

UN High-Level Meeting on NCDs: Priority Language for the Outcomes Document, 4 July 2011

The NCD Alliance has analysed the 23 June Zero Draft and congratulates the co-facilitators on providing a comprehensive preamble, reflecting a broad array of issues directly related to non-communicable diseases (NCDs).

This paper sets out the priority language that the NCD Alliance is requesting Member States consider for inclusion in the final Outcomes Document. This paper and the complete set of the NCD Alliance's suggested changes to the Zero Draft can be downloaded from <http://www.ncdalliance.org/takeactionnow> in both pdf and Word formats.

This will be a fast-moving iterative process, as we expect the Zero Draft will be revised frequently. The NCD Alliance is ready to support Member States throughout the drafting process. Contact info@ncdalliance.org for further information and assistance.

An "action-oriented Outcomes Document"

The modalities resolution for the UN Summit (Resolution A/65/238) commits Member States to agree on an "action-oriented Outcomes Document", which is drafted with input from the preparatory process, evidence-based inputs, informal consultations and the Secretary General Report on NCDs.

The language recommended by the NCD Alliance therefore draws heavily from language previously agreed by Member States in official consultations for the Summit, as well as relevant UN Resolutions and Declarations.

"What gets measured gets done"

As WHO Director General, Dr Margaret Chan, stated at the First Global Ministerial Conference on NCDs and Healthy Lifestyles in Moscow in April 2011, *"Without global goals or targets, this is not going to fly – what gets measured gets done"*. The HIV/AIDS UNGASS in 2001 and consequent review meetings have demonstrated this.

Along with specific language, the NCD Alliance is calling for the inclusion of time-bound targets in the Outcomes Document. This omission is a critical weakness of the Zero Draft, and one that civil society is united around and will support Member States to rectify.

Bold, specific, and measurable targets and timetables (both short-term and long-term) are integral to creating a shared vision between Member States and civil society, driving international and national follow-up action, and catalysing more effective use and coordination of resources.



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Key Issues	NCD Alliance priorities	Headline points and recommendations	Key paras.
Leadership and International Cooperation	<ul style="list-style-type: none"> • Establish an NCDs Partnership, linked to WHO, to coordinate follow up action with member states, other UN and multilateral agencies, foundations, NGOs and private sector • Commit to a whole-of-government response through costed national plans for NCD prevention and treatment • Increase national and international resources for NCD prevention and treatment • Include NCDs in future global health and development goals 	<ul style="list-style-type: none"> • Specific commitments on “whole of government” approach, national NCD plans and resourcing • High-level political leadership and support is essential • Integrate the promotion and protection of human rights into national NCD policies • Provide adequate and sustained resources through domestic, bilateral and multilateral channels, including innovative financing mechanisms, and increase allocation for NCDs from national budgets • Refer to the Paris Declaration on Aid Effectiveness to ensure Official Development Assistance on NCDs is aligned to national priorities 	34 34a 34b 37 47 49 54
Prevention	<ul style="list-style-type: none"> • Accelerate implementation of Framework Convention on Tobacco Control (FCTC) • Reduce dietary salt, sugar, saturated and trans-fats and harmful use of alcohol • Implement strategies to encourage physical activity and to improve diet 	<ul style="list-style-type: none"> • Use a broader definition of NCD prevention, going beyond a narrow focus on reducing risk factors; add commitments on broader societal drivers of NCDs including environmental and social determinants • Commit to regular increases in tobacco taxes, to developing national tax strategies, and to protecting policies from the vested interests of the tobacco industry • Develop and implement cost-effective interventions to achieve substantial reductions in levels of saturated fats, trans-fats, salt and refined sugars in processed foods; and policies to promote physical activity • Commit to act swiftly to increase awareness of problems caused by harmful use of alcohol and to implementing effective policy measures to regulate the availability, price and marketing of alcohol 	39 40
Health Systems and Treatment	<ul style="list-style-type: none"> • Strengthen health systems through integration of NCD prevention and treatment • Increase access to affordable, quality-assured essential medicines and technologies to prevent and treat cancer, cardiovascular disease, chronic respiratory disease and diabetes, including vaccines and palliative care 	<ul style="list-style-type: none"> • Within health systems strengthening, emphasise the primary care level, care across the life-course including preventative, curative, palliative and rehabilitative services • Provide affordable, safe, effective, quality-assured medicines (including for palliative care), vaccines and technologies to people with, and at high risk of, NCDs • Strengthen the policy and programmatic links between NCDs and communicable diseases, sexual, reproductive, maternal and child health services, leveraging existing services as an entry point for NCD interventions 	34f 34h 35
Monitoring, Reporting and Accountability	<ul style="list-style-type: none"> • Establish a high level Accountability Commission on NCDs with cross sector representation to monitor Summit commitments 	<ul style="list-style-type: none"> • Commit to establish a global set of indicators to monitor NCD trends and determinants and to a specific timetable • Deliver improvements to national data collection as vital tools for effective monitoring and evaluation • Agree on an interim review in 2013 (to feed into the MDG Review Meeting), and a comprehensive review of progress in 2015 (to feed into future development goals) 	54 55 56

Co-facilitators' text at 23 June		NCD Alliance PRIORITY text at 1 July
		Consider adding: Integrate the promotion and protection of human rights into national NCD policies, ensuring particular attention is paid to women and girls, young people, orphans and children, older people, migrants and people affected by humanitarian emergencies, indigenous people and people with disabilities, depending on local circumstances; (based on 2005 World Summit Outcome)
34	Establish and strengthen national policies and plans for the prevention and control of non-communicable diseases, and notably strengthen national health systems by addressing gaps in all six health system components: finance, governance, health workforce, health information, essential medicines and technologies and service delivery;	<p>NCDAs suggests alternative text:</p> <p>34.1 Consider using: By (XXXX), develop and implement multi-sectoral integrated national NCD plans, including financing plans, which include time-bound goals to be reached in a targeted, equitable and sustained manner, and strengthen institutional capacities for NCD prevention and control; (based on Brazzaville Declaration)</p> <p>34.2 Consider using: Address gaps in all six health system components: finance, governance, health workforce, health information, essential medicines and technologies and service delivery; <i>to deliver evidence-based, affordable and cost-effective interventions for NCDs including preventative, curative, palliative and rehabilitative services and health promotion activities;</i> (text in italics based on Brazzaville Declaration)</p>
34a.	Provide adequate and sustained resources through domestic, bilateral and multilateral channels, including innovative financing mechanisms;	<p>NCDAs supports current text, and suggests:</p> <p>34a.1 Consider adding text in italics: Provide adequate and sustained resources through domestic, bilateral and multilateral channels, including innovative financing mechanisms <i>and increase national ownership of NCD responses through greater allocation for NCDs from national resources and health budgets;</i> (based on Seoul and Brazzaville Declarations)</p>
34b.	Improve the coordination, coherence and effectiveness of health governance for NCDs at all levels;	<p>NCDAs supports current text, and suggests:</p> <p>34b.1 Consider adding: Provide leadership and concerted whole-of-government action at all levels (national, sub-national and local) and across a number of sectors such as health, social affairs, education, energy, agriculture, sports, transport, urban planning, environment, employment, housing, industry and trade, finance and economic development to develop public policies that create equitable health promoting environments at all stages of life; (based on Seoul, Jakarta, Mexico and Moscow Declarations)</p> <p>34b.2 Consider adding: Work with partners to direct resources to strengthen the advocacy, policy and programmatic links between NCDs and communicable diseases, sexual, reproductive, maternal and child health services, leveraging existing services as an entry point to deliver a range of NCD prevention and control interventions; (based on HIV/AIDS 2011 Declaration)</p>

34f	Give greater priority to treating chronic diseases and improving the accessibility of medicines to treat them; provide sustainable access to medicines including through the development and use of evidence-based guidelines for the treatment of non-communicable diseases, efficient procurement and distribution of medicines in countries, establish viable financing options and promote the use of generic medicines. Subsidies should be established to help the poorest segments of the population;	<p>NCDA supports current text, and suggests:</p> <p>34f.1 Consider adding text in italics: Give greater priority to <i>preventing and</i> treating <i>NCDs</i> and improving the accessibility of medicines <i>and technologies</i> to treat them; provide sustainable access to <i>affordable, safe, effective and quality-assured medicines (including for palliative care), vaccines and technologies</i> including the development and use of evidence-based guidelines for the treatment of non-communicable diseases, <i>the training of health workers on these guidelines, the reinforcement of national medicines regulatory authorities</i>, efficient procurement and distribution <i>systems of medicines</i> in countries, <i>the use of pooled procurement initiatives when necessary to influence the markets, the establishment of</i> viable financing options and <i>the promotion of</i> the use of generic medicines. Subsidies should be established to help the poorest segments of the population;</p>
34h	Improve access to affordable, good-quality, effective medicines and diagnostics, including through the use of TRIPS flexibilities;	<p>NCDA supports current text, and suggests:</p> <p>34h.1 Consider adding the text in italics: Improve access to <i>affordable, safe, effective and quality-assured medicines (including for palliative care), vaccines and technologies</i> including through the use of TRIPS flexibilities;</p>
35	Pursue a comprehensive approach to the strengthening of health systems which is based upon primary health care that delivers effective services for prevention and treatment of NCDs and infectious diseases;	<p>NCDA supports current text, and suggests:</p> <p>35.1 Consider adding text in italics: Pursue a comprehensive approach to the strengthening of health systems which is based upon primary health care that delivers effective services for prevention and treatment of NCDs and infectious diseases, <i>and maternal, newborn and child health and ensures quality care across the life-course;</i></p>
37	Consider essential health care for NCDs as part of health and development initiatives;	<p>NCDA suggests alternative text:</p> <p>37.1 Consider using text in italics: <i>Integrate</i> essential health care for NCDs <i>into</i> health and development initiatives</p>
38	Implement cost-effective population-wide interventions, including through regulatory and legislative actions, for NCD risk factors, such as tobacco use, unhealthy diet, lack of physical activity and abuse of alcohol. Possible public health “best buys” could include tobacco and alcohol control measures; reducing salt and sugar intake; replacing trans-fats in foods with polyunsaturated fats, promoting public awareness about diet and physical activity, and delivering hepatitis B vaccinations; (SG’s report, executive summary, para 9)	<p>NCDA suggests alternative text:</p> <p>38.1 Consider using: By (XXXX), develop and implement cost-effective interventions, such as fiscal policies, regulatory and legislative measures, to achieve substantial reductions in levels of saturated fats, trans-fats, salt and refined sugars in processed foods;</p> <p>38.2 Consider using: By (XXXX), develop and implement policies and legislation to promote the provision of safe open spaces and widespread dedicated walking and cycling facilities throughout built and external environments;</p> <p>38.3 Consider using: By (XXXX), develop and implement programmes to deliver hepatitis B and HPV vaccinations, where appropriate;</p>

39	Implement international agreements and strategies to reduce risk factors, including the WHO Framework Convention on Tobacco Control (FCTC), the Global Strategy on Diet, Physical Activity and Health and the Global Strategy to Reduce the Harmful Use of Alcohol;	<p>NCDAs recommends that the FCTC, as a legally-binding international treaty, should be considered separately to other normative strategies and non-binding resolutions, and therefore suggests:</p> <p>39.1 Consider using: Accelerate implementation of the WHO Framework Convention on Tobacco Control (FCTC), using the full range of options including legislation, regulation, fiscal measures, policies and programmes; (based on Jakarta and Seoul Declarations)</p> <p>39.2 Consider adding: Increase tobacco taxes annually [or: regularly] by an amount sufficient to reduce consumption, and, by XXXX, develop a national tax strategy (to serve both public health and fiscal purposes) to achieve a continual and substantial reduction in tobacco consumption; (builds on FCTC Article 6)</p> <p>39.3 Consider adding: In setting and implementing public health policies with respect to tobacco control, act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law; (FCTC Article 5.3)</p> <p>39.4 Consider adding: Pledge to accord a high priority to the implementation of FCTC measures in national health policies and programmes, including policies aiming to increase health equity; in poverty reduction and development strategies; and in bilateral and multilateral cooperation in the scientific, technical and legal fields; (based on FCTC Articles 22 and 26)</p> <p>39.5 Consider using: Accelerate implementation of the Global Strategy on Diet, Physical Activity and Health; and take measures to implement the recommendations in WHA 63.14 on the marketing of food and non-alcoholic beverages to children, while taking into account existing legislation and policies as appropriate; (based on Mexico Declaration and WHA 63.14)</p> <p>39.6 Consider adding: Implement the Global Strategy to Reduce the Harmful Use of Alcohol and act swiftly to increase awareness of problems caused by alcohol together with effective policy measures to regulate the availability, price and marketing of alcohol in order to reduce harm to individuals and society, and to minimise impact on economies; (based on WHO Global Status Report on Alcohol and Health 2011)</p>
40	Encourage countries which have not yet done so to ratify the WHO Framework Convention on Tobacco Control	<p>Technically, ratification is no longer an option, therefore NCDAs suggests:</p> <p>40.1 Consider using: Encourage countries that have not yet done so to become Parties to the WHO Framework Convention on Tobacco Control</p>
47	Strengthen international support for the full and effective implementation of WHO Framework Convention on Tobacco Control (FCTC), the Action Plan for the Global Strategy for the Prevention and Control of Non-Communicable Diseases, the Global Strategy on Diet, Physical Activity and Health and the Global Strategy to Reduce the Harmful Use of Alcohol and other relevant international strategies to address NCD;	<p>NCDAs supports current text, and suggests:</p> <p>47.1 Consider using text in italics: Strengthen international support for the full and effective accelerated implementation of the WHO Framework Convention on Tobacco Control (FCTC), the Action Plan for the Global Strategy for the Prevention and Control of Non-Communicable Diseases, the Global Strategy on Diet, Physical Activity and Health and the Global Strategy to Reduce the Harmful Use of Alcohol and other relevant international strategies to address NCDs; (based on Moscow Declaration)</p>

49	Integrate cost-effective interventions into the development agenda and related investment programmes, including poverty reduction initiatives, in low-and middle income countries; (based on SG's report, para 71 a)	<p>NCDA supports current text, and suggests:</p> <p>49.1 Consider adding text in italics: Integrate cost-effective interventions into the future internationally agreed development agenda and related investment programmes, including poverty reduction initiatives <i>and strategies, development assistance programmes and country cooperation agendas</i>, in low-and middle income countries; (based on Jakarta and Brazzaville Declarations)</p> <p>49.2 Consider adding: Advance implementation of the Paris Declaration on Aid Effectiveness and the Accra Agenda and to align national priorities, policies, plans, frameworks and reporting systems while sustaining commitments to reach investment needs through long-term, predictable financing;</p>
54	Build on existing efforts and develop, with the support of UN agencies, funds and programmes and international organizations, a global set of indicators to monitor NCDs and their determinants, to assess the capacity of countries to address them and to evaluate progress made at the national, regional and global levels, while avoiding duplication and building on existing indicators and reporting requirements under strategies and agreements;	<p>NCDA supports current text, and suggests:</p> <p>54.1 Consider adding text in italics: Build on existing efforts and develop <i>establish by (XXXX)</i>, with the support of UN agencies, funds and programmes and international organizations, a global set of <i>quantified and time-bound</i> indicators to monitor NCD <i>trends</i> and their determinants, to assess the capacity of countries to address them and to evaluate progress made at the national, regional and global levels, while avoiding duplication and building on existing indicators and reporting requirements under strategies and agreements; <i>and integrate these indicators into future internationally agreed development goals</i></p> <p>54.2 Consider adding: By (XXXX), develop appropriate monitoring and evaluation instruments to support national and global data collection of NCD trends and determinants, and where necessary, enhance capacity building, technical and financial support to Member States to supplement national efforts;</p>
55	Consider the establishment of standardized national targets to assess the progress made in addressing non-communicable diseases; (SG's report, para 68 c).	<p>NCDA suggests alternative text:</p> <p>55.1 Consider using: By (XXXX), establish standardized national targets to monitor the progress made in addressing <i>the magnitude and socio-economic impact of</i> non-communicable diseases; (SG's report, para 68 c, and A/64/265).</p> <p>55.2 Consider adding: Prioritize the goal of reducing NCD death rates by 2% per year;</p> <p>55.3 Consider adding: Prioritize the goal of reducing tobacco use to less than 5% by 2040 by accelerating implementation of the FCTC and increasing tobacco taxes annually by an amount sufficient to reduce consumption;</p> <p>55.4 Consider adding: Prioritize the goal of reducing salt intake to no more than 5g per person per day by 2025;</p> <p>55.5 Consider adding: Prioritize the goal of providing affordable, safe, effective, quality-assured medicines (including for palliative care), vaccines and technologies to people with, and at high risk of, NCDs;</p>
56	Request the Secretary-General to provide an annual report on progress achieved in realizing the commitments made in this Outcome document.	<p>NCDA suggests alternative text:</p> <p>56.1 Consider adding text in italics: Request the Secretary-General to provide an annual report <i>and to convene, with support from WHO, an interim review in early 2013 of</i> progress achieved in realizing the commitments made in this Outcomes Document; <i>and a comprehensive review of progress in early 2015;</i></p> <p>56.2 Consider using: Request the Secretary-General to establish a high-level monitoring and accountability commission to review progress towards national and global targets, assess impact of interventions and improve performance on delivering commitments made in this Outcomes Document; (based on Seoul, Brazzaville and Mexico)</p>