

**Draft ~~[outcome document~~ Political Declaration: G77,
support NZ; EU, CA to come back] of the High-level
Meeting on the prevention and control of non-communicable
diseases**

1. We, Heads of State and Government and representatives of States and Governments assembled at the United Nations from 19 to 20 September 2011 to address the prevention and control of non-communicable diseases worldwide, with a particular focus on developmental and other challenges and social and economic impacts, particularly for developing countries;
- 1bis Acknowledge that the global burden and threat of non-communicable diseases constitutes one of the major challenges for development in the twenty-first century, which undermines social and economic development throughout the world, threatens the achievement of internationally agreed development goals, ~~[including the MDGs; and may increase the level of malnutrition and reverse the achievement of MDG 1 and the health-related MDGs and the progress made in the past two decades; G77, support by NZ]~~ [threatens the achievement of ~~[internationally agreed development goals, and may increase the level of malnutrition and reverse the achievement of MDG 1 and~~ health-related MDGs and the progress made in the past two decades; EU] (former para 18).
- 1 bis alt Recognize that non-communicable diseases are a threat to the economies of many Member States, leading to increasing inequalities between countries and populations, thereby threatening the achievement of the internationally agreed development goals, including the Millennium Development Goals [Replace 1 bis with OP 24 CA, US, EU]**
- 1 ter Recognize that non-communicable diseases are a threat to the economies of many Member States, ~~leading to increasing inequalities between countries and populations, thereby threatening the achievement of the internationally agreed development goals, including the Millennium Development Goals;~~ add another para based on op 24 : G77; amended by NZ if 1bis maintained also]**
2. Recognize the ~~[primary leadership G77]~~ **[primary leadership G77]** role and responsibility of Governments in responding to the challenge of non-communicable diseases and the essential need for the efforts and engagement of all sectors of society to generate effective responses **[for the prevention and control of NCDs; CA, AU, NZ, US, EU, G77]**
3. Recognize also the important ~~[and complementary G77, Aust]~~ **[and complementary G77, Aust]** role of the international community and international cooperation in assisting Member States, ~~[complementing G77]~~ **[complementing G77]** particularly developing countries, ~~[in accordance with the principle of national ownership G77, Aust]~~ **[in accordance with the principle of national ownership G77, Aust]** in ~~[complementing supporting G77]~~ **[complementing supporting G77]** national efforts to generate ~~[an]~~ **[an]** effective response~~[s NZ, G77, Aust]~~ **[s NZ, G77, Aust]** to non-communicable diseases; ~~[while noting that national ownership and leadership are absolutely indispensable; CA, G77 delete]~~

4. [~~Recall~~ **Reaffirm G77, CA, NZ, EU**] the right of everyone to the enjoyment of the highest attainable standards of physical and mental health and [**split para here, CA NOR**], [**G77 supports single paragraph**] recognize [**the urgent need for that this right cannot be achieved G77**] without greater measures at global, [**regional, Aust, G77**], and national levels to prevent and control NCDs; [**in order to contribute to the full realization of this right G77**] [**CA support G77 but prefers to split; Aust flexible about split but use WHO language**]

[4.bis. Stress the importance of achieving the MDGs, especially those related to health, [~~with the objective of ensuring socio-economic development; US~~] G77, NZ] [NZ consider together with 1bis - streamlining language on MDGs] [EU, CA reserve position] cf. WHA63.15 pp4

Agreement to split para 5 :

5. Recall the relevant mandates of the UN General Assembly, in particular A/RES/64/265 and A/RES/65/238,

5bis Note with appreciation the World Health Organization Framework Convention on Tobacco Control and reaffirm all relevant resolutions and decisions adopted by the World Health Assembly on the prevention and control of non-communicable diseases, and underline the importance for Member States to continue addressing common risk factors for non-communicable diseases through the implementation of the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases and its six objectives, as well as the Global Strategy on Diet, Physical Activity and Health, and the Global Strategy to Reduce the Harmful Use of Alcohol; (**para as it emerged from discussions**)

6. Recall the Ministerial Declaration adopted at the 2009 high-level segment of the United Nations Economic and Social Council, which called for urgent action to implement the global strategy for the prevention and control of non-communicable diseases and its related action plan;

G77 use chronological approach to all meetings in 7, 8, 9 and take note with appreciation of all. Supports stand alone Moscow declaration paragraph, but to come after the others.

7. [**Welcome, EU**] [**Take note with appreciation, G77**] of the outcome of, [**and the adoption of the Moscow Declaration, US**] at the First Global Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control, which was organized by the Russian Federation and WHO from 28 to 29 April 2011 in Moscow. [**Put UN mandates first then Moscow Meeting, move to para 9, G77**] [**EU, US, NZ, Switz, G77 support stand alone para on Moscow Meeting**]

~~[and the health breakout session at the MDGs follow-up meeting which was co-organized by the Government of Japan, JICA, UNICEF, UNDP, and the WB on 2nd June 2011 in Tokyo; EU, Aust, US, NZ, G77, NO delete, Japan to come back]~~

8. Take note with appreciation of 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 outcome declaration of the Fifth Summit of the Americas adopted in June 2009; and the Parma Declaration adopted by the Member States of the European Region of WHO in March 2010; **[and the Dubai Declaration on Diabetes and NCDs in the Middle East and Northern Africa (MENA), adopted on 30 September 2010, G77]** **[EU if list maintained delete reference to Dubai Declaration and add reference to the European Charter on Counteracting Obesity adopted in November 2006, EU, NO support adding reference to European Charter]** **[G77 supports additional meetings to be included]**

9. Take note also with appreciation of the outcomes of the regional multisectoral consultations which were held by the World Health Organization in collaboration with Member States, with the support and active participation of regional commissions and other relevant United Nations agencies and entities, and served to provide inputs to the preparations for the high-level meeting in accordance with resolution 65/238;

EU proposal : merge para 8 and 9 to read:

8 & 9 Alt. [Take note with appreciation of all the regional initiatives undertaken on the prevention and control of non-communicable diseases as well as of the outcomes of the regional multisectoral consultations which were held by the World Health Organization in collaboration with Member States, with the support and active participation of regional commissions and other relevant United Nations agencies and entities, and served to provide inputs to the preparations for the high-level meeting in accordance with resolution 65/238; EU]

[G77 move para 7 here]

9 bis: [Further takes note with appreciation of the outcome of the informal interactive civil society hearing held at the UN on June 16, 2011, in accordance with resolution 65/238. [CA, US, NO, Aust support / EU to return / G77 to delete]

Agreement to merge op 10 and 11 :

10. **Acknowledge/Reaffirm** the leading role of the World Health Organization as the primary **[international G77]** specialized agency for health, including its roles and functions with regard to **[global (G77)]** **[public EU, Aust, RF, G77]** health policy in accordance with its mandate, and reaffirm its **[leadership- coordination: NZ, G77]** **[leadership and coordination US, CA, SWITZ, NO, Aust, NZ, RF support)** role in promoting **[and monitoring SWITZ, NO]** global action against non-communicable diseases; **[and acknowledge further the [recognize further the crucial NZ] role of other relevant UN agencies, development banks, and other [regional and G77, NZ] international organizations in addressing NCDs in an [integrated and NZ] coordinated manner; EU, Aust, RF]** **[with the WHO Switz]**

[10 alt Reaffirm the leading role of the World Health Organization as the primary specialized agency for health, including its roles and functions with regard to health policy and health systems in accordance with its mandate. Reaffirm its leadership role in promoting global action against non-communicable diseases and its coordinating role in relation to the work of other relevant UN agencies, development banks, and other international organizations in addressing NCDs in a coordinated manner; EU]

[10 bis. ~~[Reaffirm Recall CA]~~ resolution 64.11 adopted by the World Health Assembly ~~[following on the Moscow Conference CA]~~ on preparations for the HLM of the GA on the prevention and control of NCD; RF] [NZ, EU, G77 delete para]

~~11 [Acknowledge further the ~~[Recognize the crucial: NZ]~~ role of other relevant UN agencies, development banks, ~~[regional agencies: Aust]~~ and other international organizations in addressing NCDs in an ~~[integrated and: NZ]~~ coordinated manner ~~[with the WHO Switz]~~~~

A rising ~~[epidemic G77 considers this fundamental, US reservations]~~ ~~[challenge Aust, EU,]~~ and its socio-economic and developmental impacts. ~~[to be returned to, but should be addressed at next session, understanding focus is on four main NCDs G77]~~

12. Note with profound concern that, according to WHO, in 2008, ~~[an estimated G77] 36 million people died from non-communicable diseases, principally cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, [including about 9.1 million before the age of 60, G77] [non-communicable diseases are among the [a NO, G77 leading causes of [preventable RF] mortality, premature mortality and disability MX, NO, G77] [with nearly 80 percent of these deaths occurring in developing [keep G77] [low and middle income EU, BEL, RF NZ], LDCs, LLDCs, SIDS, MICS and Africa G77 (delete-CA, EU) and that due to the rapid rise [increase G77] [in NCDs deaths—in these diseases are [projected to G77, NO] rise to 52 million by 2030; [NZ merge 12 and 14, Aust, US EU support with amendment] [preventable RF]mortality, premature mortality and disability MX, NO,G77]~~

12 Alt. Note with profound concern that according to the WHO in 2008, ~~[an estimated: G77] 36 million [of the 57 million global deaths were due to died from CA] non-communicable diseases, principally cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, including [about: G77] 9.1 million before the age of 60, and that nearly 80 per cent of these deaths occurred in [developinglow and middle income, EU] countries, while also recognizing that communicable diseases, maternal and perinatal and nutritional deficiencies still remain the most common causes of death in low income countries. [NO agrees to del its proposal in 13 ter in lieu of this proposal for 12 Alt]~~

[12 and 13 alt: Welcome the WHO Global Status report on noncommunicable diseases while noting with concern the data on diseases and risk, in particular with respect to the growing double burden of disease in low and middle income countries, (para not yet discussed)

13. Note further that other NCDs, such as mental ~~[health CA, EU,]~~ ~~[refer just to other NCDS AUST, flexible on mental health,]~~ disorders, ~~[serious injuries HS, oral and eye diseases, sickle cell anaemia and hemoglobinopathies G77, US delete]~~ ~~[CA reserve position]~~ ~~[including Alzheimer disease and other dementias: US]~~ ~~[also EU]~~ contribute ~~[also US EU]~~ ~~[significantly G77]~~ to the global ~~[disease morbidity Jordan]~~ ~~[burden challenge (HS,G77,EU)];~~ ~~[and interact with other NCDs, exacerbatng them and multiplying their risk factors, and that mental disorders should be prevented and treated through an integrated approach with NCDs: EU, US reserve position];~~ ~~[Switz, CA, NZ, Aust keep generic, with reference to mental health]~~ ~~[Aust: this is not just on mental health, purpose of para is to note other NCDS, insist on strict list of four main NCDS recognised by WHO]~~ ~~[Separate para on mental disorders (HS, EU, CA)]~~ ~~[agreed ad ref to delete]~~
- 13 alt. Note further that there is a range of other NCDs, [disabilities AUST] and conditions, for which the risk factors and the needs for [preventative measures NO] screening, treatment and care overlap with the four most prominent NCDs which also contribute to the global burden of disease; in addition countries are encouraged to address other national and regional specific epidemiological NCD priorities, ~~[among these other NCDs are mental developmental and neurological disorders, oral and eye diseases and hemoglobinopathies]~~ Chair proposal to delete and keep generic; G77 keep]
- 13 bis. [Note [Recognize Aust, CA EU reserve] as well the [linkages important relationship AUST] between mental health and mental disorders and the four main NCDs and their common risk factors: CA, support US].
- 13ter. ~~[Recognize that communicable diseases, maternal and perinatal and nutritional deficiencies cause 69% of years of life lost in low income countries in 2010: Norway, Aust].~~ ~~[NZ, G77, CA delete]~~ ~~[Possibly to be included in op17]~~ ~~[NO agrees to del this proposal in lieu of proposal on 12 Alt]~~
14. ~~[Acknowledge with Express [add: profound, CA] concern at the~~ NCDs are rising ~~rapidly rising incidence and prevalence: G77]~~ of NCDs are projected to cause ~~[disabilities: Aust]~~ almost three quarters as many deaths as communicable, maternal, perinatal and nutritional diseases by 2020, when total NCD ~~[related: G77]~~ deaths are projected to rise to 52 million; (agreed ad ref to delete)
15. ~~Recognize that poverty, [lack of education , challenges posed by: G77, EU]~~ ~~[globalization of trade and marketing, Japan, Aust, US, NZ] rapid urbanization and population ageing and other social [and economic determinants G77] [economic, and environmental, Switz, NZ] [determinants factors US] are among the principal~~ ~~contributing factors to the [increasing incidence and prevalence G77] [spread rapidly growing magnitude, US]~~ of NCDs, which is fuelled furthermore by the ~~[persistent Aust] increase in NCD [four common G77] risk factors, namely tobacco use, unhealthy diet, lack of physical activity and harmful use of alcohol, particularly in [low and middle income developing G77] countries;~~ (Agreed ad ref to delete)

15 alt ~~Recognize further the persistent increase in~~ Recognize that the most prominent NCDs are linked to common risk factors, namely tobacco use, harmful use of alcohol, an unhealthy diet, and lack of physical activity, particularly in [low-and middle-income/ developing countries; [delete reference to LMIC/developing countries, end at physical activity Aust, EU)

[15 bis. Recognize that poverty, [lack of education, ~~impact~~ challenges posed by: G77, EU, Holy See], and the possible [~~negative impact US~~] of [~~globalization of trade and marketing NZ~~], [globalization of trade and marketing, particularly for tobacco, food and alcohol, Chair] [~~outdoor and indoor pollution, fine particulate air pollution, chemical contamination~~ delete NZ, Switz, US; keep generic reference to environmental factors NO, US, EU], rapid urbanization and population ageing and social, economic and environmental [~~determinants factors US~~] are among the [~~principle~~ CA] contributing factors to the [spread rising incidence and prevalence G77, HS] of NCDs; EU, US,]

~~[15 ter. Recognize that the most prominent NCDs are linked to common risk factors, namely tobacco use, alcohol abuse, an unhealthy diet, physical inactivity and environmental polluting carcinogens; aware that these risk factors have economic, social, gender, political, behavioural and environmental determinants, and in this regard stress the need for a multi-sectoral approach to combat NCDs; MX]-(agreed ad ref to delete)~~

15 quat Note with grave concern the vicious cycle whereby NCDs and their risk factors worsen poverty, while poverty results in rising rates of NCDs, posing a threat to public health and economic and social development; G77] (former para 20) [US, EU, NZ reserve position, pending clarification]

[15 quat alt. Notes with grave concern that NCDs and poverty create a vicious cycle whereby poverty exposes people to behavioural risk factors for NCDs and, in turn, the resulting NCDs may become an important driver to the downward spiral that leads families towards poverty; Aust, CA,] (WHO global status report)

16. Note with concern that all (Switz) people, [of all age, gender, race— Switz] [~~rich and poor EU~~], without distinction as to age, gender, [~~income EU~~] [and race, —Switz] are affected by the [~~steep rise in EU~~] non-communicable disease [~~epidemic EU~~], and further that the poorest and most vulnerable populations in developing countries are the most affected and [~~that NCDs affect women and men differently~~ women are the most vulnerable US];-(agreed ad ref to delete)

16 Alt. Note with concern that the NCD [epidemic/steep rise EU] affects all [sectors of society people EU, G77 to come back], and [further that the poorest and most vulnerable populations in [particular in (Chair)] [~~developing countries RF or alt language~~ and further that NCDS strike hard amongst the most vulnerable and poorest populations RF] are the most affected CA to come back] and [that NCDs affect women and men differently women are the most vulnerable— US, G77] [G77 EU, CA]

- [16 bis. Express concern about rising levels of obesity in different regions and deeply concerned about the rising rates particularly in children and note that obesity is associated with higher health costs and reduced productivity and is a strong risk for major NCDs; MX, Aust] pending MX
- [16 ter. Deeply concerned that women bear a disproportionate share of the burden of care- giving and that women tend to be less physically active than men, and are more likely to be obese and, in some populations, are taking up smoking at alarming rates; G77] (Source: SG report)
17. Note also with concern that maternal and child health is [~~intricately~~ **inextricably** NZ, CA, Aust] linked with NCDs [**and their risk factors**, NZ, CA] specifically as prenatal [[**under-nutrition and over-nutrition** US, Aust]/[**nutrition** (CA), Chair]/[**malnutrition** G77] and low birth weight [**is associated with [an G77] increased risk of ~~create a predisposition to~~ US**] [**obesity, high blood pressure**- NZ], heart disease and diabetes later in life; [**and pregnancy conditions, such as maternal obesity and gestational diabetes, are associated with similar risks in both the mother and her offspring.** EU]
- [17 alt Note also with concern that maternal and child health is inextricably linked with NCDs because the mechanisms that predispose to NCDs in later life can start very early, from the fetal period onwards. Specifically, prenatal under-nutrition and low birth weight create a predisposition for high blood pressure, heart disease and diabetes later in life; and pregnancy conditions, such as maternal obesity and gestational diabetes, are associated with similar risks in both the mother and her offspring; EU]
- [17 bis. Note with concern, given the magnitude of the HIV epidemic, the undesirable, clinical and epidemiological links between some communicable diseases and NCDs, in particular, that people living with HIV are at higher risk of developing NCDs even with adequate access to antiretroviral medicine, and that women living with HIV are more at risk of developing HPV-related cancer of the cervix; (G77), [US reserve position]
- [17 ter. Recognize that household pollution from inefficient cooking or heating with solid fuels is a risk factor for chronic lung disease, lung cancer and low birth weight for nearly 3 billion people worldwide according to WHO data with a disproportionate effect on poor women and children; US, Liecht] [G77, NZ delete] [Aust, reserve position]
- 19 Acknowledge also the existence of significant [~~inequities~~ **inequalities** G77,] (CA, **NO keep inequities**, US, NZ, **flexible**) in the burden of non-communicable diseases and in access to non-communicable disease prevention and control, both between countries, [**and within countries and communities, and in this regard note the health disparities between indigenous and non-indigenous populations. ~~as well as within countries;~~** G77, NZ] [CA, US, RF retain stand alone paragraph on indigenous peoples, NZ can support]

19bis. [Recognize that health disparities exist between indigenous and non-indigenous populations in the incidence of NCDs, [and their common risk factors US] often [linked to the result of G77] a combination of historical, economic and social factors CA, US][G77 delete]

21. ~~Recognize that the lack of health care infrastructure, [including g77] human resources [for health G77], and social protections systems, in addressing NCDs, [and the need of strengthening health systems check Switz] is more likely to cause people to develop them [these diseases G77] and die [prematurely] at earlier ages G77,] and [in this regard, recognize del Aust] the critical importance of strengthening health systems[Switz, Aust delete middle], particularly in [developing lower and middle income EU] countries Switz (EU ; G77) [in order to respond effectively and equitably to the health care needs of people with NCDs G77] (not yet definitely deleted while related paras remain under discussion)~~

21. Recognize the lack of health care infrastructure, including human resources, health and social protections systems, in addressing NCDs, is more likely to cause people to develop them and die at earlier ages, and in this regard, recognize the critical importance of strengthening health systems, particularly in developing countries; Aust]

21 alt Recognize the critical importance of strengthening health systems including health care infrastructure, human resources [for health G77], health and social protection systems, particularly in developing countries [in order to respond effectively and equitably to the health care needs of people with NCDs. G77] (US, NO, Aust, Switz, EU,NZ) (CA, G77, RF will positively consider)

~~21bis.[Acknowledge the critical importance of improving country level [infrastructure and capacity for EU] surveillance and monitoring systems in order to appropriately address NCDs; Aust, US, EU, NO] (G77 reserves position) [NZ, delete already covered in 53bis] (SG report para 52) [deletion agreed ad ref to be reflected in other paragraph]~~

22. Express concern that health systems, [particularly in developing countries EU], may not be able to respond [timely MX], effectively and equitably to the health care needs of people with non communicable diseases, [as well as to provide measures and guidance to prevent them EU], and that the lack of health care capacity and social protection systems in lower and middle income countries means that NCDs are more likely to cause people to become sick and die at earlier ages; (agreed ad ref to delete)

~~22 bis (alt). [Express concern that health systems, particularly in developing countries, may not be able to respond effectively and equitably to the health care needs of people with non-communicable diseases; CA] (agreed ad ref to delete)~~

~~22 ter. [Express concern as well that the lack of health care capacity and social protection systems in lower and middle income countries means that NCDs are more likely to cause people to become sick and die at earlier ages; CA] (based on SG report executive summary, para 6) (agreed ad ref to delete)~~

- 23 Note with grave concern that **[NCDs and their risk factors are a threat to household income and lead to productivity loss for individuals and their families and to the economies of the affected States: NZ, EU delete]** for millions of people throughout the world, ~~[particularly in developing countries: CA]~~, NCDs and their risk factors are leading to a **[loss of productivity, and household and community income, ~~impair physical capacity~~ EU]**, increase long term treatment and care cost, and create an increased burden on families and communities, ~~loss from unhealthy behaviours, poor physical capacity, long term treatment and high cost of health care, G77]~~ making NCDs a ~~[root-cause US, contribute to EU]~~ **[extreme a contributing factor G77]** of poverty and hunger, **[increasing health inequalities: EU]** which has a direct impact on the achievement of the **[IADGs, including G77]MDGs; [NZ merge para 23 and 24] [US End para at “health care” and add: Recognize that NCDs are striking hard among the most vulnerable and poorest populations. Globally they impact on the lives of billions of people and can have devastating financial impacts and impoverish individuals and their families, especially in low and middle income countries; US EU delete]** (Aust, US, Switz delete) (pending discussions on 23/24 alt, this para may be deleted)
- 24 Recognize that non-communicable diseases are a threat to the economies of many Member States, leading to increasing inequalities between countries and populations, thereby threatening the achievement of the internationally agreed development goals, including the Millennium Development Goals; (A/64/265 - pp 17) **(EU reserves position)** (Aust , US delete) (pending discussions on 23/24 alt, this para may be deleted, see also 1bis and 1ter)
- 23/24 Alt. **[Note with grave concern that NCDs and their risk factors [lead to increased burden on [individuals, Switz] families and communities, including impoverishment from long term treatment and care costs, and to a loss of productivity that threatens ~~are a threat to~~ G77] household income and lead to productivity loss for individuals and their families and to the economies of [the affected Member G77] States: [making NCDs a contributing factor to poverty and hunger, which has a direct impact on the achievement of the IADGS including the MDGS. G77] NZ, Aust, US, G77, No,] [EU to consider]**
- 24 bis **[Note the findings the WHO Commission on social determinants of health stressing the need of involving all sectors of society including the whole of government, civil society, local communities, businesses and international organizations; MX, NO, EU support with insertion of need for a reference to the implementation of the results of the Commission’s work, NZ delete] [G77, Switz have questions].**
- 25 Express deep concern **that the current and emerging global** [interrelated social, economic and environmental challenges, including the current period of food price volatility and continuing food insecurity, ~~interrelated challenges, in particular: the global financial and economic crisis, the food and energy crisis and continuing food insecurity, US]~~ **and climate change,** [~~at the negatively~~ US] impact ~~to~~ on the **efforts to prevention and control of NCDs. posed by the current and emerging global, interrelated challenges, in particular: the global financial and economic crisis, the food crisis and continuing food insecurity, and climate change.** In this regard, we emphasize the need for urgent and **[coordinated multi-sectoral MX, G77 delete]** collective

efforts to ~~[reduce and eliminate MX, — minimize EU]~~ address [address G77] those negative impacts; **and note that efforts already underway to address the negative impacts should be optimized to deliver the best possible health outcomes in relation to NCDs** EU, G77 delete from impact]

Responding to the [epidemic challenge EU, Aust, G77 to retain epidemic] a “whole-of-government”, [“health in all policies” EU, CA, initially not support, to come back, Aust delete] and a “whole-of-society” effort.

[Chair calls upon interested delegations to seek compromise on the issue of ‘health in all policies’ in small group]

Aust can support use of the “epidemic” on understanding, 1) term to be only used in connection to four main NCDS, esp in para 13 Aust would prefer to retain stand alone mental health, and no list of diseases 2) Insertion of reference that supports the use of the term epidemic.

- 26 Recognize that [the onset of G77] **[NCDs can be prevented and controlled most of the EU,] [morbidity and US, EU delete]** [premature deaths [and disabilities MX, EU delete] from non-communicable diseases can be prevented EU, NZ delete from morbidity], including in the poorest countries, with **[increased: G77, EU delete]** commitment, effective implementation of **[appropriate interventions G77, EU delete]** and collective action **[based on [systemic NZ] comprehensive and multisectoral public policies [with a focus on prevention and health promotion, Switz] EU]** by all Member States and other relevant stakeholders at **[local: EU, delete NZ] national, regional and global levels**, using national health policies and broader development frameworks; ~~and approaches that have proved to be effective, with strengthened [policy coherence and: EU] institutions at all levels [of Government US, EU delete]~~ institutions at all levels identify and mobilize necessary financial, — human and technical resources in ways that do not undermine other health objectives in order to develop national policy frameworks, providing guidance to implementing or strengthening nationwide action to reduce risk factors for non-communicable diseases, and implementing the recommendations contained in the Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases; increased allocation and mobilization of resources for non-communicable diseases, increased technical support to developing countries for the development of national policy frameworks, providing guidance to implementing or strengthening nationwide action to reduce risk factors **[throughout the life course: NZ]** for non-communicable diseases, and implementing the recommendations contained in the Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases; (based on WHA61.14; and WHA61/8, p20e and 25a) **G77 delete] EU to work on 26**

26 alt Recognize that the onset of NCDs, as well as most of the related illnesses, disabilities and premature deaths can be prevented and controlled, including in the poorest countries, with increased commitment, effective implementation of appropriate interventions and collective action by all Member States and other relevant stakeholders at local, national, regional and global levels, using national health policies and broader development frameworks; **[G77 proposal]**

26. alt (2) [Recognize that most of the [morbidity US, EU] ~~[premature deaths EU]~~ from non-communicable diseases [and disabilities MX] can be prevented [and controlled EU] with collective action [based on [systemic NZ, US, CA to come back] comprehensive and multi-sectoral public policies US] [with a focus on prevention and health promotion, EU, NO] by all Member States and other relevant stakeholders at national, regional, sub-national, local and global levels, using national health policies [and broader development [frameworks initiatives US] and approaches CA] that have proved to be effective, [~~including the Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases;~~ NO, CA, NZ, MX, Aust, delete] (based on WHA61.14; and WHA61.8, p20c and 25a)

26 bis Recognize that prevention must be the cornerstone of the global response to NCDs; [Agreed ad ref] (former 29bis)

27. Recognize also the critical importance of reducing the level of exposure of individuals and populations [**particularly marginalized groups EU, G77 delete**] to the common modifiable risk factors for non-communicable diseases – namely, tobacco use, unhealthy diet, physical inactivity, and the harmful use of alcohol [and their determinants G77] – [and as well as [~~environmental risk factors and their underlying RF~~] **social, economic and environmental EU**] determinants/[**risk CA**] **factors US, RF**], while at the same time [~~strengthening the capacity of enabling NZ, G77~~] [**strengthening through health promotion [policies-strategies CA], the capacity of: EU, MX, G77 delete**] individuals and populations to make healthier choices and follow lifestyle patterns [~~that foster good health, including through [evidence-based strategies in schools MX] education campaigns [in schools MX], [as appropriate CA] in order to promote health awareness at an early stage of life; EU, NZ delete~~] (*Aust, G77, RF, NZ, NO supports original paragraph*) (*MX agrees to have last part of para reflected in another para*) (*EU to come back on moving last proposal to elsewhere in text*)

(On 27 bis, ter and quat NO agrees to streamline and come back with new proposal, in view of 40 bis, ter and quat, placement tbd.)

[27 bis Recognize that promoting breast feeding is essential in the prevention of obesity as well as under nutrition;]

[27 ter Acknowledge the research that shows that food advertising to children is extensive and note with concern that a significant amount of the marketing is for foods with a high content of fat, sugar or salt and that television advertising influences children's food preferences, purchase requests and consumption patterns WHA 63.1;]

[27 quat Recognize that reducing salt intake is identified as a cost effective, affordable and feasible measure in order to reduce the risk of hypertension and cardiovascular diseases; Norway to come back on where to be reflected in text]

[27 quat bis Recognise that eliminating tobacco consumption is the most achievable action to reduce NCDs and will have dramatic health and economic benefits for individuals and countries [NZ to come back on where to be reflected in text, see also 40]

[27quint Recognize the importance of addressing NCDs in the context of strengthening action on health in all policies, and in particular, with respect to social determinants of health; EU, G77 delete para]

[27 sext. Acknowledge the problem of obesity especially childhood obesity, which must be addressed specifically, ~~[and commit to facilitate the participation of sectors such as education, agriculture, commerce, media, [sport NO] food industry, local government and others along with health authorities US]~~ in order to mitigate and prevent obesity and create an environment to contribute to the prevention of overweight and childhood in accordance WHA 64.14 [EU, US end para here] ~~in a stepwise or comprehensive approach including marketing foods and non-alcoholic beverage to children [add sports, NO] while taking into account existing legislation;~~ *[MX, flexible but issue important, EU, US prefers generic language, streamline, look in relation with 16bis, G77 delete, AU, NO flexible, but keep last sentence if para retained]*

[Switz, US, G77, AU, CA: keep only streamlined original para 27 delete proposed wording 27 bis to 27 sext)

~~28 Recognize further that national policies in sectors other than health have a major bearing on the risk factors for non-communicable diseases, and that health gains can be achieved **[much more readily through focussing on: EU] [by influencing through NZ,] influencing** public policies in sectors like trade, taxation, education, **[employment: EU] agriculture, [housing: EU] urban development, [transport, climate change and environmental management and food production: EU] food [and pharmaceutical production JP, EU] [as well as through than by making EU] changes in health policy alone; [add: social development and communication G77] [deletion agreed ad ref]**~~

[28 alt Recognize further that national policies in sectors other than health have a major bearing on the risk factors for non-communicable diseases, and that health gains can be achieved much more readily by public policies in other sectors than by making health policy alone; CA] [EU prefer to work on this language]

[28 alt alt Recognize that effective NCD prevention and control require leadership and concerted ~~["whole-of-government" G77]~~ action at all levels [of Government ~~(national, sub-national and local) G77]~~ and across a number of sectors, such as health, education, energy, agriculture, sports, transport, [communication G77] urban planning, environment, labour industry and trade, finance [including in the area of taxation G77, (CA, US delete taxation)] and [social and G77] economic development; RF] (Moscow Declaration, para 11), [CA, US, RF, Switz, HS, go back to zero draft original language]

29 Acknowledge the important role ~~[to-be G77, US]~~ played by civil society ~~[stakeholders in a US], [communities, families, employers, health care providers: EU, NO]-academia, [industry, the private sector-NO del]~~ and other stakeholders ~~[and the necessity for inter-sectoral action MX]~~ [in contributing to implementing public health policies, and EU] ~~[while recognizing the fundamental and irreconcilable conflict between the tobacco industry's interests and public health interests: Aust,~~

~~Norway move this section to 29 bis], [and in ensuring— US] a multi-sectoral response to NCDs; NZ]~~

29 alt Acknowledge the contribution and important role played by all relevant stakeholders including civil society, academia, industry, media, voluntary associations, and the private sector in support of national efforts for NCD prevention and control and recognise the need to further strengthen coordination [among these stakeholders CA, G77] in order to improve effectiveness; G77, MX]

29 alt bis Recognise the fundamental and irreconcilable conflict between the tobacco industry's interests and public health interests [G77]

[29 bis Note with appreciation the relevant input and contribution of the private sector [media and industry NO]; ~~[while recognising—~~ in particular, the fundamental and irreconcilable conflict between the tobacco industry's interests and public health interests NO, NZ; , CA reserves position]

~~[29bis Recognize that prevention must be the cornerstone of the global response to NCDs; Aust]— [Agreed ad ref to be moved to 26 bis]~~

~~30— Recognize that the impacts of NCDs can be largely prevented with an [life course: NZ] approach [that focuses on health promotion, on prevention directly addressing risk factors, and on primary health care measures to diagnose and treat those who have or are at high risk of developing NCDs Switz] [which includes that incorporates] [which includes NZ] cost-effective [affordable and EU NZ del] [evidence-based: US,EU] population-wide [health promotion and disease prevention strategies: RF] [and US, EU] health [care EU] interventions, [that are evidence based and affordable G77 NZ del] [and appropriate regulation EU] according to national priorities: RF NZ] [end para here, CA] [so-called: G77,] [public health “best buys” US NZ] to address risk factors, [NZ] and primary health-care [measures G77 keep [to provide including services for [to prevent NCDs and to EU] to treat NZ] those who have or are at high risk of [e ontracting, developing: US, support G77] NCDs; [NZ stop here] [while taking into account that these strategies and interventions should [be equitable and sustainable and CA] taking into account gender, cultural and community perspectives in order to reduce health inequities; RF flexible] [reformulation RF proposal should respond to the specificities of gender, age, culture, Switz]~~

30 Alt. Recognize that the impacts of NCDs can be largely prevented or reduced with an approach that includes evidence-based, affordable, cost effective, population-wide and multi-sectoral interventions, based on health promotion strategies on prevention directly addressing risk factors and on primary health care measures that diagnose and treat those who have or are at high risk of developing NCDs, while these strategies and measures should take into account national priorities as well as aspects of gender, age and culture. [chair's proposal]

31 Acknowledge that resources devoted to combating the [epidemic challenges posed by NCDs Aust], [both G77] at the national [, regional G77] and international levels are not commensurate with the magnitude of the problem; [EU delete para, G77 retain]

- 32 Recognize the [~~fundamental~~ CA, G77 retain] importance of strengthening national and regional capacities to address and effectively combat non-communicable diseases, particularly in developing countries, [~~and that this will require increased and sustained human, financial and technical resources: CA, Switz support~~] [~~and that this requires reallocation of human, financial and technical resources in order to strengthen national action and cooperation and increase regional and national cooperation Switz~~] through [~~strengthened national action and cooperation G77 delete; Aust, CA, NZ, EU retain~~], and increased regional and international cooperation; [EU delete para] [Aust retain original para]
- 33 Acknowledge the causes and underlying [~~behavioural, US, CA, RF support~~] environmental, social and economic [~~and environmental Switz~~] determinants and risk factors of NCDs and the need to put forward a [~~health in all policies, multi-sectoral: Aust, CA, RF, G77, NZ flexible~~] [~~health in all policies – retain EU~~] approach to address these comprehensively and decisively [~~in an effort with the aim of US~~] to effectively [~~prevent and US~~] control NCDs in the future;
- [33 alt Acknowledge the need to put forward a health in all policies [NZ flexible on alternative to health in all] approach to address the risk factors and underlying [~~behavioural Switz~~]-~~environmental~~, social and economic [~~and environmental US delete environmental or use factor~~] determinants comprehensively and decisively; NZ] [delete alt para G77], [EU, US prefers 33alt]

END of DELIBERATIONS on July 15

Non-communicable diseases can be significantly reduced and prevented [prevented and their impacts reduced G77], with millions of lives saved and untold suffering avoided [and costs reduced: EU]. We therefore solemnly commit [working towards CA] to [addressing the prevention and control of NCDs with political will and strong accountable leadership and to work in meaningful partnership with all stakeholders at all levels to implement bold and decisive actions as follows: G77][CA reserve position]

[Start off with section 38 to 43 - Norway, EU, NZ, Monaco, Switz - support]

Strengthen national policies and health systems

- 34 [~~Establish and strengthen~~ promote and support as appropriate CA] multi-sectoral (-G77) [~~national~~ global, national and local EU] [national CA] policies and plans for [health promotion and disease prevention EU] [sector wide Norway] prevention and control of non-communicable diseases, [according to national needs EU][as well as CA] [based on a clear vision of the way forward and a comprehensive roadmap with goals whose attainment is measurable on the basis of agreed indicators, G77] [that take account of underlying determinants such as poverty, as well as life-course influences and risk factors; and notably NZ] strengthen national health systems [where appropriate EU] by addressing gaps [~~in all six~~ EU,CA] [different important EU] health system components [such as EU] finance, governance, health workforce, health information, essential medicines and

technologies and service delivery; ~~[in all six health system components: finance, governance, health workforce, health information, essential medicines and technologies and service delivery: (SG's report, para 59) (G77 delete)~~

*[EU might come back with additional corrections and amendments]
[G77 reserves position on order of sub-paragraphs]*

a. Provide ~~[adequate~~ **increased, predictable, G77** ~~][adequate and sustained resources including through the consideration of innovative financing mechanisms CA]~~ and sustained resources through domestic, ~~[bilateral, regional G77] [and other available channels bilateral and multilateral channels EU, Norway, CA support deletion], including traditional and (-G77) [voluntary US] innovative financing mechanisms [so as to provide universal and equitable access to health services EU];~~

a bis [Allocate sufficient budgetary resources for prevention, early detection and treatment of NCDs, and the related care and support ; G77]

b. ~~[Improve Support CA] the coordination [and CA] coherence [and effectiveness-CA] of [health CA] governance for global health in relation to NCDs; health governance for NCDs G77, Switz delete for NCDs and begin with subparagraph b)] [at all levels; domestically and internationally CA] [in particular in primary health care EU]~~

[b bis. Allocate sufficient budgetary resources for prevention, early detection, and treatment of NCDs, and the related care and support; G77] (Regional preparatory meeting on NCDs, Jakarta, March 2011- Indonesia)

c. Promote the ~~[production, G77] training, [and retention G77, US support] of health workers with a view to [ensuring facilitating CA, US support] adequate deployment [and retention G77] of a skilled health workforce within countries and regions, in line with the World Health Organization Global Code of Practice on the International Recruitment of Health Personnel;~~

[c bis. Involve indigenous populations in the development, implementation and evaluation of NCD policies, plans and programmes affecting them and encourage the development of culturally appropriate interventions for NCDs; CA]

d. Strengthen ~~[as appropriate health-CA] information systems for health decisions CA] [according to needs EU], including through [collection and EU] disaggregation [from population-based national registries EU] [and use G77] of data to facilitate [appropriate and G77] timely intervention for vulnerable [and marginalised EU] groups such as the poor, women, children [adolescents, older persons, US] [seniors CA] [people living with disabilities Aust] [migrants and mobile-based populations EU] and indigenous peoples, as well as the [establishment promotion EU] of appropriate research ~~[and NZ] surveillance [and monitoring NZ] programmes to track [non-communicable NZ] disease, risk factor prevalence, fatal and non-fatal outcomes of these diseases and implementation of relevant policies and programmes morbidity and mortality and policy and programme implementation of-~~~~

NCDs; NZ] [**distinguishing behavioural, environmental and other risk factors,**
EU] morbidity and mortality and policy and programme implementation of NCDs;

- e. Pursue **[and implement Norway] [a NZ] gender-based prevention and control approaches [NZ] founded on accurate [gender sex and age G77] [sex CA] disaggregated data in an effort to understand [and address G77, NZ] [and take action to address EU, Norway] prevention and control** the critical differences in **[the NZ] and direct and indirect impacts of NCDs risks of morbidity and mortality from NCDs; [risks of morbidity and mortality from NCD; for women and men CA,]**
- f. Give greater priority to **[prevention cancelling within the health service and to early detection, diagnosis and treatment of treating chronic diseases and rehabilitation and empowerment of persons with chronic diseases according to national plans EU][chronic diseases NCDs (-G77)] [prevention and control s-and US][and improving the accessibility]** and medical technologies to diagnose and treat them **Switz] of medicines to treat them;** EU] provide sustainable access to **[high quality US] [of to [safe, affordable, effective, and quality- G77 may revert to this] medicines [technologies G77] [and behavioural interventions US] including through the development and use of evidence-based guidelines [as well as through the revised WHO model list of essential medicines Switz] for the [control treatment US] of non-communicable diseases, efficient procurement and distribution of [cost-effective and high-quality essential JP] medicines in countries, establishment of (G77) viable [and suitable JP] financing options and promoteion of the availability and** the promote the use of generic [cost effective essential Jp, EU] medicines. **[Subsidies should be established to help the poorest segments of the population US, Jp support] [importance should be given to supporting the improvement of health in all especially to help the poorest segments of the population Jp] [All people should have access to treatment and services on equal terms and without suffering economic hardship paying for them Norway]**

f) Give greater priority to **prevention counselling within the health service, and to early detection, diagnosis and treatment of treating** chronic diseases, **and rehabilitation and empowerment of persons with chronic diseases according to national plans** provide sustainable access to **cost-effective essential** 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 the promot ion of **the use of** generic medicines. **Social protection mechanisms including** subsidies should be established to help the poorest segments of the population to **ensure excessive out-of-pocket payments are not a barrier to access [EU]**

[Replace f) with para 4 and 5 p.4 of Moscow Declaration - Aust, RF support]

f alt) Promote access to comprehensive and cost-effective prevention, treatment and care for integrated management of NCDs, including access to affordable, safe, effective and high quality medecines based on needs and resource assessments.

f bis alt) According to country-led prioritization, ensuring the scaling-up of effective, evidence-based and cost-effective interventions that demonstrate the

potential to treat individuals with NCDs, protect those at high risk of developing them and reduce risk across population

f bis alt : Integrate NCD preventive and health care interventions into sexual and reproductive, maternal and child health programmes, especially at the primary health care level, as well as to other programmes as appropriate, and also integrate interventions in these areas into NCD prevention programmes. (EU)

g. [Continue to Aust] Encourage [partnerships, alliances, and networks that bring together national, regional, and global players, including academic and research institutes for G77, Mex] the development of new medical treatments [vaccines, and diagnostics, and technologies G77, Mex] [, recognizing that intellectual property protection is important for the development of new medicines. Necessary-US] Policies regarding research and development, [~~intellectual property and other areas~~ G77, US, JP support] [~~can~~ **could Aust] be modelled [where feasible Jp] [~~after~~ **on US**] successes that improved [sustainable JP] access to [alongside the steady improvement of parallel health promotion and prevention programmes Switz] [~~new high quality US, Jp~~][**medicines including efforts that have improved Jp**] for HIV[~~and G77, Mex~~] AIDS and tuberculosis; [EU reserve position]**

h. [Strengthening capacities for NCDs, as well as to improve access to safe, affordable [high Jp] quality G77][~~Improve access to affordable, safe, effective and good quality, [effective US] medicines and diagnostics, CA~~] [improve [equitable EU] access to safe, effective [services, essential EU] and high quality medicines and diagnostics Jp] [~~including through the [full G77] use [where appropriate Jp] of TRIPS flexibilities US, CA, NZ keep~~][as confirmed by the Doha Ministerial Declaration on the WHO TRIPS agreement and public health Switz**] (as agreed on the Political Declaration on HIV and AIDS Switz]**

h alt) [Promote access to comprehensive and cost-effective prevention, treatment and care for the integrated management of NCDs, including inter alia, increased access to affordable, safe, effective and high quality medicines and diagnostics, through the use of TRIPS flexibilities CA]

h bis) [Strengthen health care infrastructure, including transportation and storage networks to facilitate service delivery of essential medicines US]

G77 to propose stand alone para on diagnostics

i. [~~Protect and develop the cultural heritage and traditional knowledge of indigenous peoples and protection of their traditional medicine to maintain their [safe EU] health practices, including conservation of medicinal plants, animals and minerals.—~~] [Respect the cultural heritage, the traditional knowledge and traditional medicine of indigenous peoples CA**] [**Encourage the traditional medicine and health practices of indigenous peoples [with a view to maintaining their CA] [health practices, including conservation of medicinal plants, animals and minerals; US] that can further the prevention and control of NCDS [Jp delete para][G77 reserve position]**]**

[i bis Protect and promote national and cultural heritage and indigenous knowledge with a view to further develop traditional medicine and traditional health practices as important aspects for the prevention and control of NCDs; G77]

[OP 34h bis: Improve access to rehabilitation facilities, particularly at the community level; Mex, NZ]

G77 move para 35 to head of sub-chapter, evt para 34 a, language ok.

sub-para in 34

Increase access to screening and management for HPV and manage pre-cancerous lesions in HIV positive women, promote screening and management of NCDs among people living with HIV, within integrated health care systems and monitor and manage complications related to long term use of antiretroviral medicines;

35. Pursue a comprehensive approach to the strengthening of health systems **[that recognizes the importance of the life cycle approach to prevention and that which US] is based upon primary health care that delivers effective [and coordinated response for prevention and treatment of NCDs, HIV, tuberculosis and other infectious diseases, sexual and reproductive health as well as maternal, newborn and child health Norway] [equitable and integrated EU]services [where possible EU] for prevention [and treatment US] of NCDs and[infectious other EU, Aust, Norway support deletion] diseases [and for the rehabilitation of persons with NCDs EU]; [and maternal, newborn and child health, and ensures quality care across the life-course NZ]. [and acknowledge that achieving universal coverage through removing financial and other barriers to improved access, particularly for vulnerable populations, is one of the priority approaches; Jp] EU might come back with further amendments**

[35 bis: Integrate established practices and targeted programmes into existing structures and services of the health system in order to achieve better and sustainable outcomes. (EU)]

Aust : delete references to infectious diseases in whole text

36. **[Implement Promote the implementation of CA] [integrated and US, CA support] sustained primary health care measures, [including prioritized packages of that enable and support Aust] low-cost, high impact essential interventions, [so-called public health best buys] OR [acknowledged public health best practices Jp] [regarding health promotion, prevention and treatment EU], along with [palliative, EU] long-term care [and palliative care EU]**

37. **[According to national priorities CA] [Consider Strengthen and integrate G77] essential health care for NCDs [into health planning processes as part of health G77] and the development initiatives agenda G77]; [based on the values and principles of primary health care, including equity, solidarity, social justice, universal access to services, multisectoral action, decentralization and community participation; Switz] [EU delete para]**

Reduce risk factors [and create health-conducive environments EU] – move the whole section to the top Norway, EU, NZ, Monaco, Switz - support]

[G77 delete paras 38 to 42 and reformulate as seen below]

38. **[Identify to advance the implementation of ~~Implement~~ CA] cost-effective population-wide interventions, [with a whole of government approach NZ] including [through as appropriate NZ] regulatory and legislative actions, [for to reduce] NCD risk factors, such as tobacco use, unhealthy diet, lack of [~~physical activity~~–[physical inactivity NZ] and [~~abuse~~–harmful use US, NZ, CA] of alcohol. [The Framework Convention on FTTC and its guidelines provide a framework for tobacco control measures to reduce continually and substantially the prevalence of tobacco use and exposure to tobacco smoke. Aust] [Possible Nor] public health [measures “best buys” US, Aust keep best buys][could Nor–] [can Nor] include tobacco and alcohol control [~~measures~~–US, CA keep] [such as increased taxation and efforts to reduce availability Nor] [; limiting foods high in fat, sugars and salt including public health awareness about public diet; reducing salt and sugar intake; replacing trans-fats in foods with polyunsaturated fats, promoting [awareness and healthy options relating to dietary fats, NZ] public awareness about diet and physical activity, [NZ stop here] and delivering [~~hepatitis B~~ US][vaccinations NZ, EU] [and improved healthcare infrastructure development JP]; *[EU reserves position, looking at issue of vaccinations]***
- 39 **[Accelerate implementation of ~~Implement~~ NZ] Implement the international agreements and strategies to reduce risk factors [for NCDs NZ], including the [WHO Switz] Framework Convention on Tobacco Control (FCTC), [using the full range of options including legislation, regulation, fiscal measures, policies, and programmes NZ], and the Global Strategy to Reduce the Harmful Use of Alcohol [through policy measures to regulate availability, price and marketing, and NZ] the [WHO Switz] Global Strategy on Diet, Physical Activity and Health; [G77 delete para][Aust reorder 39 and 40 US support]**
- 40 **[Accelerate and strengthen implementation by States Parties of the provisions and guidelines of the FCTC and Aust] encourage countries which have not yet done so to [become Parties to ratify Aust, US support] the Framework Convention on Tobacco Control; [and accelerate the implementation of the WHO FCTC by all its State Parties EU]**
- [40 bis Promote, protect and support breast feeding. Norway]**
- [40 ter Implement bans on marketing of foods and non-alcoholic beverages to children which are high in saturated fats, trans-fatty acids, free sugars, or salt, based on WHO's Set of recommendations on the marketing of foods and non-alcoholic beverages to children Norway]**
- [40 quat Continue working in partnerships with food producers and caterers to reduce the salt (sodium) content of foods and consider introducing restrictions for use of salt in the food industry in order to reduce salt consumption to 5g per person per day; Norway]**

41. **[Encourage Develop CA] multi-sectoral public policies that [address the social, economic and environmental determinants of NCDs, creating EU] equitable health promoting environments that [empower and EU] enable individuals, families and communities to make healthy choices and lead health[ier EU] lives;**
42. **[Promote the development of Develop CA] [and strengthen EU] appropriate action plans, [including through information and communication initiatives EU], to promote [health education, EU] [that advance CA] health literacy and awareness [of professionals, media and the public EU] as important [and cost-effective EU] factors in ensuring [significant CA] health outcomes, in particular for prevention, [early detection EU] and control of NCDs; [recognizing that a strong focus on health literacy is at an early stage in many countries Aust]**

[Switz merge 41 and 42] Develop multisectoral public policies and appropriate action plans to promote health literacy and awareness, enabling individuals, families and communities to make healthy choices and lead health lives]

[G77: 38 alt. Implement cost-effective population-wide interventions, ~~including through regulatory and legislative actions, for NCD risk factors, such as in particular tobacco use, unhealthy diet, lack of physical activity and abuse~~ **harmful use 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)** ~~through the implementation of relevant international agreements and strategies to reduce risk factors and by taking the following action: G77]~~

(a) Accelerate implementation of the WHO Framework Convention on Tobacco Control (FCTC), using the full range of options including legislation, as appropriate, regulation, fiscal measures, policies and programmes as well as community education and empowerment for appropriate actions on diet physical activity and harmful use of alcohol; G77]

~~39. Implement international agreements and strategies to reduce risk factors, including the 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; (SG’s report, para 68 f) G77]~~

40. **(b) Encourage countries which have not yet done so to ratify or accede to the Framework Convention on Tobacco Control; G77]**

~~41. Develop multi-sectoral public policies that create equitable health promoting environments that enable individuals, families and communities to make healthy choices and lead healthy lives; G77]~~

(c) By XXX, develop, as appropriate, and implement cost-effective interventions such as fiscal policies, regulatory and legislative measures, to eliminate trans-fats and to achieve substantial reductions in levels of saturated fats, salt and refined

sugars in processed foods, including through discouraging the production and marketing of unhealthy foods. G77]

- (d) **Scale up a package of proven effective interventions such as health promotion, primary prevention and develop, promote and enforce, as appropriate, legislation, regulations and fiscal measures, including the development of a national tax strategy to reduce consumption of tobacco and alcohol. G77]**
 - (e) **Reorient agricultural and trade policies according to national priorities in support of the production and manufacture of healthy foods and the use of fair trade policies in all international trade negotiations, thereby promoting greater use of indigenous agricultural products and foods and addressing the challenges posed by globalization and food insecurity. G77]**
 - (f) **Accelerate implementation of the Global Strategy on Diet, Physical Activity and Health, including, where appropriate, through the introduction of policies and actions aimed at increasing physical activity in the entire population such as giving priority to regular and intense physical education classes in schools; urban planning and re-engineering for active transport; the provision of incentives for work-site healthy-lifestyle programmes; increased availability of safe environments in public parks and recreational spaces to encourage physical activity. G77]**
 - (g) **Accelerate implementation of the Global Strategy to Reduce the Harmful Use of Alcohol and increase policy measures to regulate, as appropriate, the availability, price and marketing of alcohol as well as raise awareness of the problems caused by the harmful use of alcohol. G77]**
 - (h) **Galvanize the prevention of NCDs through a meaningful multisectoral response addressing risk factors, by involving all relevant sectors, civil society and communities. G77]**
 - (i) **Increase access to and coverage of hepatitis B and HPV vaccinations that reduce cancers as part of national immunization schedules, as well as screening for breast and cervical cancer. G77]**
 - (j) **Develop, where necessary, and implement appropriate action plans to promote health literacy and awareness, including through the use of mass media, as important factors in ensuring significant health outcomes, in particular for prevention and control of NCDs; (original para 42) G77]**
- 43 **[Work with ~~Call upon~~ NZ] [~~Call upon~~ Engage with EU] Call upon [retain : Aust] the private sector [where appropriate Aust] to: [G77 support original language]**
- [43 a (bis), Strengthen its contribution to NCD prevention and control according to international and national NCD priorities; RF]**
- a. **[~~Ensure Undertake US~~][Promote Aust] responsible and accountable marketing and advertising, especially to children; [Ensure immediate responsibility and accountability in Nor] ~~Ensure responsible and accountable marketing and~~**

advertising, especially to children; [(SG's report, para 69 **Ensure the implementation of a set of recommendations to reduce the impact of marketing of foods and non-alcoholic beverages to children, while ensuring avoidance of potential conflicts of interest EU**] **Ensure responsible and accountable marketing, including and advertising, of food and beverages, especially to children and adolescents; G77**] [Switz support **and adolescents**]

[43 a. alt **Take necessary measures to implement the recommendations on the marketing of foods and non-alcoholic beverages to children, while taking into account existing legislation and politics, as appropriate; Jp**]

b. [~~Ensure that~~ **Make US**] [**Promote food products consistent with a healthy diet CA**] foods needed for a healthy diet [~~are~~ **US**] [**affordable and G77**] accessible, including [**by US**] reformulating products to provide healthier options [**including the independent monitoring in this regard and adhere to applicable relevant product labelling standards; including information on sugar, salt and fat and trans-fats contents; G77**]

c. Promote healthy behaviours among workers, including [**tobacco free workplaces EU**], [**effective CA**] occupational safety [**and health measures to ensure working environments that are safe and healthy CA**] through good corporate practices, workplace wellness programmes and insurance plans;

[d. **Contribute to improve access and affordability for the essential medicines and technologies for non-communicable diseases. G77**] (based on report of the SG, 69 **International cooperation, including collaborative partnerships**)

44. [~~Strengthen~~ **Promote CA**] [**Strengthen under the leadership of the WHO Switz**] international cooperation [**and monitoring Switz**] [**and public-private partnership Jp**] in the area of the prevention and control of NCDs, *inter alia*, through exchange of best practices in the areas of [**health promotion, legislation, regulation and EU**] health systems strengthening, [**access to medicines Jp**] [~~access to~~ **essential EU medicines, US, G77 keep**] medicines [**such as Jp**] [**relevant technologies and diagnostics, G77**] training of health personnel, [**voluntary US**] [**development of appropriate health care infrastructure Jp**] transfer of [**essential EU**] technology [**on mutually agreed terms and conditions US**] and production of [**and access to US, Jp**] affordable, safe, effective and [~~good~~ **CA, G77; high Mex**] quality medicines [**and vaccines check source;], technical support to the implementation of existing and new strategies that relate to key risk factors of NCDs, and capacity building to ensure high level of health protection in all policies, as well as health financing and social protection mechanisms; EU**]

[44alt. **Strengthen under the leadership of WHO international cooperation to exchange best practices in health promotion, access to healthcare including medicines, improvement of health systems, technical support and training health personnel to ensure high level of health protection in all policies, as well as health financing and social protection mechanisms. (This para basically streamlines some of the amendments made by other delegations to para 40, MX)**]

45 [~~Encourage CA~~] [~~Increase and strengthen [local EU] national, regional and international partnerships, including~~ **Welcome in this regard G77**] North-South, South-South, [~~and G77~~] triangular [~~cooperation partnerships G77~~], in the prevention and control of NCDs to promote an enabling environment to facilitate healthy lifestyles and choices, **and recognize that the commitment to explore opportunities for further South-South cooperation entails seeking not a substitute for but rather a compliment to North-South cooperation; G77**][especially for adolescents and youth Switz]

[45 (bis): Investigate all possible means to identify and mobilize the necessary financial, human and technical resources in ways that do not undermine other health objectives; RF para 4 of Moscow Declaration, CA, EU, support]

46 [~~Commit ourselves, and encourage international financial institutions and other donors to mobilize additional, predictable, sustained and non-conditional G77~~] Mobilize additional resources and to support [~~voluntary US, NZ~~] innovative approaches for a long-term to financing of essential NCD [~~prevention and Switz~~] [~~health care NZ~~] interventions [~~through a primary health care approach NZ~~] [~~within primary health care G77, NZ~~];

[EU delete and replace with para 4 of Moscow Declaration - **46 alt : Investigate all possible means to identify and mobilize the necessary financial, human and technical resources in ways that do not undermine other health objectives**]

46 bis. Acknowledge the contribution of assistance, targeted towards the prevention and control of NCDs, and in this regard call for the inclusion of NCDs as a priority in the development corporation agenda; G77 [EU, CA, Norway, reserve position]

47 [~~Encourage Strengthen CA~~] international support for [~~the full and CA~~] effective implementation of [~~national, regional, and global plans in prevention and control of NCDs. G77~~] [WHO Switz] [~~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; (Moscow Declaration) G77~~]

48 Call upon [~~relevant Aust~~] UN agencies, funds and programmes [~~and development banks Mex~~] [~~and other key international organizations Switz~~] to actively engage in global, regional [~~and national NZ~~] initiatives to address [~~the root causes and EU~~] [~~in a coordinated manner, Switz~~]the health and socioeconomic impacts of NCDs; [~~G77 reserve position on para~~]

[48 alt based on para 1 p.5 of Moscow Declaration : Call upon the WHO, as the lead UN specialized agency for health, and all other relevant UN system agencies, development banks, and other key international organizations to work together in a coordinated manner to address NCDs, CA]

[48 bis. Urge relevant international organizations, such as the World Health Organization (WHO), the World Intellectual Property Organization (WIPO) and

the World Trade Organization (WTO) among others, to provide technical assistance to developing countries and least developed countries in order to develop and strengthen their capacity to use, to the fullest, flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) that can improve access to medicines; G77]

49 Integrate cost-effective interventions [**for the prevention and control of NCD's G77**] into the development agenda and related investment programmes, including poverty reduction initiatives, [**and actions to counter and adapt to climate change EU**] in [~~low and middle income~~ **developing G77**] countries; [**through advancing implementation of the Paris Declaration on aid effectiveness and the Accra Agenda and to align national priorities, policies, plans, frameworks and reporting systems through long-term, predictable financing NZ**]; [Norway, CA, delete para]

[49 bis **Call upon existing international indigenous forums to increase their focus on NCDs; CA**]

50 Engage non-health actors and key stakeholders, including the private sector [**where appropriate Aust, Switz**] and civil society, [**particularly patient organisations EU**] in collaborative partnerships to promote health [~~care~~ **US**] and reduce NCD risk factors, including through building community capacity in promoting healthy diets and lifestyles [**and through undertaking actions to reduce air pollution to raise awareness in the least developed areas of each and every member state EU**]; [EU might come back with further suggestions]

51. Foster partnerships between government and civil society [**building on the significant role of NGOs and patients organisations to fill-gaps in support EU**] the provision of prevention and [~~treatment-control~~ **US**] [treatment, **care and support G77**] services [**for NCDs, including G77**] particular during humanitarian [~~and~~ **US**] emergency situations;

[51 bis. **Call upon the UN system and well-established NGOs to contribute to capacity building of NCD related NGOs at the national and regional levels, in order to realize their full potential as partners with governments and the private sector; G77**]

Research and development

52. [Noting the strong need to continue to incentivize innovation Jp] [~~Increase Promote~~ **EU**] [increase Jp] national and international [**attention to investments CA, G77 keep investments**] [investments and strengthen national capacity for good quality ~~in~~ **NCD G77**] related research and development, [**and continue to respect innovation incentivizing mechanisms, including Jp**] [intervention and implementation research EU] [~~biomedical-US~~] [~~operations~~, EU, US], [**science, operational and health systems research EU**] robust prevention and control [~~treatment~~ **US**] tools, [**with patient empowerment EU**] diagnostics, cultural and behavioral research and traditional medicines [**and culturally appropriate interventions CA**] to improve prevention and control [~~treatment~~ **US**] programs in a sustainable, [**safe EU**] and cost-effective manner;

- 53 Promote the use of Information and Communications Technology to improve **[program implementation and health outcomes, G77]** reporting and surveillance systems and to disseminate **information on affordable and low cost-effective G77]** **[effective, sustainable and generalisable EU]** interventions and other best practices;
- 53 bis Commit to country level surveillance and monitoring systems that are integrated into existing national health information systems and include monitoring exposure to risk factors, outcomes, social determinants of health, and health system responses; Aust]**
- [53 ter Support and facilitate research to provide a strong knowledge base for global, national and regional action; EU]**

Monitoring and evaluation

- 54 **[Complementary to nationally defined indicators and targets, call upon the WHO to build EU] [Call upon the WHO, in collaboration with UN agencies, funds and programmes, other relevant international organizations and in close consultation with Member States to Bbuild G77] on existing efforts and develop, [under the leadership of WHO Switz] [~~with the support of UN agencies, funds and programmes, and international organizations, a global set of global G77]~~ indicators [~~to monitor and a monitoring system of NCDs Switz]~~ the magnitude, trend, and socio-economic impact of NCDs [their risk factors G77] and [their G77] [social, economic and environmental EU] determinants, [~~to assess the capacity of countries to address them and to track and G77]~~ evaluate progress made at the national, regional and global levels, while avoiding duplication and building on existing indicators and reporting requirements under [relevant international G77] strategies and agreements;**
- [54 Alt Request the [WHO Aust, G77] SG, in collaboration with WHO and other relevant agencies and organizations, as well as Member States to develop by XXX a global set of measurable core indicators, capable of application across regional and country settings to monitor trends and assess and compare progress made by countries in reducing the burden of NCDs; NZ - based on para 71 c of SG report]**
- [54 (bis): Support the WHO in developing a comprehensive global monitoring framework on NCDs RF]**
- 55 **[keep Consider CA] [~~Consider the Establishment through Norway, support NZ]~~ of [standardized EU, NZ] [standardized Norway] national targets to assess the progress made in addressing non-communicable diseases; [~~Consider the Commit to develop, where necessary, a multi-sectoral monitoring and evaluation framework to assess the implementation of national strategies and plans on NCDs; G77]~~**

Follow-up

- 56 Request the Secretary-General to [~~provide submit G77] [an annual report a report in 2014, and thereafter biennially EU] [JP a biennial] [keep annual, to the General~~

Assembly G77] on progress achieved in realizing the commitments made in this Outcome document; [Aust, US reserve position and seek clarification from WHO on impact of this proposal, and existing WHA resolution(s) on reporting]

[57 Decide to undertake an extensive review in 2014 of the progress achieved in realising the commitments in the present Declaration; G77]

G77 to provide language on global leadership on NCDs