

Draft Political Declaration 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; **(Agreed Ad Ref)**
- 1.bis 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, and threatens the achievement of internationally agreed development goals; **(Agreed Ad Ref)**
- 1.ter Recognize that non-communicable diseases are a threat to the economies of many Member States, and may lead to increasing inequalities between countries and populations; **(Agreed Ad Ref)**
2. Recognize the primary 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; **(Agreed Ad Ref)**
3. Recognize also the important role of the international community and international cooperation in assisting Member States, particularly developing countries, in complementing national efforts to generate an effective response to non-communicable diseases; **(Agreed Ad Ref)**
- 4 Reaffirm the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; **(Agreed Ad Ref)**
- 4 bis Recognize the urgent need for greater measures at global, regional, and national levels to prevent and control NCDs; in order to contribute to the full realization of the right of everyone to the highest attainable standard of physical and mental health; **(Agreed Ad Ref)**
5. Recall the relevant mandates of the UN General Assembly, in particular A/RES/64/265 and A/RES/65/238, **(Agreed Ad Ref)**
- 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 as well as the Global Strategy on Diet, Physical Activity and Health, and the Global Strategy to Reduce the Harmful Use of Alcohol; **(Agreed Ad Ref)**

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 WHO Global Strategy for the Prevention and Control of Non-communicable Diseases and its related action plan; **(Agreed Ad Ref)**

(Order of para 7,8,9 to be determined)

7. **Chairs' proposal** : ~~[Take note with appreciation of Welcome RF, CA]~~ **the outcome of, and the adoption of the Moscow Declaration, 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;**

10 bis to be deleted as part of Chairs' proposal : ~~[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] RF requests retention**

Agreement on stand alone paragraph on Moscow Meeting

[Japan : Reference to be made to “the MDGs follow up meeting (Tokyo 2-3 June 2011) and its outcomes] [other delegations requested deletion]

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; the Parma Declaration adopted by the Member States of the European Region of WHO in March 2010; **the Dubai Declaration on Diabetes and NCDs in the Middle East and Northern Africa (MENA), adopted in December 2010, the European Charter on Counteracting Obesity adopted in November 2006, the Aruban Call for Action on Obesity of June 2011, and the Honiara Communiqué on addressing NCD challenges of July 2011;**

[Chairs propose to adopt the para with the inclusion of these additional meetings, await confirmation from capitals that list is acceptable]

9. Take note also with appreciation of the outcomes of the regional multisectoral consultations, including the adoption of Ministerial Declarations, 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; **(Agreed Ad Ref)**

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, NZ, Switz, Aust EU support, G77 to delete]

[10 alt Recognize 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 in accordance with its mandate; **(Agreed Ad ref)**

(2nd part of para :

[Reaffirm its leadership and coordination role in promoting and monitoring global action against non-communicable diseases in relation to the work of other relevant UN agencies, development banks, and other regional and international organizations in addressing NCDs in a coordinated manner; (Language agreed, but final agreement pending further discussion on indicators and targets)

Chairs' proposal: A challenge of epidemic proportions and its socio-economic and developmental impacts. [CA, NZ support, EU, US, Aust to come back, but goes in the right direction, G77 reservations)

12. alt Note with profound concern that according to the WHO in 2008, an estimated 36 million of the 57 million global deaths were due to non-communicable diseases, principally cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, including about 9 million before the age of 60, and that nearly 80 per cent of these deaths occurred in developing countries **(Agreed Ad ref)**
- 12 bis Note also with profound concern that noncommunicable diseases are among the leading causes of preventable morbidity and of related disability; **(Agreed Ad ref)**
- 12 ter **[Recognize further that communicable diseases, maternal and perinatal conditions and nutritional deficiencies currently are the most common causes of death in [low income countries G77 reserves position] NO, general support] [G77 to discuss with Norway an alternative text]**

CA, EU, NZ, combine 13 alt and bis - G77 look at 13 alt and bis together

Para as it started to emerge from discussions:

13 alt. Note further that there is a range of other NCDs and conditions, **[including mental disorders NZ, G77, CA, (G77 delete and make reference at end of para, NZ delete and include in 13bis)]** for which the risk factors and the need for preventative measures, screening, treatment and care are linked 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, NZ, Switz, RF can support, CA, EU to include this language]~~ **[among these other NCDs are mental developmental and neurological disorders, oral and eye diseases and hemoglobinopathies]** Chair proposal to delete and keep generic;

Aust, Jp, No : 1st preference – delete 13bis to 13 quat

13bis. [Note [Recognize Aust, CA EU reserve] as well the [linkages important relationship AUST] between [these other NCDS and their conditions, notably mental health disorders, [as well as] Alzheimer’s disease and other dementias, oral and eye diseases, [health-CA] and mental disorders, and hemoglobinopathies NZ] and the four main NCDs and their common risk factors;

CA, support US]. [Aust supports deletion if other paras up to 13 quat deleted] [EU, supports] (Switz supports reference to mental health, flexible on position)

G77 supports single reference, to mental health incorporating dementias, and retain 13 quat)

13 bis alt. [Recognize that mental [health CA] disorders are an important cause of morbidity and contribute to the global NCD burden and the need for member states to consider having specific policies and programs for the promotion of mental health and the prevention and treatment of mental illness; G77] [NO delete] [CA to come back]

[13 ter: Recognize as well the important relationship between Alzheimer’s disease and other dementias and the four main NCDs and their common risk factors. US] or include reference in 13bis, HS supports)

[13 quat Recognizing that diseases related to oral health pose a major health burden for many countries and that oral health diseases share common risk factors and can benefit from common responses with non-communicable diseases such as cardiovascular diseases, diabetes, cancer and chronic respiratory diseases G77, US support]

15 alt 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; (Agreed Ad Ref)

[15 bis. Recognize that poverty, uneven distribution of wealth, lack of education, ~~challenges posed by the globalization of trade and marketing~~, EU, Aust the impact of global marketing of tobacco, alcohol and unhealthy foods Aust, NZ]. [EU reserve position, but probably fine], rapid urbanization and population ageing and economic, social, [gender, political, behavioural G77 delete] and environmental determinants [of health G77] are among the contributing factors to the rising incidence and prevalence of NCDs; (language on determinants based on pp. 6 – A/RES/64/265)

15 quat Note with grave concern the vicious cycle whereby NCDs and their risk factors worsen poverty, while poverty contributes to rising rates of NCDs, posing a threat to public health and economic and social development; (Agreed Ad Ref)

16 alt. Note with concern that the NCD [epidemic/steep rise EU rapidly growing magnitude US, EU, CA,] 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 alt alt: Note with concern that [the [~~increasing~~ rapidly growing] magnitude of NCDS affects NZ] people of all ages, gender, race and income levels [~~are affected by the steep rise in non-communicable disease~~, NZ] and further that the poorest and most vulnerable populations, [in particular in developing ~~in all~~ countries NZ, EU delete phrase] bear a disproportionate burden NZ] and that NCDs can affect women and men differently [US, EU, NO support].

Chairs' proposal

16 Note with concern that the rapidly growing magnitude of NCDs affects people of all ages, gender, race and income levels, and further that poor populations and those living in vulnerable situations, in particular in developing countries bear a disproportionate burden and that NCDs can affect women and men differently;

[16 bis Notes with concern the rising levels of obesity in different regions, particularly among children and youth, and note that obesity, [~~and~~ CA]an unhealthy diet [and physical inactivity, CA] have strong linkages with the four main NCD's, and are associated with higher health costs and reduced productivity. MX]

- 16 ter. Express deep concern that women bear a disproportionate share of the burden of care-giving and that, in some populations, women tend to be less physically active than men, are more likely to be obese and are taking up smoking at alarming rates; **(Agreed Ad Ref)**
- 17 Note also with concern that maternal and child health is inextricably linked with NCDs and their risk factors, specifically as prenatal malnutrition and low birth weight create a predisposition to obesity, high blood pressure, heart disease and diabetes later in life; and that pregnancy conditions, such as maternal obesity and gestational diabetes, are associated with similar risks in both the mother and her offspring; **(Agreed Ad Ref)**
- [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,~~ CA RF] [that in some countries RF] people [at high risk and CA] living with HIV are at higher risk of developing NCDs even with adequate access to [prevention, treatment, care and support services ~~antiretroviral medicine~~ CA], [and that women [and girls CA] living with HIV are [disproportionately ~~more~~ at [higher CA] risk of developing [NCDs such as CA] HPV-related cancer of the cervix; (G77), [US reserve position] RF delete from “and that women” to the end] G77 to come back on amendments proposed**
- [17 bis alt **Note with concern the linkages between some communicable diseases such as HIV, and NCDs. EU]**
- [17 ter. **Recognize that household pollution from inefficient cooking or heating with solid fuels is a risk factor for respiratory conditions, 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, Aust, NO, NZ support] [G77 delete, flexible on mention elsewhere; US – issue has to be reflected in text – to come back]**
- 19 Acknowledge also the existence of significant inequalities 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; **(Agreed Ad Ref)**
- 21 alt Recognize the critical importance of strengthening health systems including health care infrastructure, human resources for health, 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; **(Agreed Ad Ref)**
- 23alt. Note with grave concern that NCDs and their risk factors lead to increased burden on individuals, families and communities, including impoverishment from long term treatment and care costs, and to a loss of productivity that threatens household income

and lead to productivity loss for individuals and their families and to the economies of Member States: making NCDs a contributing factor to poverty and hunger, which may have a direct impact on the achievement of the IADGS including the MDGS. **(Agreed Ad Ref)**

- 25 Express deep concern **that the current and emerging global** interrelated [social, economic and environmental G77, US keep] challenges, in [particular including G77 US keep] 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 delete, G77 keep, US to come back on crisis] and climate change, [at the negatively US] [negatively G77] impact ~~to~~ on the efforts to prevention and control of NCDs. In this regard, we emphasize the need for [urgent and US, [prompt and robust G77] [urgent and timely CA]:] [coordinated multi-sectoral MX, CA, EU, US G77] [collective G77] efforts to [~~reduce and eliminate MX, minimize EU~~] address [address G77] those negative impacts; [G77 end here] ~~and note that efforts already underway to address the negative impacts [EU end here]~~

Chairs' proposal (general support - MX, US to come back)

Express deep concern at the multiple and interrelated crises, including the financial and economic crisis, volatile energy and food prices and ongoing concerns over food security, as well as the increasing challenges posed by climate change and the loss of biodiversity, that impact on the efforts to prevent and control NCDs, and emphasize, in this regard, the need for prompt and robust, coordinated and multisectoral efforts to address those negative impacts, while building on efforts already underway;

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.

- 26 alt Recognize that the rising prevalence, morbidity and mortality, of NCDs worldwide can be largely prevented and controlled through collective and multisectoral action by all Member States and other relevant stakeholders at local, national, regional, and global levels, and by raising the priority accorded to NCDs in development cooperation by enhancing such cooperation in this regard; **[Agreed Ad Ref]**
- 26 bis Recognize that prevention must be the cornerstone of the global response to NCDs; **[Agreed Ad Ref]**
27. Recognize also the critical importance of reducing the level of exposure of individuals and populations 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 while at the same time strengthening the capacity

of individuals and populations to make healthier choices and follow lifestyle patterns [that foster good health, (Agreed Ad Ref)]

[27 quint Recognize the importance of addressing NCDs in the context of strengthening [multi-sectoral approaches for health at the government level, [including, as appropriate, ~~action on~~ CA] health in all policies [and whole of government approaches Aust] G77 delete section from including] and in particular, with respect to social determinants of health; EU, US, CA,], (G77 delete para RF flexible)

[27 sext Promote a multi-sectoral and multi-stakeholder engagement in order to ~~reverse, stop and~~ US flexible] decrease the rising trends of obesity in infant, youth and adult populations, [EU, US reserve on rest of para] and further acknowledge that, in this regard, marketing of food and non-alcoholic beverages targeting children and youth [~~must~~ can Aust] [~~be~~ is MX,NZ] an important component of such engagement, in accordance with the relevant recommendations endorsed by the World Health Assembly [in resolution 63.14 CA, G77], [while taking into account existing legislation; Aust, JP] (MX, NO support) (G77 consider placement)]

[28 alt alt Recognize that effective NCD prevention and control require leadership and [a complete Government approach] [a “whole-of-government” approach] [action at all levels of Government] and across a number of sectors, such as health, education, energy, agriculture, sports, transport, communication, urban planning, environment, labour, employment, industry and trade, finance [including in the area of taxation], social and economic development;

[29 alt Acknowledge the contribution and important role played by all relevant stakeholders including individuals, families, and communities, civil society, academia, media, voluntary associations, and the private sector [and industry where appropriate RF, G77 flexible] [with the exception of the tobacco industry Aust,, G77 delete] in support of national efforts for NCD prevention and control and recognise the need to further support the strengthening of coordination among these stakeholders in order to improve effectiveness of these efforts;

[29 alt bis Recognise the fundamental and irreconcilable conflict between the tobacco industry's interests and public health interests; Aust] (FCTC guidelines for implementation)

[29 bis Note [with appreciation G77 delete] the relevant input and contribution of the private sector [media and industry NO, G77 delete]; [while recognising the [~~fundamental and irreconcilable~~ G77] conflict between the tobacco industry's interests and public health interests NO, NZ; CA reserves position]

30 alt. Recognize that the **[incidence and G77]** impacts of NCDs can be largely prevented or reduced ~~[with an approach that includes incorporates G77]~~ **[through EU]**, G77 keep] evidence-based, affordable, cost effective, population-wide and multi-sectoral ~~[interventions approaches EU]~~, **[G77 end here]** based on health promotion ~~[strategies and on EU]~~ prevention directly addressing risk factors ~~[, and on EU]~~ primary health care measures[,including screening, diagnoses and treatment ~~that diagnose and treat EU]~~ those who have or are at high risk of developing NCDs; ~~[,while eu]~~ these strategies and measures should take into account national priorities ~~[gender, cultural and community perspectives as well as aspects of gender, [sex, CA] age and culture. EU]~~ **[Chairs' proposal] (CA, US, Switz support Chairs' 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, CA delete para, G77 retain]~~

32 Chairs' proposal

Recognize the importance of strengthening local, national and regional capacities to address and effectively combat non-communicable diseases, particularly in developing countries, and that this may entail increased and sustained human, financial and technical resources; [at national level]

33 Chairs' proposal

Acknowledge the need to put forward a multisectoral approach for health at the government level, including, as appropriate, [health in all policies] to address the risk factors and underlying determinants of health comprehensively and decisively;

Non-communicable diseases can be prevented and their impacts significantly reduced, with millions of lives saved and untold suffering avoided. We therefore commit to :
(Agreed Ad Ref)

[Start off with section 38 to 43 - Norway, EU, NZ, Monaco, Switz, G77 - support]

Strengthen national policies and health systems *[to come back to]*

34. Promote, establish or support and strengthen, by 2013, as appropriate, multisectoral national policies and plans for the prevention and control of non-communicable diseases, taking into account, as appropriate, the 2008-2013 WHO Action Plan for the

Global Strategy for the Prevention and Control of non-communicable diseases, and the objectives contained therein and take steps to implement such policies and plans (Agreed Ad Ref)

[G77 reserves position on order of sub-paragraphs]

- a Explore the provision of [increased/adequate], predictable and sustained resources, through domestic, [bilateral, regional and multilateral] [and other available] channels, including traditional and voluntary innovative financing mechanisms;
- b Improve the coordination, coherence and effectiveness of governance in relation to NCDs;
- b bis. According to national priorities, increase and prioritize budgetary allocations for prevention, early detection, and treatment of NCDs, and the related care and support including palliative care;**
- c. Promote the production, training and retention of health workers with a view to facilitating adequate deployment of a skilled health workforce within countries and regions, in accordance with the World Health Organization Global Code of Practice on the International Recruitment of Health Personnel; (Agreed Ad Ref)

[c bis. Involve indigenous ~~populations~~ peoples and communities MX, Aust, US, NZ source Declaration of Indigenous Rights, CA to come back] [as appropriate G77] in the development, implementation and evaluation of NCD policies, plans and programmes affecting them [~~and encourage~~ Promote the development of [~~culturally appropriate~~ EU, NZ] interventions for NCDs and move to beginning US, NZ supports, G77 to look at]; CA proposed Aust, USA, support, EU requests streamlining]

Canadian proposal for a “generic” para on indigenous populations

- c bis. Recognizing that health disparities exist between indigenous and non-indigenous populations in the incidence of NCDs, and their common risk factors, often as a result of a combination of historical, economic and social factors, encourage the involvement of indigenous peoples and communities in the development, implementation, and evaluation of culturally appropriate NCD prevention and control policies, plans and programmes, while promoting the development and strengthening of capacities at various levels, as needed, in research, surveillance, monitoring, and primary care**
- d alt Strengthen, as appropriate, information systems for health planning and management including through the collection, disaggregation, analysis, interpretation, and dissemination of data and the development of population based national registries and

surveys, where appropriate, to facilitate appropriate and timely interventions for the entire population; **(Agreed Ad Ref)**

(d alt alt – moved to section on research/monitoring)

e. **Pursue and promote gender-based approaches for the prevention and control of NCDs founded on data disaggregated by sex and age in an effort to address the critical differences in the risks of morbidity and mortality from NCDs for women and men;**

f. According to national priorities, give greater priority to early detection, screening, diagnosis and treatment of **[chronic]** non communicable diseases and prevention and control and improving the accessibility to safe, affordable, effective and quality **[essential]** medicines and technologies to diagnose and to treat them; provide sustainable access to essential medicines and technologies 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/essential medicines for NCDs]** as well as improved access to preventive, curative, palliative and rehabilitative services particularly at the community level;

f bis According to country-led prioritization, ensure 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 populations; **(Agreed Ad Ref)**

f bis bis Recognize the importance of universal coverage in national health systems, especially through primary health care, **[and social health protection mechanisms, including sustainable health financing structures to ensure] and the role of expanded social safety nets in ensuring** access to health care services **[for all]**, in particular, for the poorest segments of the population.

f ter: Promote the inclusion of NCD prevention and control within sexual and reproductive health and maternal and child health programmes, especially at the primary healthcare level, as well as other programmes, as appropriate, and also integrate interventions in these areas into NCD prevention programmes; **(Agreed Ad Ref)**

(Deliberations ended here on 29 July)

f quat 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; Increase access to screening and management for HPV and manage pre-cancerous lesions in HIV positive women **[G77 proposal]** (not discussed yet)

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

g alt Encourage the development of new medical treatments and technology, learning from experiences in the field of HIV and AIDS. (EU streamlined proposal, US supports, Aust to come back)

h Ensure/Promote ~~[equitable EU]~~ 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 G77]~~ quality ~~[essential EU, G77 delete]~~ medicines and diagnostics, ~~[and other technologies G77]~~ ~~[as confirmed by the Doha Ministerial Declaration on the WHO TRIPs agreement and public health Switz]~~ ~~[through the [full G77] use [where appropriate JP,] of TRIPS flexibilities US delete, EU delete Switz delete]~~ CA, AU, MX]

h bis) ~~[Strengthen health care infrastructure, for [procurement, storage and distribution of medicine, in particular including G77] transportation and storage networks to facilitate [efficient G77] service delivery of essential medicines US, JP]~~

h ter. Improve diagnostic services, including by increasing the capacity of and access to laboratory and radiological services with adequate and skilled manpower to deliver such services, and collaborate with the private sector to ensure affordability, accessibility and maintenance of diagnostic equipment and technologies; ~~[G77]~~ ~~[US to consider]~~

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 [their vital NZ, G77] medicinal plants, animals and minerals.— [Respect the [potential contribution of the RF] cultural heritage, the traditional knowledge and traditional medicine of~~

indigenous peoples CA] ~~Encourage [where appropriate, US] the traditional medicine and [safe EU] health practices of indigenous peoples CA delete~~ [with a view to maintaining their CA] [safe EU] ~~health practices (Japan delete US, CA keep)~~, that can further the prevention and control of NCDs [G77 reserve position] [Japan delete, but flexible if US proposal deleted] [EU would accept two paragraphs, one on traditional medicine (ECOSOC wording) and on indigenous people's practices (declaration on indigenous people)]

i.+ c bis Involve indigenous peoples and communities in NCD policies, plans and programmes affecting them and encourage the development of culturally appropriate interventions for NCDs; Protect and develop the cultural heritage and traditional knowledge of indigenous peoples and protect their traditional medicine to maintain their] health practices, including conservation of their vital medicinal plants, animals and minerals; [G77] [Aust, CA to come back]

[i bis [Protect and promote [where appropriate US] 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] [EU reserve position]

Move 19bis here CA. [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] (move to 34ibis alt CA)

[Additional sub-para: ~~Improve~~ promote/improve as appropriate CA] access to [preventive, curative, palliative and G77], rehabilitation facilities, particularly at the community level; Mex, NZ] (CA) [G77 proposals incorporate in 34f, added to G77 proposal for 34f]

i ter) Pursue all necessary efforts to scale up nationally driven, sustainable, cost-effective and comprehensive responses in all sectors for the prevention of NCDs, with the full and active participation of people living with these diseases, civil society and the private [G77] [CA reserves position]

G77 move para 35 to head of sub-chapter, evt para 34 a, language ok. (others generally open, EU if 35 moved, text should be kept short)

35. [Pursue where appropriate/promote CA] 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, Aust support, EU delete] [equitable and integrated EU] services [where possible EU] for prevention

and ~~[treatment control US]~~ of NCDs **[in a coordinated manner G77]** and ~~[infectious other EU, Aust, JP, 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, Aust support, CA delete] EU supports**

35. ~~[Pledge to RF]~~ **pursue a comprehensive approach to the strengthening of health systems that recognizes the importance of the life cycle approach to prevention[US], [treatment US, G77 flexible] and control of NCDs that [US]is based upon primary health care that delivers effective, equitable and integrated[EU] [NCD related RF, G77 flexible] services in a coordinated manner. (G77, RF, HS supports)**

[NZ proposes to merge 35, 36, 37 - generally accepted - to come back]

Pursue comprehensive strengthening of health systems that is based upon primary health care and that recognises the importance of the life course approach and delivers effective, cost-effective, equitable and integrated essential services for prevention and control of NCDs and treatment and care, including for persons with or at risk of NCDs and acknowledge that achieving universal coverage through improved access is a priority (NZ, EU flexible, G77)

[35 bis: Integrate [established practices G77 seeks clarification] and targeted programmes into existing structures and services of ~~the CA~~ health system[s CA] in order to achieve better and sustainable outcomes. (EU)]

36. ~~[Implement G77 keep]~~ **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, [based on G77] ~~[so-called [EU] known as [EU] public health best buys] OR [acknowledged public health best practices Jp, EU delete] [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 flexible] [G77 might have proposal for title once paragraphs agreed)– move the whole section to the top Norway, EU, NZ, Monaco, Switz - support]

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

[EU, US, RF flexible on layout, but prefer to work on existing paragraphs, not G77]

Aust leave it to co-facilitators which paragraphs to use as basis – open to G77 presentation

38. **[Identify to advance the implementation of ~~Implement~~ CA] cost-effective [and evidence based EU] population-wide [health promotion, public education and disease prevention EU] interventions, [according to national plans, across government policies EU] [with a whole of government approach NZ, EU del] [across government policies, ranging from information and education EU] including EU][through as appropriate NZ] [to EU] regulatory and legislative [and fiscal eu] actions, [for to reduce] NCD risk factors, such as tobacco use, unhealthy diet, lack of [lack of ~~physical activity~~–[physical inactivity NZ, EU] and [abuse harmful use US, NZ, CA, EU] of alcohol. [along with environmental risk factors, such as indoor air pollution EU] [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 [where possible EU] foods high in fat, sugars and salt including public health awareness about public diet; reducing salt and sugar intake; replacing [saturated fats and EU] trans-fats in foods with [monounsaturated and EU] polyunsaturated fats, [good nutrition awareness in pregnancy EU] promoting [broader EU][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 delete] [and improved healthcare infrastructure development JP**

Agreement to work on the basis of 38 alt by G77 with amendments – Chairs’ proposal to be made

[G77: 38 alt. [Advance the implementation of ~~Implement MX~~] [across government policies] cost-effective population-wide interventions, including through regulatory and legislative actions, for [common NZ] 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; through the implementation of relevant international agreements and strategies to reduce risk factors and by taking the following action: G77]

Important issues in this paragraph

Like to see included:

G77: Chapeau that treats idea of risk factors in general, elements should be treated in own right,

CA: Start with “Advance the implementation of”, G77 para meets needs

EU: Nothing on vaccinations, FCTC should not be in the chapeau, Open to work on 38alt, with amendments

US: listing all the different types of salt, fat etc text will be too long

Australia: keep chapeau general

MX, HS use G77 38 alt, strengthen education aspect

NZ (check, use opening chapeau, based on the G77 38alt proposed, focus 39 on agreements and strategies, and then use h for four main risk strategies

38 alt: [Advance the implementation of MX] Implement cost-effective and evidence-based, population-wide interventions, such as regulatory, statutory and other, including voluntary, measures to reduce common risk factors such as tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol.[US], [based on Moscow Declaration]

39 [~~Accelerate~~ Promote the CA, Switz, US] [and strengthen US] 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) Aust, NZ, Nor, US delete], [using the full range of options including, as appropriate, legislation, regulation, fiscal measures, policies, and programmes NZ; CA, Switz delete], and the Global Strategy to Reduce the Harmful Use of Alcohol [through policy measures to regulate availability, price and marketing, and NZ, (CA, Switz delete)] the [WHO Switz] Global Strategy on Diet, Physical Activity and Health; [G77 delete para] [Aust reorder 39 and 40 US support] (EU supports para with amendments) G77 reserve position

40 [Accelerate and [encourage ~~strengthen~~ CA] implementation by States Parties of the provisions and [guidelines CA] of the FCTC and Aust (flexible),] 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], [recognising that substantially reducing tobacco consumption is the most achievable action to reduce NCDs and will have dramatic health and economic benefits for individuals and countries NZ, moved from 27 quat bis, Aust ok]

[40 bis Promote, protect and support breast feeding, as breast feeding is essential in the prevention of obesity as well as under nutrition; Norway,] MX supports, Aust supports but questions placing, EU supports, G77 open to idea]

[40 ter Implement [all appropriate measures including bans MX] [Take necessary measures to implement measures on ~~bans~~ CA], [no reference to bans Aust,] 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, recognizing that research shows that food advertising to children is extensive, 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 Norway, MX supports] [Japan delete para]

[40 quat Continue working in partnerships with food producers and caterers to reduce the salt (sodium) content of foods, ~~[-recognizing 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, and consider introducing restrictions for use of salt in the food industry [in order to reduce salt consumption to 5g per person per day;~~ Aust delete from in order onwards] CA delete from recognizing onwards] Norway] [EU supports deletions, come back on exactly what needs to be deleted or look at language in 43 ter proposed by Japan] [Japan clarification on 5g source] [G77 move last part to 43cbis]

Merger 40 ter 40 quat alt Develop as appropriate, and implement cost effective interventions such as fiscal policies, regulatory and legislative measure to promote healthy diets through substantial reductions in levels of trans fats and saturated fats, salt, and refined sugars, including, *inter alia* in processed foods, including through discouraging the production and marketing of unhealthy foods, including measures based on the WHO set of recommendations on the marketing of foods and non alcoholic beverages to children, working in partnerships with food producers and manufacturers; [NZ]

41. [Encourage ~~Develop~~ CA, Aust] multi-sectoral public policies that [address the social, economic and environmental determinants/[factors US] 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; [Switz supports EU, CA amendments] [G77 requests deletions as they have reformulation]

42. [Promote the development of ~~Develop~~ CA] [and strengthen EU] appropriate action plans, [including through information and communication initiatives, through an evidence-based education strategy in schools, 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]

42 alt: Develop appropriate action plans to promote health literacy and awareness as important factors in prevention and control of NCDs. [US]

[Switz merge 41 and 42] Develop multisectoral public policies and appropriate action plans, [including through information and communication initiatives, through an evidence-based education strategy in schools, EU] to promote health literacy and awareness, as [important cost effective interventions EU] enabling individuals, families and communities to make healthy choices and [to follow lead a healthier lifestyle EU] EU, CA, NZ, support merger, Aust to come back

Reformulation by G77 for para 38-42

[G77: 38 alt. [Advance the implementation of ~~Implement MX~~] [across government policies] cost-effective population-wide interventions, ~~including through regulatory and legislative actions,~~ [for common] 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;~~ **through the implementation of relevant international agreements and strategies to reduce risk factors and by taking the following action: G77] (agreed to work on this paragraph with amendments)**

[Aust prefers language in para 40 instead of a) abis) and b); US, CA support that position]

(a) Accelerate implementation of the WHO Framework Convention on Tobacco Control (FCTC), using the full range of options; G77]

abis- Pledge to accord high priority to the implementation of FCTC guidelines in national health policies and programs;[G77]

(b) Encourage countries which have not yet done so to consider acceding to the Framework Convention on Tobacco Control; G77]

[(c) [~~By 2015~~ EU], develop and initiate the implementation, as appropriate, of cost-effective interventions such as policies and regulatory and legislative measures, to eliminate trans-fats and to achieve substantial reductions in levels of saturated fats, salt and refined sugars in foods, including through discouraging the production and marketing of unhealthy foods. G77] [CA, Aust, US delete paragraph, prefers 38 language] [EU would request amendments if retained, delete date]

[G77, could include here language on breast feeding here, from 40bis as cbis, Norway flexible on placing]

[c bis Promote, protect and support breast feeding, as breast feeding is essential in the prevention of obesity as well as under nutrition; Norway,] MX supports (Aust supports but questions placing, EU supports)

(d) Scale up a package of proven effective interventions such as health promotion, and primary prevention and develop, promote and enforce, as appropriate, legislation, regulations and fiscal measures, [~~in this area including the development of a national tax strategy to reduce consumption of tobacco and alcohol~~ CA, Aust, US, EU delete]. If EU were to accept such a para would need to incorporate EU amendments]

(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] [US, EU, delete this paragraph] [MX support] [CA reserve position]**

[(e) **alt** Ensure that domestic agricultural and trade policies support the production and manufacture of healthy foods and that these policies support open markets as a means to improve trade flows and access to healthy foods, and to provide greater opportunities for indigenous agricultural products and foods, thus contributing to efforts to meet the challenges posed by globalization and food insecurity; Aust], [US, NZ will consider] [Aust to clarify use of domestic, flexible on alternative language] [NZ supports intent of indigenous agricultural products and foods, but text could be clarified]

EU sees opportunities for streamlining in f,g,h – no problem as such with language

(f) [~~Accelerate Promote the CA~~] 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 [**including in all aspects of daily living RF**] 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] [RF acceptable]

(g) [~~Accelerate Promote the CA~~] implementation of the Global Strategy to Reduce the Harmful Use of Alcohol and [**increase consider CA**] policy measures to regulate, as appropriate, [**and consistent with countries international obligations Aust**] the availability, price and marketing of alcohol as well as raise awareness of the problems caused by the harmful use of alcohol. G77] **US support with CA amendments, Aust to consider)**

(g) bis. [Recognize the need to] **urgently develop appropriate national action plans, in consultation with relevant stake holders, for developing specific policies and programs, where necessary, with measurable outcomes for prevention and control of the harmful use of alcohol and also call upon WHO to intensify efforts to assist Member States in this regard; [G77] [Aust to come back]**

- (h) Galvanize the prevention of NCDs through a meaningful multisectoral response addressing risk factors, by involving all relevant sectors, civil society and communities. G77] **general agreement**
- (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] [Switz, EU delete, CA reserves position, US want more general reference]**
- (j) Develop, where necessary, and implement appropriate [national] action plans to promote [**health education and G77]** health literacy [in schools EU, (G77 and CA delete)] [and awareness], including through the use of mass media [**and public awareness campaigns G77]**, as important factors in ensuring significant health outcomes, in particular for prevention and control of NCDs; [**recognizing that a strong focus on health literacy is at an early stage in many countries Aust]** [EU, CA support Switz proposal to merge 41 and 42 cf. above]
- 43 [~~Call upon~~ **Engage with EU, US, Japan]** Call upon [retain : Aust, NZ, G77, MX] the private sector [**where appropriate Aust, G77, MX]** to [**strengthen its contribution to NCD prevention and control according to international and national NCD priorities; RF flexible on placement, CA supports:]** [G77 support original language]
- a. [~~Ensure~~ **Undertake US][Promote Aust]** responsible and accountable marketing and advertising, especially to children [and adolescents, eg by NO]]; **ensur[e ing NO, Aust promote] the implementation of the [WHO NZ] set of recommendations to reduce the impact of marketing of foods and non-alcoholic beverages to children [and adolescents NO], 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] (cf. WHA resolution 63.14)**
- [43 a. alt Take necessary measures to implement the [WHO set of G77] recommendations [to reduce the impact of G77] on the marketing of foods and non-alcoholic beverages to children, while taking into account existing legislation and [~~polities~~ **policies EU, G77]**, 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 CA delete], including by [~~the reformulation of CA]~~ reformulating products to provide healthier options [stop here CA] [~~including the independent monitoring in this regard~~ (US, EU delete) and adhere to applicable relevant product labelling standards; including information on sugar, salt and fat [~~and trans fats contents EU]~~ [where appropriate NZ]; G77] [EU supports original text]

(b) alt: Develop comprehensive food nutrition monitoring systems to assess industry's success towards reaching their stated goals and commitments for food and beverage quality and composition, including advertising of foods and beverages, especially to children. [US]

- (b alt, alt) Manufacture healthy foods, including by reformulating products which are affordable, accessible and that adhere to relevant product labelling standards, including information on sugar, salt, fats and trans fat content; as well as meeting quality standards in manufacturing with independent monitoring; [G77, Aust can support probably-to come back; CA problematic]**
- c. Promote **[and create an enabling environment for G77]** healthy behaviours among workers, including **[[by requiring Aust, CA to come back] tobacco free workplaces EU,], [and safe and health working environments through occupational safety and health measures US end here][effective CA] occupational safety [and measures to ensure working environments that are safe and healthy CA]** through good corporate practices, workplace wellness programmes and insurance plans;
- c.bis Consider introducing restrictions for use of salt in the food industry in order to reduce salt consumption [to 5g per person per day US]; [G77 former 40quat proposed by Norway who prefer their original proposal] [CA, Aust, reserve position] [G77 flexible on adding other elements on salt]**
- [d. [Contribute Encourage, as appropriate, measures CA, US support, G77 keep contribute] to improved access and affordability for the essential medicines and technologies for non-communicable diseases. G77]**

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-EU delete JP accepts deletion~~] 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 [essential 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 EU, Aust delete~~] 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] [NZ go back to zero draft text] JP supports EU amendments

44. Strengthen international cooperation in close collaboration with WHO in support of national, regional, and global plans for the prevention and control of NCDs, inter alia, through exchange of best practices in the areas of health promotion, legislation, regulation and health systems strengthening, relevant technologies and diagnostics, training of health personnel, development of appropriate health care infrastructure, development, dissemination, and transfer of technology and production of affordable, safe, effective and quality medicines and vaccines; **[para 44 with G77 amendments**

[44 alt : attempt to streamline some of the amendments made by other delegations into para 44, based on original text MX :

[44alt. Strengthen under the leadership of WHO international cooperation to exchange best practices in health promotion, access to healthcare including [essential Switz, US] 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~~-US] [EU, Aust to come back; CA could work on this) (US prefer this para) (NZ broadly support pending consultation)

[44 bis Acknowledge the contribution of aid targeted towards the health sector, while recognizing that much more needs to be done. We call for the fulfilment of all official development assistance-related commitments, including the commitments by many developed countries to achieve the target of 0.7 per cent of gross national income for official development assistance by 2015, as well as the target of 0.15-0.2 per cent of gross national income for official development assistance to least developed countries, and strongly urge those developed countries that have not yet done so to make concrete efforts in this regard in accordance with their commitments. G77] [US to come back to ensure text matches agreed language][EU reserves position]

45 **[Encourage CA] [Strengthen G77] [~~Increase and strengthen~~-[local EU] national, regional and international partnerships, including North-South, South-South, [and G77] triangular [cooperation partnerships G77], in the prevention and control of NCDs to promote [at national, regional, and international levels G77] 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 complement to North-South cooperation; G77, (EU US, Switz delete) [especially for adolescents and youth Switz] (EU, US, supports all amendments except G77 last amendment) NZ supports G77 amendments**

45 (bis): **[Mobilize the necessary financial, human and technical resources in support of the prevention and control of NCDs G77], (NZ supports, look at placement) (RF belongs to 46 alt?) (US delete) (CA streamline 45 and 46)**

46 [Encourage international financial institutions and other donors to G77] 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]; [Switz, NZ, EU prefers 46 alt]

[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; RF para 4 of Moscow Declaration,] (CA, EU, NZ, Switz, US support,) (G77 do not support) (CA cannot go further than this language)

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 EU, NO] in the development [cooperation-agenda initiatives US,NO]; G77, NZ, MX, HS] [CA delete paragraph, NO reservations]

Agreed ad ref to delete para 47

General preference to work on the basis of 48alt – G77 flexible :

48 alt Call upon the WHO, as the lead UN specialized agency for health, and all other relevant UN system agencies, funds and programmes, development banks, and other key international organizations to work together in a coordinated manner to address NCDs, CA] [AU, NO, US, EU, MX, RF, Switz support]

48 *Call upon [relevant Aust] UN agencies, funds and programmes [international financial institutions, including G77] and development banks Mex] [and other relevant international organizations Switz G77] 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 socio-economic [determinants and G77] impacts of NCDs;] [G77 flexible to work on 48alt]*

[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, [and Member States Switz] [to continue EU, G77] to provide technical assistance to developing countries [especially and G77, EU] and least developed countries in order to develop and strengthen their capacity to use, [to the fullest EU reserves position], [the provisions of flexibilities contained in EU, G77 keep] the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) that [can improve are supportive to EU] access to [essential EU; G77 delete] medicines; G77, MX] [as confirmed by the Ministerial declaration on the TRIPS agreement and public health Switz] [CA reserves position] [Japan, US delete para] [US to come back]

- 49 Integrate cost-effective interventions [**for the prevention and control of NCD's G77**] into the [**national agendas and Switz**] development agenda[s, as appropriate Switz] 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 [for health EU] NZ, Aust support, G77 delete**]; [Norway, CA, US, Switz delete para] (Switz if not deleted, insists on its amendments, EU NO to come back on Swiss amendments) (NZ agrees to deletion if ideas can be integrated elsewhere)
- [49 bis [~~Call upon~~ Invite US, Aust, NZ support, RF flexible, MX maintain call upon] existing international indigenous forums to increase their focus on NCDs [**prevention and control US, MX, NZ**] [**and to consider the examination of NCDs issues within the framework of their mandates; RF, Aust, MX to come back**]; (CA, Aust, US, NZ support ; G77 delete para, or add to other paras treating with indigenous peoples eg para 40ibis) (CA working on proposal to streamline references to indigenous in text)
- 50 Engage non-health actors and key stakeholders, including the private sector [**where appropriate Aust, Switz, G77, MX**] and civil society, [~~particularly including RF, EU flexible~~] **health related NGOs and patient organisations EU, CA supports, G77, MX delete, RF delete or amend**] in collaborative partnerships to promote health [~~in all policies care~~ US, EU, NZ, G77 supports; Aust, CA : willing to look into language like “promote multisectoral approaches, including where appropriate, health-in-all policies] [~~and to US~~] reduce NCD risk factors, including through building community capacity in [**reducing tobacco use and harmful alcohol use and US, NZ**] promoting healthy diets and lifestyles [**and through undertaking actions to reduce environmental pollution EU amended proposal, HS supports; G77, US, NZ, MX delete**];
51. Foster partnerships between government and civil society [**building on the significant role of health-related NGOs and patients organisations to fill gaps in support EU, G77**] the provision of [**services on the G77**] prevention and [~~treatment-control US~~] [treatment, care - **including palliative care** [Switz supports, US reserves position]-**and support G77**] services [**for NCDs, including G77**] particular during humanitarian [~~and US~~] emergency situations;
- [51 bis. [Call upon [Member States, G77] the UN system, [civil society and the private sector G77]] to contribute to [Encourage the Aust] the capacity building of NCD related NGOs at the national and regional levels, in order to realize their full potential as partners [in the prevention and control of NCDs; G77] [US, CA delete para]

Research and development

52. [Noting the strong need to continue to incentivize innovation Jp, G77 delete] [~~Increase~~ Promote actively national and international investments Chair proposal] [and strengthen national capacity for quality ~~in~~ NCD G77] related research and development, [and continue to respect innovation incentivizing mechanisms, including Jp, G77 could support] [intervention and implementation research EU] [~~biomedical~~—US] [~~operations~~, EU, US, G77 maintain biomedical operations], [science, operational and health systems research EU] robust prevention and control [~~treatment~~ US, EU keep] tools, [with patient empowerment EU] diagnostics, cultural and behavioral research and traditional medicines [and also culturally appropriate interventions CA] to improve prevention [control and G77] [~~treatment~~ US delete, G77 keep] programs in a sustainable, [safe EU] and cost-effective manner; [US supports paragraph] [NZ prefers original text, supports G77 additions] (Jp would accept deletion of second amendment if first included, would like one reference to incentivize. CA support)
- 53 Promote the use of Information and Communications Technology to improve [program implementation and health outcomes, G77] reporting and surveillance systems and to disseminate [as appropriate US] information on affordable and low cost-effective G77] [effective, sustainable and generalizable EU, G77, MX delete - Chair proposal to delete] [efficient and quality G77] interventions [and other G77] best practices [and lessons learned G77]; (NZ supports amendments, Mexico supports short paragraph)

53 bis – agreed ad ref to move to section on monitoring and evaluation

- [53 ter Support and facilitate research to provide a strong knowledge base for ~~global~~, national and regional [and global G77] action; EU, US, Aust,)) (G77 delete as captured in 52, flexibility to move to 52) (NZ supports but suggests merging with 52)

(former 34 d alt alt : Promote appropriate research, monitoring and surveillance programmes to track non-communicable diseases, risk factor prevalence, distinguishing behavioural, environmental and other risk factors, morbidity and mortality, and policy and program implementation of NCDs [US])

Monitoring and evaluation

- 53 bis Chairs' proposal : Strengthen, as appropriate, country level surveillance and monitoring systems, including surveys, that are integrated into existing national health information systems and include monitoring exposure to risk factors, outcomes, social and economic determinants of health, and health system

responses, recognising that such systems are critical in appropriately addressing NCDs; (final placement to be determined)

Aust: consolidate current paras 54/54 alt, 54 bis/54bis alt, and 55 bis and replace with:

[Call upon the WHO, in collaboration with UN agencies, funds and programmes, and other relevant international organisations, and with member states, to build on existing efforts to develop by the end of 2012 a set of global indicators, capable of application across regional and country settings, as well as a comprehensive global monitoring framework to monitor trends and assess and compare progress made in the implementation of national strategies and plans on NCDs; Aust]

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, with the full participation of all Member States, and informed by their national situations, to build G77] Build on existing efforts and develop [US support formulation zero draft] [develop, identify EU,] [under the leadership of WHO Switz, EU, NO, CA] [~~with the support of UN agencies, funds and programmes, and international organizations, US~~] a global set of global G77, US] indicators [targets G77] [by the end of 2012 to address G77] [~~to monitor~~ and a monitoring system to assess US] the magnitude, trend, and socio-economic impact of NCDs [and their risk factors US and determinants G77 – stop here] [US end here, or link to “and to track and evaluate progress made (...) agreements] and their [social, economic and environmental EU] determinants, [~~to assess the capacity of countries to address them US~~] and to track and to evaluate progress made at the national, regional and global levels, [in addressing NCDS US] while avoiding duplication and building on existing indicators and reporting requirements under strategies and agreements; [Aust include reference to WHO in this paragraph - prefer 54 alt] (EU, CA, NO prefers to work on this paragraph; stick to indicators) (RF can work on para, including specific date, Switz wants to include leadership role of WHO)**

[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 NZ flexible on dropping] 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, Switz, MX supports, but would request inclusion of multisectoral approach,]

[54 (bis): Support the WHO, [in consultation with WHA Switz], in developing a comprehensive global monitoring framework on NCDs RF], [G77, delete and replace by 54 bis alt, NZ already covered, EU support if 54alt adopted] [Aust to come back, favourable]

[54bis alt Call upon the WHO in collaboration with UN agencies, funds and programmes, and other relevant international organizations, with the full participation of all Member States and informed by their national situations, to build on existing targets to develop by the end of 2012 a global set of measurable core indicators, capable of application across regional and country settings to monitor and evaluate trends and assess and compare progress made by countries in reducing the burden of NCDs; G77] [Aust to come back, favourable]

55 [keep Consider CA, G77] [~~Consider the Establishment~~ through WHO Norway, NZ support, CA, EU reserve position] of [~~standardized~~ EU, NZ] [standardized Norway] national targets [to address the magnitude, trend, and socioeconomic impact of NCDs, their risk factors and determinants G77, NZ support end here, CA and EU delete] to assess the progress made in addressing non-communicable diseases; [NZ to come back]

55 bis Commit to develop, where necessary, a multi-sectoral monitoring and evaluation framework to assess the implementation [and progress MX] of national strategies and plans on NCDs; G77. NZ, Aust, MX] [CA, EU to come back]

Follow-up

[56 bis Request the Secretary General to establish, no later than 2012, in close consultation and collaboration with Member States, a Non-Communicable Prevention and Control Diseases Partnership, consisting of Member States, relevant UN agencies, funds and programmes, international financial institutions, the private sector, civil society organizations, foundations and research and academic institutions, to guide actions and assess progress achieved in realizing voluntary commitments by all stakeholders in the prevention and control of NCDs, as well as engaging in advocacy and resource mobilization, taking into account experiences from other partnerships such as the Stop TB and Rollback Malaria Partnerships. G77][Switzerland, Aust to come back, WHO leadership to be included][RF reserve position] (Placement to be determined),

56 Request the Secretary-General [in close collaboration with WHO, Switz] to [provide submit G77] [~~an annual report~~ a report in 2014, and thereafter biennially EU, MX, US] [a biennial report, JP flexible, Aust, US, CA, supports] [keep annual, to the General Assembly G77. NZ] on progress achieved in realizing the commitments made in this [~~Outcome document~~ Political Declaration G77];

[57 Decide to undertake a comprehensive assessment in 2014 of the progress achieved in realising the commitments in the present Declaration with a view to determining its impact on the achievement of the internationally agreed development goals, including the MDGs.; G77] (G77 clarifies that there is

flexibility on the form of the review) [US reserves position] [EU feels that this could be covered in 56, reserves position]