to enhance the operationalization of national strategies and integrate them, where possible, within wider health sector strategic planning. We will work collaboratively to share and improve the implementation of best practices towards implementing innovative approaches to ensure improved surveillance and monitoring systems to support these actions.

Enable health systems to respond more effectively to NCDs

9. We will strengthen, as necessary, essential population level, people-centred public health functions and institutions for effective prevention and control of NCDs, including palliative care, and to promote mental health and wellbeing.

10. We will continue investing in health workers as an essential part of strengthening health systems and social protection. We will work to ensure a highly skilled, well-trained and well-resourced health workforce to lead and implement actions to promote health and prevent and control NCDs.

11. We commit to improve implementation of cost-effective measures of health promotion, including health literacy, and disease prevention throughout the lifecycle, early detection, health surveillance, and reduction of risk factors, including exposure to environmental risk factors, and sustained efforts to address people at risk, as well as the treatment and care for people with NCDs.

12. Recognizing that mental disorders and other mental health conditions contribute to the global NCD burden and that people with mental disorders and other mental health conditions have an increased risk of other NCDs and higher rates of morbidity and mortality, we commit to implementing measures to improve mental health and well-being, address their social determinants and other health needs and human rights of people with mental disorders and other mental health conditions and prevent suicides as part of a comprehensive response to NCDs.

13. We will work towards enhancing synergies in preventing and controlling communicable diseases and NCDs at the national, regional, and global levels, where appropriate, recognizing the opportunity to achieve gains through integrated approaches.

14. We will work to ensure the availability of resources and strengthen the capacity to respond more effectively and equitably to NCDs as part of Universal Health Coverage, including through strengthened community-level prevention and health services delivery and access to essential NCD medicines and technologies for all. In our health systems, we will strive to secure access to quality basic and specialised health services, including with financial risk protection in order to avoid social and economic hardship.

15. Recalling previous commitments, we will better measure and respond to the critical differences in specific risk factors and determinants affecting morbidity and mortality from NCDs for children, adolescents, women and men across the life course, and pursue and promote gender-based approaches for the prevention and control of NCDs to address these critical differences. We invite WHO to provide guidance on how to accelerate the implementation of national efforts to address the critical differences in the risks of morbidity and mortality from NCDs for men and women, boys and girls.

Increase significantly the financing of national NCD responses and international cooperation

16. We acknowledge that national NCDs responses – supported through domestic, bilateral and multilateral channels – require adequate, predictable and sustained financing, commensurate with the global health and socioeconomic burden they impose. We will start by prioritizing domestic budgetary allocations for addressing NCDs, where possible.

17. Where needed, we will work on national investments cases for the prevention and control of NCDs, their risk factors and determinants, to create the fiscal space for action. We will consider applying policy options that, in addition to having a positive effect on reducing the occurrence of NCDs throughout the life course, also have the capacity to generate complementary revenues to finance national NCD responses, as appropriate. These options may include, consistent with national policies and international obligations, taxation, including of tobacco as well as other products. We will continue to explore other complementary financing options, including voluntary innovative financing mechanisms, as appropriate.

18. We call upon UN agencies and other global health actors to scale up support to governments in developing and implementing the national responses for the prevention and control of NCDs, including palliative care aligned with national priorities. We look to WHO to continue to exercise its global leadership and coordination role and to explore how existing mechanisms could best be

leveraged to identify and share information on existing and potential sources of finance and development cooperation mechanisms for the prevention and control of NCDs at the local, national, regional and global levels to support action to reach SDG 3.4 on NCDs and better integrate NCDs into development funding mechanisms.

19. NCDs can perpetuate poverty. For the poor and near poor, chronic illness and disability can be an economic catastrophe. Hard fought economic gains can be quickly wiped out, especially when diagnosis, treatment, and palliative care services are not available or accessible. Women face a double NCD burden, often assuming gender-based roles as unpaid caregivers for the sick. We will take action on the impacts of NCDs on poverty and development using gender-based approaches. We strongly encourage including the prevention and control of NCDs in Official Development Assistance to complement domestic resources and catalyse additional resources for action, including research.

Increase efforts to engage sectors beyond health

20. We acknowledge that working constructively with public sectors beyond health is essential in reducing NCD risk factors and achieving health gains to reduce premature deaths from NCDs. In addition, we recognize the interconnectedness between the prevention and control of NCDs and the achievement of the SDGs beyond target 3.4, including targets related to poverty, substance abuse, nutrition, hazardous environmental exposure, sustainable cities and others. Coordinated upstream action across sectors, including agriculture, environment, industry, trade and finance, education and urban planning, as well as research, will help to create a healthy and enabling environment that promotes effective, coherent policies and supports healthy behaviours and lifestyles. The health sector has a role to play in advocating for these actions, presenting evidence-based information, supporting health impact assessments and providing policy reviews and analyses on how decisions impact health, including implementation research with a view to increase and scale up implementation of best practices. We therefore commit to strong leadership and to fostering collaboration among sectors to implement policies to achieve shared goals.

21. We will enhance policy and legal expertise to develop NCDs responses in order to achieve the SDGs. We call upon the UN Inter-Agency Task Force on the Prevention and Control of NCDs and its Members, within their mandates, to scale up and broaden intersectoral work integrating expertise relevant to public health-related legal issues into NCD country support, including by providing evidence, technical advice, and case studies relevant to legal challenges. We encourage the UN Inter-Agency Task Force on the Prevention and Control of NCDs to explore the relationship between NCDs and the law to improve support to Member States in this area and to raise the priority it gives to this work.

22. We recognize that access to education that promotes health literacy at all levels of society and contexts is a key determinant of health. In particular, the school environment will be enabled to provide evidence-based education, including information and skills. We will improve awareness-raising on health and well-being throughout society, including the prevention and control of NCDs supported through public awareness campaigns and health-conducive environments that make the healthy choice the easier choice and facilitate behavioural changes. Besides the general responsibility of relevant sectors to promote health, it is in particular the task of the health sector to develop and provide appropriate information to increase health literacy.

23. We will scale up efforts to use information and communication technologies, including e-health and m-health, and other non-traditional and innovative solutions, to accelerate action towards achieving SDG target 3.4 by 2030.

24. We are concerned that the increased production and consumption of energy-dense, nutrient poor foods has contributed to diets that are high in saturated fats, sugars and salts. We will work towards advancing the implementation of global strategies and recommendations that aim at strengthening national food and nutrition policies, and their monitoring. This would include, inter alia, developing guidelines and recommendations that support and encourage healthy diets throughout the life course of our citizens, increasing the availability and affordability of healthy, safe nutritious food, including fruits and vegetables, while enabling healthier food choices as part of a balanced diet, and ensuring access to clean and safe drinking water. We call on WHO and FAO and other relevant international organizations to fully leverage the UN Decade of Action on Nutrition to promote health-conducive food production and supply systems reduce diet-related NCDs and contribute to ensure healthy diets for all.

25. We call on WHO to fast-track its review of national and regional experience of intersectoral policies to achieve SDG 3, and particularly target 3.4 on NCDs, to update its guidance on multisectoral and multi-stakeholder action for the prevention and control of NCDs and disseminate knowledge and best practices through WHO GCM/NCD's¹ communities of practice in a manner supportive of action at country level.

Reinforce the role of non-State actors

26. We acknowledge the need to engage with non-State actors in view of their significant role for the advancement and promotion of the highest attainable standard of health and to encourage non-State actors to use their own activities to protect and promote public health, in line with national context and priorities.

27. We will increase opportunities for meaningful participation of, where and as appropriate, nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions, in building coalitions and alliances across the spheres of sustainable development in the prevention and control of NCDs, recognizing that they can complement the efforts of governments at varying levels and support the achievement of SDG target 3.4, in particular in developing countries.

28. We call on the private sector, ranging from micro-enterprises to cooperatives to multinationals, to contribute to addressing NCDs as a development priority, in the context of the achievement of the SDGs, in particular SDG 17.²

Seek measures to address the negative impact of products and environmental factors harmful for health and strengthen the contribution and accountability of the private sector and other non-State actors

29. One notable challenge for the prevention and control of NCDs is that public health objectives and private sector interests can conflict. We commit to enhancing the national capacity to engage constructively with the private sector for NCDs prevention and control in a way that maximizes public health benefits.

30. We acknowledge that we need to continue to develop coordinated and coherent policies, strengthen evidence-based policy and regulatory frameworks, and align private sector incentives with

¹ WHO Global Coordination Mechanism on the Prevention and Control of NCDs (WHO GCM/NCD).

² Strengthen the means of implementation and revitalize the global partnership for sustainable development.

public health goals, to make health conducive choices available and affordable in healthy environments, and in particular, to empower and provide people with the necessary resources and knowledge, including health literacy, in order to enable healthy choices and active lifestyles.

31. We further encourage the private sector to produce and promote more food and beverage products consistent with a healthy diet including by reformulating products, especially those products with the largest impacts on health, to provide healthier options that are affordable and accessible for all and that follow appropriate nutrition facts and labelling standards, including information on sugars, salt and fats and, where relevant, trans-fat content. We also encourage the private sector to reduce the exposure of and impact on children of marketing of foods and non-alcoholic beverages, consistent with WHO recommendations and guidance, and in accordance with national legislation, policies, and relevant international obligations.

32. We acknowledge the importance of improving environmental determinants and reducing risk factors in the prevention and control of NCDs and the inter linkage of SDG targets 3.4 and 3.9.¹ These interlinkages illustrate that the prevention and control NCDs can also contribute positively to the SDG goal 13 on climate change. We will promote actions that are mutually reinforcing and support achievement of these goals and targets.

33. We will continue to work with all stakeholders, including industry, food business operators, health and consumer NGOs, and academia, towards the achievement of the nine voluntary NCD targets for 2025. This may include, as appropriate, promoting the recording and making publicly available of the verifiable commitments of non-State actors, as well as their reporting on the implementation of those commitments. We call on WHO to continue the development of expertise, tools, guidance and approaches that can be used to register and publish contributions of non-State actors in the achievement of these targets, and to assist Member States in effectively engaging non-State actors and leveraging their strengths in the implementation of national NCD responses.

34. We call upon States parties, to accelerate the full implementation of the WHO Framework Convention on Tobacco Control, as one of the cornerstones of the global response to NCDs and encourage countries that have not yet done so to consider becoming a Party to the Convention. Recognizing the fundamental and irreconcilable conflict of interest between the tobacco industry and public health, we will continue to implement tobacco control measures without any tobacco industry interference.

35. We encourage the WHO GCM/NCD to explore the impact of economic, market and commercial factors on the prevention and control of NCDs to better improve the understanding of their implications for health outcomes and opportunities to advance action in the global NCD agenda.

Continue relying on WHO's leadership and key role in the global response to NCDs

36. We reaffirm WHO as the directing and coordinating authority on international health work and all its functions in this regard, including its normative work and convening role. WHO's support is essential in the development of national NCD and mental health responses as an integral part of the implementation of the 2030 Agenda for Sustainable Development. WHO's advice to Member States on how to address the determinants and risk factors remains indispensable for the global action on NCDs and mental health.

¹ By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.

37. We also reaffirm WHO's leadership and coordination role in promoting and monitoring global action against NCDs in relation to the work of other UN agencies, development banks, and other regional and international organizations in addressing NCDs in a coordinated manner.

38. We call on WHO to strengthen its capacity to provide technical and policy advice and enhance multistakeholder engagement and dialogue, through platforms such as the WHO GCM/NCD and the UN Inter-Agency Task Force on NCDs.

39. We further call on WHO to consider prioritizing the implementation of strategic actions, including cost-effective and evidence-based policies and interventions, in preparation of the third United Nations High-level Meeting on NCDs in 2018.

Act in unity

40. We acknowledge that the inclusion of NCDs in the 2030 Agenda for Sustainable Development provides the best opportunity to place health and in particular NCDs at the core of the pursuit of shared progress and sustainable development. Ultimately, the aspiration of the 2030 Agenda is to create a just and prosperous world where all people can exercise their rights and live long and healthy lives.

41. Acting in unity to address NCDs demands a renewed and strengthened commitment to show that we can be effective in shaping a world free of the avoidable burden of NCDs. In so doing, we will continue to listen to and involve the peoples of the world – those exposed to NCD risk factors, and those with health care needs for NCDs and mental health. We will continue to build a future that ensures present and future generations enjoy the highest attainable standard of health and well-being.

Seventh plenary meeting, 26 May 2018
A71/VR/7

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