

TIME TO DELIVER



Report of the WHO Independent High-Level Commission on Noncommunicable Diseases

SUMMARY

Billions of people around the world are affected by noncommunicable diseases (NCDs) and mental disorders at all stages of the life course, from childhood to old age. Four diseases – cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes, account for most of the NCD burden.

In 2015, countries agreed on the Sustainable Development Goals, which includes a specific NCD target within Goal 3 on health, which is a one-third reduction of premature NCD mortality by 2030 through prevention and treatment of NCDs and the promotion of mental health and well-being (SDG target 3.4).

Despite the many proven interventions and commitments to combat NCDs, progress has been slow and uneven globally. Challenges to achieving these commitments include lack of political will and priority setting, the impact of economic, commercial and market factors, and insufficient financing and capacity.

The WHO Independent High-level Commission on NCDs was convened by the WHO Director-General in October 2017 to advise him on how countries can accelerate progress towards achieving SDG target 3.4. Taking into account previous work, as well as additional innovative thinking, the Commission agreed on six key recommendations.

01 START FROM THE TOP

Political leadership and responsibility, from capitals to villages.

- Heads of State and Government, not Ministers of Health only, should oversee the process of creating ownership at national level of NCDs and mental health.
- Political leaders at all levels, including the subnational level, for example, city mayors, should take responsibility for comprehensive local actions, together with the health sector, that can advance action against NCDs and mental disorders.

02 PRIORITIZE AND SCALE UP

Governments should identify and implement a specific set of priorities within the overall NCD and mental health agenda, based on public health needs.

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03 EMBED AND EXPAND: NCDS WITHIN HEALTH SYSTEMS AND UNIVERSAL HEALTH COVERAGE

Governments should reorient health systems to include health promotion and the prevention and control of NCDs and mental health services in their UHC policies and plans, according to national contexts and needs.

- Governments should ensure that the national UHC public benefit package includes NCD and mental health services, including health promotion and prevention and priority health care interventions as well as access to essential medicines and technologies.
- Primary health services should be strengthened to ensure equitable coverage, including essential public health functions, with an adequate and well-equipped multi-disciplinary health workforce, especially including community health workers and nurses.
- Synergies should be identified in existing chronic-care platforms, such as HIV and TB, to jumpstart NCD and mental health services.

04 COLLABORATE AND REGULATE

Governments should increase effective regulation, appropriate engagement with the private sector, academia, civil society, and communities, building on a whole-of-society approach to NCDs, and share experiences and challenges, including policy models that work.

GOVERNMENTS

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Governments must take the lead in creating health-protecting environments through robust laws, where and when necessary, and through dialogue, where appropriate, based on the "health is the priority" principle, including clear objectives, transparency, and agreed targets. Dialogue must not, however, replace regulation in cases where regulation is the most or the only effective measure. Any dialogue platform should include transparency and a mechanism for accountability and evaluation, as well as a timeframe.

PRIVATE SECTOR

- Governments should be encouraged to engage constructively with the private sector—with the exception of the tobacco industry¹ and with due attention to the management of commercial and other vested interests, while protecting against any undue influence, to seek ways to strengthen commitments and contributions to achieving public health goals, in accordance with the mandate of the SDGs.
- Taking into account and managing possible commercial and other vested interests, in order to contribute to accelerated progress towards SDG target 3.4, governments should work with: food and non-alcoholic beverage companies in areas such as reformulation, labelling, and regulating marketing; the leisure and sports industries to promote physical activity; the transportation industry to ensure safe, clean, and sustainable mobility; the pharmaceutical industry and vaccine manufacturers to ensure access to affordable, quality-assured essential medicines and vaccines; and with technology companies to harness emerging technologies for NCD action. Governments could also encourage economic operators in the area of alcohol production and trade to consider ways in which they could contribute to reducing the harmful use of alcohol in their core areas, as appropriate, depending on national, religious, and cultural contexts.
- Governments should give priority to restricting the marketing of unhealthy products (those containing excessive amounts of sugars, sodium, saturated fats and trans fats) to children. WHO should explore the possibility of establishing an international code of conduct on this issue, along with an accountability mechanism, while acknowledging the need for partnerships based on alignment of interests.
- Both fiscal incentives and disincentives should be considered to encourage healthy lifestyles by promoting the consumption of healthy products and by decreasing the marketing, availability, and consumption of unhealthy products.

CIVIL SOCIETY AND THE PUBLIC

- Governments should ensure the meaningful engagement and participation of civil society and people living with NCDs and mental disorders, including, where appropriate, by strengthening civil society and alliances, particularly in low- and middle-income countries. Governments should work with civil society to raise awareness, increase advocacy, deliver services, and monitor progress. Beyond civil society, multisectoral mechanisms, such as national NCDs commissions and equivalents of the Global Coordination Mechanism, can be employed to ensure wide consultation.
- People with mental health conditions and civil society must be engaged to effectively end discrimination and human rights violations. They should also be involved in the planning of mental health services.
- Governments should increase the empowerment of individuals to take action by actively promoting health literacy, including in formal education curricula, and targeted information and communication campaigns. This could include convening marketing experts and behavioural economists to develop public health campaigns designed to educate different populations on how best to prevent and mitigate the risk factors and harms of NCDs.

SUPPORTING ROLE OF WHO

WHO should support governments' efforts to engage with the private sector for the prevention and control of NCDs, including any necessary regulatory action, taking into consideration the rationale, principles, benefits, and risks, as well as the management of conflicts of interest in such engagement.

05 FINANCE

Governments and the international community should develop a new economic paradigm for funding action on NCDs and mental health.

NATIONAL GOVERNMENTS SHOULD



- Develop and implement a new economic paradigm for actions against NCDs, based on evidence that
 effective measures are investments in human capital and economic growth.
- Increase the percentage of national budgets allocated to health, health promotion, and essential public health functions, and within health, to NCDs and mental health.
- Implement fiscal measures, including raising taxes on tobacco and alcohol, and consider evidence-based fiscal measures for other unhealthy products.
- With the support of tools developed by WHO, conduct health-impact assessments and, where possible, fullcost accounting, which factors in the true cost to societies of policies that have a bearing on NCDs.

THE INTERNATIONAL COMMUNITY SHOULD



- Increase financing and lending for the prevention and management of NCDs through bilateral and multilateral channels;
- Explore a number of mechanisms to increase financing for NCD action, which could include: the establishment of a Global Solidarity Tobacco and Alcohol Contribution as a voluntary innovative financing mechanism to be used by Member States for the prevention and treatment of NCDs: and consider the establishment of a multi-donor fund, to catalyse financing for the development of national NCDs and mental health responses and policy coherence at country level.
- Integrate NCDs into human-capital and human development indices.
- Convene a health forum for investors to support action against NCDs.

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WHO should prioritize NCDs and mental health. This requires that Member States consider increasing or reallocating their contributions to the Organization so that WHO can meet the demand for country support. Support for addressing NCDs is the leading request from countries, but the Organization's budget has been reduced in the current biennium owing to lack of financing from donors.

06 ACT FOR ACCOUNTABILITY

Governments should strengthen accountability to their citizens for action on NCDs.

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Governments should create or strengthen national accountability mechanisms, taking into account the global NCD accountability mechanism and health impact assessments.

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WHO should simplify the existing NCD accountability mechanism and establish clear tracking and accountability for the highest impact programmes that can lead to achievement of SDG target 3.4, including a harmonised Countdown 2030 for NCDs and mental health.