

The NCD Challenge: Where do we stand today? How did we get to 2011? What happened in 2014? How are we getting to 2018?

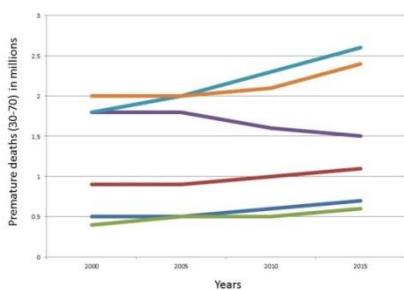
Background Paper

WHERE DO WE STAND TODAY?

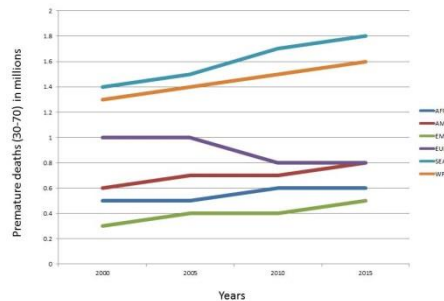
Are we making progress?

- The number of premature deaths from NCDs between the ages of 30 and 69 continues to increase (since 2000) in all WHO regions, except in the WHO European Region which witnessed a decline (since 2005)¹.

Trends in premature deaths (30-70) from NCDs among men:
Continue to increase since 2000 in all WHO regions, except the WHO European Region

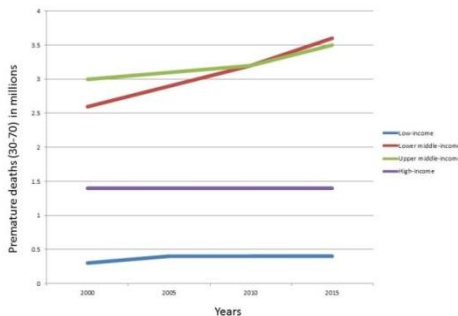


Trends in premature deaths (30-70) from NCDs among women:
Continue to increase since 2000 in all WHO regions, except the WHO European Region

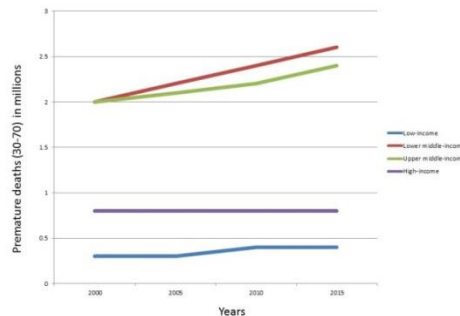


- Similarly, the number of premature deaths from NCDs between the ages of 30 and 69 continues to increase (since 2000) in all World Bank groups, except in high-income countries where they remain stable:

Trends in premature deaths (30-70) from NCDs among men:
Continued increase (since 2000) in all World Bank income groups, except in high-income countries

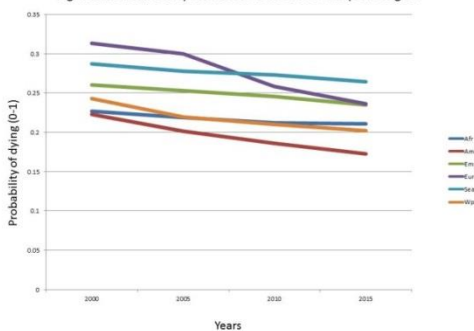


Trends in premature deaths (30-70) from NCDs among women:
Continued increase (since 2000) in all World Bank income groups, except in high-income countries

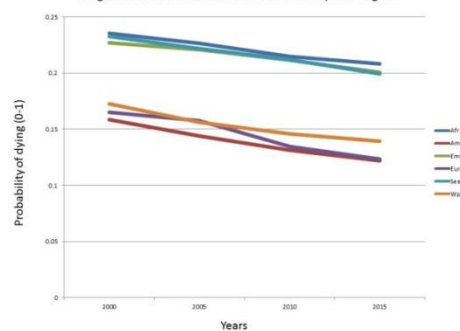


- The probability of dying of any of the four major NCDs between the ages 30 and 69 continues to decline since 2000 in all WHO regions:

Probability of men dying from any major NCD between ages 30-70
Significant decline only witnessed in the WHO European Region



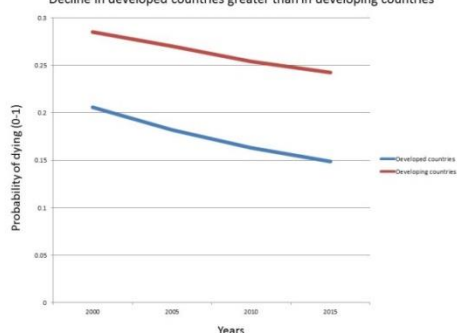
Probability of women dying from any major NCD between ages 30-70
Largest decline witnessed in the WHO European Region



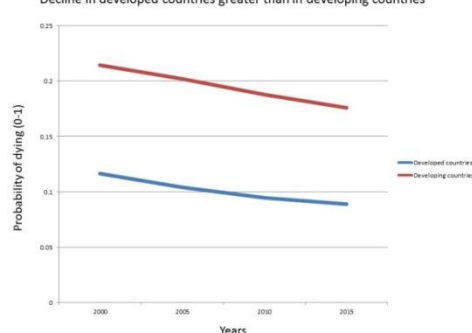
¹ http://www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html

4. The probability of dying of any of the four major NCDs between the ages of 30 and 69 continues to decline since 2000 in both developed and developing countries, but the decline in developed countries is much steeper²:

Probability of **men** dying from any major NCD between ages 30-70
Decline in developed countries greater than in developing countries



Probability of **women** dying from any major NCD between ages 30-70
Decline in developed countries greater than in developing countries



5. The increase in the number of deaths from NCDs between the ages of 30-69 during the period 2000-2015 continues to co-exist with a decline in the probability from dying of any of the four major NCDs. This is mainly a result of the growth of population in the 30-69 age group.

6. Over 80% of these premature deaths from NCDs, which occurred in people between the ages of 30 and 69, were the result of the four main NCDs: cardiovascular diseases, cancer, diabetes and chronic respiratory disease³.

7. Globally, premature mortality from these four main NCDs declined by 17% between 2000 and 2015⁴. These improvements are estimated to be mainly due to reductions in cardiovascular and chronic respiratory disease mortality. Under a business-as-usual scenario (without scaling up efforts significantly) this rate of decline is insufficient to meet the SDG target 3.4 (reduce, by 2030, premature mortality from NCDs by one third)⁵. This is the key messages to frame the discussions during the preparatory process leading to the third UN High-level Meeting on NCDs in 2018.

Which policies have best driven progress?

8. WHO published an initial set of best buys for NCDs in April 2011 as part of the first WHO Global Status Report on NCDs (2010)⁶. This initial set was developed with inputs from the world’s leading global experts on NCDs⁷. WHO published an updated set of best buys for NCDs in September 2011 prior to the first High-level Meeting of the UN General Assembly on NCDs, as part of the WHO report on “Scaling up action on NCDs: How much will it cost?”⁸ The 2011 set of best buys included⁹:

First (“original”) set of best buys for NCDs	
Population-based interventions addressing NCD risk factors (2011)	Tobacco use:
	<ul style="list-style-type: none"> - Tax increases - Smoke-free indoor workplaces and public places - Health information and warnings about tobacco - Bans on advertising and promotion
	Harmful alcohol use:
	<ul style="list-style-type: none"> - Tax increases on alcoholic beverages - Comprehensive restrictions and bans on alcohol marketing

² http://www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html

³ Paragraph 4 of WHA document A70/27 available at http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_27-en.pdf

⁴ See page 42 of World Health Statistics 2017 available at <http://apps.who.int/iris/bitstream/10665/255336/1/9789241565486-eng.pdf?ua=1>

⁵⁵ Page 36 of Chapter 6 of WHO World Health Statistics 2016 available at

http://www.who.int/gho/publications/world_health_statistics/2016/EN_WHS2016_Chapter6.pdf?ua=1

⁶ Available at http://apps.who.int/iris/bitstream/10665/44579/1/9789240686458_eng.pdf

⁷ Available at http://www.who.int/nmh/events/moscow_ncds_2011/web_consultation/en/

⁸ Available at http://www.who.int/nmh/publications/cost_of_inaction/en/

⁹ See table 1 on page 12 of the WHO report on Scaling up action on NCDs available at

http://apps.who.int/iris/bitstream/10665/44706/1/9789241502313_eng.pdf

	<ul style="list-style-type: none"> - Restrictions on the availability of retailed alcohol <p><u>Unhealthy diet and physical inactivity:</u></p> <ul style="list-style-type: none"> - Salt reduction through mass media campaigns and reduced salt content in processed foods - Replacement of trans-fats with polyunsaturated fats - Public awareness programme about diet and physical activity
Individual-based Interventions addressing NCDs in primary care (2011)	<p><u>Cancer:</u></p> <ul style="list-style-type: none"> - Prevention of liver cancer through hepatitis B immunization - Prevention of cervical cancer through screening (visual inspection with acetic acid [VIA]) and treatment of pre-cancerous lesions <p><u>CVD and diabetes:</u></p> <ul style="list-style-type: none"> - Multi-drug therapy (including glycaemic control for diabetes mellitus) to individuals who have had a heart attack or stroke, and to persons with a high risk (> 30%) of a CVD event in the next 10 years - Providing aspirin to people having an acute heart attack

9. An expanded set of good and best buys interventions for NCDs was endorsed by the World Health Assembly in 2013 as part of the WHO Global NCD Action Plan 2013-2020¹⁰. This expanded set was finalized through a drafting group at WHA66, changing the nature of the interventions from technical to political.

10. At the request of the World Health Assembly, WHO updated the set of good buys and best buys for NCDs (also referred to by its legal term as the “Updated Appendix 3” of the WHO Global NCD Action Plan 2013-2020) in 2016 and 2017 in the light of new scientific evidence. The methodology to update the set of good and best buys was endorsed by the World Health Assembly in 2016¹¹. The updated set was endorsed by the World Health Assembly in May 2017¹². The intergovernmental process which was followed to develop the updated set is described on WHO’s website¹³, which also includes the reports summarizing the outcomes of two NCD experts meetings held in June 2015 and June 2016. At the request of Member States, WHO also published information to help the world understand the underlying analysis related to the updated set and provided additional technical briefings on the evidence underlying the interventions¹⁴.

How is progress measured?

11. The existing global accountability framework for NCDs was developed through separate intergovernmental processes led by Member States. The result is summarized in Annex 8 of World Health Assembly document A69/10¹⁵ and includes:

Which reports does WHO prepare?	Which indicators does WHO use?	Where does the data go to?	When does WHO report?	How does WHO collect data for this report?
Progress report on progress towards nine global NCD targets (to be reached by 2025)	25 outcome indicators	World Health Assembly	2016, 2020 and 2025	Various data sources
Report on progress towards implementing the WHO Global NCD Action Plan 2013-2020	9 action plan indicators	World Health Assembly	2016, 2018 and 2021	Various data sources
Report on progress made towards implementing the 2011 United Nations Political Declaration on NCDs and 2014 United Nations Outcome Document on NCDs	10 progress monitor indicators published on 1 May 2015	UN General Assembly	2017	Various data sources
Report on progress made towards SDG target 3.4 on NCDs	2 indicators	UN General Assembly	Yearly	WHO Global Health Estimates
Additional elements (not mentioned in document A69/10)				
Report on progress made in implementing the work plan of the WHO-led UN Inter-Agency Task Force on NCDs	No indicators	UN ECOSOC	Yearly	Meetings of the Task Force
Report on progress made in implementing the work plan of the WHO Global Coordination Mechanism on NCDs	No indicators	World Health Assembly (as a separate Annex to the progress	2016, 2018 and 2021	N/A

¹⁰ See Appendix 3 of the WHO Global NCD Action Plan 2013-2020 <http://www.who.int/nmh/publications/ncd-action-plan/en/>

¹¹ See Annex 2 of A69/10 starting on page 16 of http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_10-en.pdf

¹² See Annex 1 starting on page 8 of document A70/27 available at http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_27-en.pdf

¹³ See <http://www.who.int/ncds/governance/appendix3-update/en/>

¹⁴ See <http://www.who.int/ncds/governance/appendix3-update/en/>

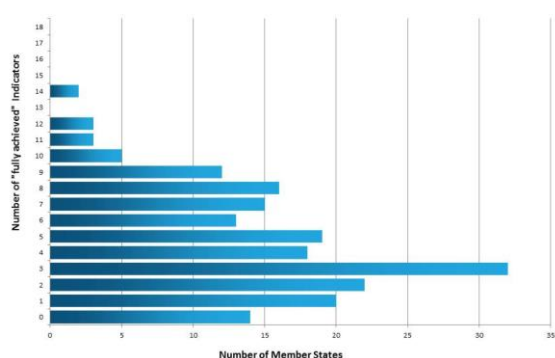
¹⁵ See pages 38-40 in http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_10-en.pdf

		report on the WHO Global NCD Action Plan)		
WHO Implementation Plan of the Report of the Commission on Ending Childhood Obesity (welcomed at the World Health Assembly in May 2017)	TBD	World Health Assembly (as a separate Annex to the progress report on the WHO Global NCD Action Plan)	2018 and 2021	TBD

12. There is no agreed accountability framework to register and publish the contributions of NGOs, private sector entities, philanthropic foundations and academic institutions. WHO was given an assignment in 2014 by the UN General Assembly to develop such an approach¹⁶. While the contours of such an approach have been noted by the World Health Assembly in 2016¹⁷ and 2017¹⁸, WHO has not yet developed a concrete self-reporting tool, included related indicators, which non-State actors could use to publish their own contributions on their own websites for independent comparison and assessment.

13. Progress made in addressing NCDs was reported by WHO to the UN General Assembly in 2010¹⁹, 2011²⁰ and 2013²¹. The 2013 report concluded that while “remarkable progress has been made since September 2011” and that “the 2011 Political Declaration has catalysed action and retains great power in engendering collective action for greater results”, “progress has been insufficient and highly uneven”. The 2013 report recommended that “bolder measures are urgent to accelerate efforts²²”. In November 2017, WHO will submit the fourth report on NCDs to the UN General Assembly, summarizing the progress achieved since September 2011. The contours of report were approved by the World Health Assembly in 2016²³. Unlike the 2013 report, the report in 2017 will include an annex with individual country data on the 18 progress monitor indicators set out in the technical note published by WHO on 1 May 2015²⁴.

14. Progress on the number of countries that have fully achieved 0 to 18 progress monitor indicators to the four time-bound commitments for 2015 and 2016 included in the 2014 UN General Assembly’s Outcome Document on NCDs was reported to the World Health Assembly in 2016²⁵ and 2017²⁶. In summary: “In 2015, 138 Member States had shown very poor or no progress towards implementing the four time-bound commitments²⁷” (i.e. set national NCD targets, develop a national plan, reduce NCD risk factors, enable health systems to respond to NCDs).



¹⁶ See paragraph 37 of the 2014 UN Outcome Document on NCDs available at <http://www.who.int/nmh/events/2014/a-res-68-300.pdf?ua=1>

¹⁷ See Annex 4 of document A69/10 available on page 26 of http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_10-en.pdf

¹⁸ See Annex 2 of document A70/27 available on page 25 of http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_27-en.pdf

¹⁹ See <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N10/531/44/PDF/N1053144.pdf?OpenElement>

²⁰ See http://www.un.org/ga/search/view_doc.asp?symbol=A/66/83&Lang=E

²¹ See <http://www.who.int/nmh/events/2014/UN-general-assembly/en/>

²² Paragraph 44 of A/68/650 available at http://www.un.org/ga/search/view_doc.asp?symbol=A%2F68%2F650&Submit=Search&Lang=E

²³ See Annex 7 of A69/10 starting on page 37 available at http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_10-en.pdf

²⁴ Available at <http://www.who.int/nmh/events/2015/getting-to-2018/en/>

²⁵ See figure 1 of document A69/10 on page 6 of http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_10-en.pdf

²⁶ See paragraph 6 of document A70/27 on page 2 of http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_27-en.pdf

²⁷ Paragraph 6 of document A70/27 on page 2 of http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_27-en.pdf

15. Progress made in the implementation of the WHO Global NCD Action Plan 2013-2020 during the period from May 2013 to March 2016 was reported to the World Health Assembly in 2016²⁸. Six (out of nine) indicators showed an improvement between 2010 and 2015, while data for three indicators were not comparable between 2010 and 2015.

Number	Global action plan indicator	2010	2015	Trend
1	Number of countries with at least one operational multisectoral national policy, strategy or action plan that integrates several noncommunicable diseases and shared risk factors in conformity with the global/regional action plans 2013–2020.	30/166 (18%)	61/166 (37%)	↑
2	Number of countries that have operational noncommunicable disease unit(s)/branch(es)/department(s) within the Ministry of Health, or equivalent.	88/166 (53%)	110/166 (66%)	↑
3a	Number of countries with an operational policy, strategy or action plan to reduce the harmful use of alcohol, as appropriate, within the national context.	80/166 (48%)	111/166 (67%)	↑
3b	Number of countries with an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity.	91/166 (55%)	119/166 (72%)	↑
3c	Number of countries with an operational policy, strategy or action plan, in line with the WHO Framework Convention on Tobacco Control, to reduce the burden of tobacco use.	109/166 (66%)	135/166 (81%)	↑
3d	Number of countries with an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets.	99/166 (60%)	123/166 (74%)	↑
4	Number of countries that have evidence-based national guidelines/protocols/standards for the management of major noncommunicable diseases through a primary care approach, recognized/approved by government or competent authorities.	125/166 (75%)	61/166 (37%)	N/A
5	Number of countries that have an operational national policy and plan on noncommunicable disease-related research, including community-based research and evaluation of the impact of interventions and policies.	NO DATA	60/166 (36%)	N/A
6	Number of countries with noncommunicable disease surveillance and monitoring systems in place to enable reporting against the nine voluntary global noncommunicable disease targets.	60/166 (36%)	48/166 (29%) ^b	N/A

16. Progress made in 2015 towards the attainment of the nine voluntary global NCD targets for 2025 were reported to the World Health Assembly in 2016²⁹ covering the period 2010 to 2014. While all indicators for which data was available showed a declining trend, with the exception of obesity and overweight, the rate of decline was considered statistically insignificant.

HOW DID WE GET TO 2011?

How did we get to 2011?

17. In 2000, the World Health Assembly adopted the WHO Global Strategy on NCDs³⁰, which linked four of the most prominent NCDs (cardiovascular disease, cancer, chronic respiratory disease, and diabetes) to four preventable risk factors (tobacco use, unhealthy diet, physical inactivity, and the harmful use of alcohol). In 2008, the World Health Assembly adopted the ‘WHO Global Action Plan 2008-2013 for the Implementation of the WHO Global Strategy on NCDs³¹’, which comprised “a set of action which, when performed collectively by Member States and other stakeholders, will tackle the growing public-health burden imposed by NCDs”³².

18. The WHO Global NCD Action Plan 2008-2013 took into account the (2003) WHO Framework Convention on Tobacco Control³³ and the (2004) WHO Global Strategy on Diet, Physical Activity and Health³⁴. Following the endorsement of the Action Plan in 2008, the World Health Assembly also endorsed the (2010) WHO Global Strategy to Reduce the Harmful Use of Alcohol³⁵, and the (2010) Set of WHO Recommendations on the Marketing of Foods and Non-Alcoholic Beverages to Children³⁶.

²⁸ See Table in Annex 1 of document A69/10 on page 8 of http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_10-en.pdf

²⁹ See Annex 3 of A69/10 on page 22 of http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_10-en.pdf

³⁰ See A53/14 available at http://apps.who.int/gb/archive/pdf_files/WHA53/ea14.pdf

³¹ See Annex of document A61/8 available at http://apps.who.int/gb/archive/pdf_files/A61/A61_8-en.pdf

³² Paragraph 3 of A61/8 available at http://apps.who.int/gb/archive/pdf_files/A61/A61_8-en.pdf

³³ See http://apps.who.int/gb/archive/pdf_files/WHA56/ea56r1.pdf and <http://apps.who.int/iris/bitstream/10665/42811/1/9241591013.pdf?ua=1>

³⁴ See A57/9 available at http://apps.who.int/gb/archive/pdf_files/WHA57/A57_9-en.pdf

³⁵ http://www.who.int/substance_abuse/activities/gsrhua/en/

³⁶ http://apps.who.int/iris/bitstream/10665/44416/1/9789241500210_eng.pdf

19. The developments since 2000 led a rapid increase in the demand for technical assistance from developing countries to develop national NCD responses, which – unfortunately – “remained largely unanswered”³⁷. It also led to an increasing global awareness that NCDs constitute one of the major challenges to development in the 21st century which the MDGs omitted to include. In 2007, WHO supported CARICOM to convene the Caribbean Heads of State Summit on NCDs³⁸ (Port-of-Spain, 15 September 2007), which adopted the Port-of-Spain Declaration on NCDs³⁹, committing Heads of State and Government to pursue a legislative agenda for NCDs and employ the revenue from health-harming products to implement national NCD responses. In 2009, WHO supported the President of UN/ECOSOC to convene the ECOSOC Regional Ministerial Conferences on Health Literacy⁴⁰, and on NCDs and Injuries⁴¹. The latter resulted in the Qatar Declaration on NCDs and Injuries⁴², and a Note Verbale from the Permanent Mission of Qatar to the UN to the President of ECOSOC⁴³ calling on ECOSOC to include NCDs in global discussions on development. The ECOSOC High-level Segment of the 2009 Annual Ministerial Review⁴⁴ included a Ministerial Roundtable on NCDs. The resulting 2009 ECOSOC Ministerial Statement⁴⁵ recognized “that the emergence of NCDs is imposing a heavy burden on society, one with serious social and economic consequences”⁴⁶ and called for urgent action. At the 2009 High-level Segment of ECOSOC, the Russian Federation declared that it “attaches great importance to combatting NCDs” and that “it is essential to find immediate and adequate responses to this global threat”. The Russian Federation also announced that it “would be ready to organize in Russia in 2011 a special international conference on NCDs”⁴⁷.

20. In response, WHO launched NCDnet⁴⁸ on 8 July 2009⁴⁹ -- and informal collaborative arrangement with UN agencies, the World Bank and non-State actors to increase collective advocacy and build collaborate efforts and alliances for the prevention and control of NCDs. NCDnet held its first NCDnet Global Forum in February 2010⁵⁰, which mobilized a broad base of stakeholders around priorities for advocacy and communications, financing national NCD responses, and monitoring and evaluation⁵¹. This resulted in the development of a strategic narrative which all stakeholders agreed to use to get NCDs included on the agenda of the UN General Assembly.

WHO strategic narrative developed in 2009 aimed at including NCDs on the agenda of the UN General Assembly⁵²:

- In all developing countries, and by any metric, heart disease, strokes, cancers, diabetes and chronic lung diseases now account for a large enough share of premature deaths and poverty to merit a concerted and coordinated policy response. They are already dominating health care needs in most developing countries, as a result of globalization, rapid unplanned urbanization and population ageing. Tackling NCDs constitutes one of the major challenges for development in the 21st century.
- There is clear evidence that low-cost solutions exist to reduce the level of exposure of individuals and populations in developing countries to the common modifiable risk factors (mainly tobacco use, unhealthy diet, physical inactivity, and the harmful use of alcohol) to strengthen health care for people with NCDs, and map the emerging epidemic of NCDs, and that these are excellent economic investment.
- Public policy makers in developing countries are increasingly challenged to formulate effective strategies to address NCDs. But requests for technical support (through aid and expertise) from developing countries remain largely unanswered by international development agencies, mainly because these problems are not included in the framework of the MDGs.
- Discussions at the ECOSOC’s 2009 High-level Segment in July 2009 and the Ministerial Consultations held in Beijing and Doha in April and May 2009, respectively, drew attention of the international community to the NCD gap in the global development agenda and proposed solutions to move forward.

³⁷ See page 2 of <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N10/531/44/PDF/N1053144.pdf?OpenElement>

³⁸ http://archive.caricom.org/jsp/community_organs/health/chronic_non_communicable_diseases/summit_chronic_non_communicable_diseases_index.jsp

³⁹ http://archive.caricom.org/jsp/pressreleases/pres212_07.jsp

⁴⁰ <http://www.un.org/en/ecosoc/newfunct/amr2009chinastatmnt.shtml>

⁴¹ <http://www.un.org/en/ecosoc/newfunct/amr2009qatarstat.shtml>

⁴² <http://www.un.org/en/ecosoc/newfunct/pdf/doha-declaration.pdf>

⁴³ <http://www.un.org/en/ecosoc/newfunct/pdf/qatar%20-%20report%20of%20the%20western%20asia%20regional%20preparatory%20meeting%20-%20version%2025%20june%202009%20at%2010am.pdf>

⁴⁴ <http://www.who.int/nmh/events/ecosoc/en/>

⁴⁵ http://www.un.org/en/ecosoc/julyhls/pdf09/ministerial_declaration-2009.pdf

⁴⁶ Paragraph 18 of http://www.un.org/en/ecosoc/docs/declarations/ministerial_declaration-2009.pdf

⁴⁷ See statement of Mr Valery Loschinin summarized in http://www.who.int/nmh/publications/ecosoc_summary_en.pdf?ua=1

⁴⁸ <http://www.who.int/ncdnet/en/>

⁴⁹ http://www.who.int/mediacentre/news/releases/2009/noncommunicable_diseases_20090708/en/

⁵⁰ http://www.who.int/ncdnet/events/global_forum/en/

⁵¹ See report of the first Forum available at http://www.who.int/ncdnet/events/global_forum_report_20100421.pdf?ua=1

⁵² See http://www.who.int/nmh/events/2010/ncd_facts_20100913.pdf

21. On 20 May 2010, the UN General Assembly adopted a resolution submitted by the Russian Federation which “decided to convene a high-level meeting of the UN General Assembly in September 2011, with the participation of Heads of State and Government, on the prevention and control of NCDs”⁵³. The scope, modalities, format and organization of the first High-level Meeting on NCDs were decided on 7 April 2011⁵⁴.

22. To help Member States prepare for the first High-level Meeting, WHO organized six regional consultations of Member States⁵⁵, hearings with non-State actors, as well as the first WHO Global Ministerial Conference on Healthy Lifestyles and NCD Control (Moscow, 28-29 April 2011)⁵⁶ that served to provide inputs to the preparations for, and discussions at, the first High-level Meeting. The Moscow Conference brought together more than 100 Ministers of Health from 162 countries⁵⁷ and resulted in the Moscow Declaration on NCDs⁵⁸ (which was endorsed by the World Health Assembly in May 2011). Immediately prior to the Moscow Conference, WHO’s NCDnet organized a second Global Forum to share views and experiences on how non-State actors could increase their contribution to the implementation of national NCD responses⁵⁹. At the Moscow Conference, WHO released the first WHO Global Status Report on NCDs⁶⁰, which presented an updated assessment of the current status of NCDs and provided a baseline to monitor how the world would respond to the growing NCD epidemic. The negotiations in the 2011 Political Declaration on NCDs started in May 2011 in New York were informed by the second report of the UN Secretary-General on NCDs⁶¹ (which was prepared by WHO).

23. The first High-level Meeting of the UN General Assembly on NCDs took place from 19 to 20 September 2011 in New York⁶² with the participation of 34 Presidents and Prime-Ministers, 3 Vice-Presidents, 51 Ministers of Foreign Affairs and Health, 11 Heads of UN Agencies, and more than 100 NGOs. The meeting adopted the 2011 UN Political Declaration on NCDs⁶³, which included:

National commitments	Assignments given to WHO
<p>Governance</p> <ul style="list-style-type: none"> ▪ Build national capacity to develop national multisectoral responses by 2013 and implement these responses through health-in-all-policies and whole-of-government approaches ▪ Increase domestic resources to implement national NCD responses ▪ Integrate national NCD responses into health-planning processes and the national development agenda to raise the priority given to NCDs on national agendas <p>Prevention</p> <ul style="list-style-type: none"> ▪ Accelerate implementation of the WHO FCTC, the WHO Global Strategy on Diet, Physical Activity and Health, and the Global Strategy to Reduce the Harmful Use of Alcohol <p>Management</p> <ul style="list-style-type: none"> ▪ Strengthen health systems that support primary care, prioritize early detection and treatment, and improve access to affordable essential medicines for NCDs <p>Surveillance</p> <ul style="list-style-type: none"> ▪ Develop national targets and indicators based on guidance provided by WHO and give greater priority to surveillance 	<ul style="list-style-type: none"> ▪ Develop global targets and a monitoring framework ▪ Develop a global plan to provide guidance to Member States on how to implement the commitments made ▪ Provide technical assistance to developing countries ▪ Identify options for partnerships ▪ Coordinate work with other UN Agencies ▪ Measure results ▪ Report progress in 2013 to the General Assembly

How did WHO respond to the assignments given at the first High-level Meeting in 2011?

24. The assignments given to WHO in 2011 by the UN General Assembly were considered by the World

⁵³ See paragraph 1 of resolution A/RES/64/265 available at http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/64/265

⁵⁴ http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/65/238

⁵⁵ See <http://www.who.int/nmh/events/2010/en/> and <http://www.who.int/nmh/events/2011/en/> and paragraphs 9-18 of http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_21-en.pdf and <http://www.who.int/ncds/governance/first-un-meeting/en/>

⁵⁶ http://www.who.int/nmh/events/moscow_ncds_2011/en/

⁵⁷ Report of the Conference is available at http://www.who.int/nmh/events/moscow_ncds_2011/conference_documents/en/

⁵⁸ http://www.who.int/nmh/events/moscow_ncds_2011/conference_documents/conference_report.pdf?ua=1

⁵⁹ http://www.who.int/nmh/events/global_forum_ncd/en/

⁶⁰ http://www.who.int/chp/ncd_global_status_report/en/

⁶¹ See http://www.un.org/ga/search/view_doc.asp?symbol=A/66/83&Lang=E

⁶² http://www.who.int/nmh/events/un_ncd_summit2011/en/

⁶³ http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf?ua=1

Health Assembly in 2012 and resulted in a list of 10 assignments which WHO completed between 2011 and 2014 (through intergovernmental processes under the auspices of the World Health Assembly), as follows:

	Assignments given to WHO in 2011 and 2012	Completed	Purpose
1	Global target on premature mortality for NCDs (i.e. 25% reduction by 2025) ⁶⁴	2012	To frame the global response (which served as an input into the discussions on the post-2015 agenda)
2	WHO Global Monitoring Framework for NCDs ⁶⁵ , including nine global NCD targets for 2025, and 25 outcome indicators to measure progress towards the attainment of the targets	2013	To support Member States in setting national targets and measuring results
3	WHO Global NCD Action Plan 2013-2020 ⁶⁶	2013	To provide guidance to Member States on how to implement the national commitments made at the UN General Assembly
4	9 NCD action plan indicators to inform reporting on progress made in the process of implementing the WHO Global NCD Action Plan 2013-2020 ⁶⁷	2014	To support Member States in monitoring the implementation of the WHO Global NCD Action Plan
5	Global partnership options for NCDs ⁶⁸	2012	To support Member States in their decisions how to finalize the global architecture to foster collaborative arrangements and partnerships
6	Establishment of the WHO-led UN Inter-Agency Task Force on NCDs (by the UN Secretary-General at the request of ECOSOC) ^{69 70}	2013	To exercise WHO's leadership and coordination role on NCDs in relation to the work of other UN agencies
7	Terms of reference for the UN Inter-Agency Task Force on NCDs ⁷¹	2014	To support governments in their efforts to mobilize sectors beyond health for NCDs
8	Terms of reference for the WHO Global Coordination Mechanism on the Prevention and Control of NCDs (WHO GCM/NCD) and its establishment in 2014 ⁷²	2014	To support governments in their efforts to increase the contribution from non-State actors to the implementation of national NCD responses
9	(Third) Report of the United Nations Secretary-General ⁷³ (prepared by the WHO Director-General) on the progress made in realizing the commitments included in the 2011 UN Political Declaration on NCDs ⁷⁴	2013	To report that global progress had been insufficient and highly uneven, and that bolder measures were urgent to meet the commitments made in 2011
10	Second WHO Global Status report on NCDs (2014) ⁷⁵	2014	To provide a global baseline for 2010 against which progress towards the nine global NCD targets can be measured

WHAT HAPPENED IN 2014?

What were the outcomes of the second High-level Meeting in 2014?

25. Representatives of 63 Member States attended the second High-level Meeting of the UN General Assembly on NCDs⁷⁶, which took place on 10 and 11 July 2014 in New York. The Meeting recognized the remarkable progress achieved at the national level since September 2011, including an increase in the number of countries that had an operational national NCD policy with a budget for implementation from 32% of countries in 2010 to 50% of countries in 2013⁷⁷. Recognizing also that progress had been insufficient and highly uneven, and that increased efforts were essential, the 2014 Outcome Document on NCDs⁷⁸ adopted at the second High-level Meeting included four time-bound commitments to implement in 2015 and 2016:

Four time-bound national commitments included in the 2014 UN Outcome Document on NCDs	
By 2015	Consider setting national targets for 2025 and process indicators based on national situations, taking into account the nine voluntary global targets for NCDs
By 2015	Consider developing or strengthening national multisectoral policies and plans to achieve the national targets by 2025, taking into

⁶⁴ See resolution WHA65(8) which "decided to adopt a global target of a 25% reduction in premature mortality from NCDs by 2025" available on page 45 of http://apps.who.int/gb/ebwha/pdf_files/WHA65-REC1/A65_REC1-en.pdf

⁶⁵ Available at http://www.who.int/nmh/global_monitoring_framework/en/

⁶⁶ Available at <http://www.who.int/nmh/publications/ncd-action-plan/en/>

⁶⁷ See Annex 4 of document A67/14 available on page 28 of http://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_14-en.pdf

⁶⁸ See document A/67/373 of WHO to the UN General Assembly and discussions which took place at the UN General Assembly on 28 November 2012 <http://www.who.int/nmh/events/2012/20121128/en/>

⁶⁹ See resolution E/RES/2013/12 available at <http://www.who.int/nmh/ncd-task-force/tf-2013.pdf?ua=1>

⁷⁰ See <http://www.who.int/ncds/un-task-force/en/>

⁷¹ Resolution E/RES/2015/... available at <http://www.who.int/nmh/events/2015/ecosoc-resolution-2015.pdf?ua=1>

⁷² See <http://www.who.int/ncds/gcm/en/>

⁷³ See document A/68/650 available at <http://www.who.int/nmh/events/2014/UN-general-assembly/en/>

⁷⁴ See <http://www.who.int/nmh/events/2014/UN-general-assembly/en/>

⁷⁵ <http://www.who.int/nmh/publications/ncd-status-report-2014/en/>

⁷⁶ <http://www.who.int/nmh/events/2014/high-level-unga/en/>

⁷⁷ See paragraph 6 of document A68/11 available at http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_11-en.pdf

⁷⁸ <http://www.who.int/nmh/events/2014/a-res-68-300.pdf?ua=1>

	account the WHO Global NCD Action Plan 2013-2020
By 2016	Reduce risk factors for NCDs and underlying social determinants through the implementation of interventions and policy options to create health-promoting environments, building on guidance set out in Appendix 3 to the WHO Global NCD Action Plan 2013-2020
By 2016	Strengthen and orient health systems to address the prevention and control of noncommunicable diseases and underlying social determinants through people-centred primary health care and universal health coverage throughout the life cycle, building on guidance set out in Appendix 3 to the WHO Global NCD Action Plan 2013-2020

26. The assignments given to WHO in 2014 by the UN General Assembly were considered by the World Health Assembly and have resulted in a list of 10 assignments to be completed before the third High-level Meeting in 2018, as follows:

	Assignments given to WHO in 2014 and 2015	Completed	Purpose
1	Update Appendix 3 (good and best buys on NCDs)	May 2017 ⁷⁹	To provide guidance to Member States on how to strengthen national NCD responses
2	Develop a implementation plan for the report of the WHO Commission on Ending Childhood Obesity	May 2017 ⁸⁰	To provide guidance to Member States on how to strengthen national NCD responses
3	Develop a global action plan to promote physical activity ⁸¹	Pending (Jan 2018)	To provide guidance to Member States on how to strengthen national NCD responses
4	Develop an approach that can be used to register and publish contributions of non-State actors to the achievement of the nine voluntary global targets for NCDs	2016 ⁸² 2017 ⁸³ Phase 3: Pending	To track self-reported contributions from NGOs, private sector, philanthropic foundations, and academic institution to the implementation of national NCD responses, using a common set of (comparable) indicators and assessment, which is independently verifiable
5	Report on the progress achieved in the implementation of the 2011 UN Political Declaration and 2014 UN Outcome Document on NCDs	Pending (planned for Nov 2017)	To help Member States commit to global NCD roadmap covering 2018-2030 to achieve SDG target 3.4 on NCDs by 2030 at the UN General Assembly in 2018
6	(Through OECD/DAC) Develop a purpose code for NCDs in order to track ODA for NCDs	Approval expected in June 2017	To track official development assistance (ODA) for technical assistance provided to developing countries to strengthen national NCD responses
7	Conduct a mid-point evaluation of progress on the implementation of the WHO Global NCD Action Plan 2013-2030 ⁸⁴	Pending (2017)	To take stock of lessons learned and recommended corrective actions, if any
8	Conduct a preliminary evaluation of the WHO GCM/NCD to assess its results and added value ⁸⁵	Pending (2017)	To take stock of lessons learned and recommend corrective actions, if any
9	Prepare a third WHO Global Status report on NCDs (2016) ⁸⁶	Pending	TBD
10	Convene the first global meeting of National NCD Directors and Programme Managers ⁸⁷	February 2016	To support national NCD directors in identifying solutions to address bottlenecks in realizing the four time-bound commitments

27. In January 2015, the WHO Executive Board also requested WHO to publish a technical note on how WHO will report in 2017 to the UN General Assembly on the national commitments included in the 2014 Outcome Document and the 2011 Political Declaration, using existing survey tools and taking into account existing indicators at the global and regional levels. Pursuant to this request, WHO published a technical note on 1 May 2015 which sets out the 18 progress monitor indicators which WHO will use to report to the UN General Assembly in 2017⁸⁸. On the occasion of the UN Sustainable Development Summit (New York, 25-27 September 2015), WHO launched the (first) WHO NCD Progress Monitor 2015, which provided a snap shot of where the world stands in fulfilling the promises made by global leaders at the first and second UN High-level Meetings on NCDs in 2011 and 2014⁸⁹.

28. The WHO-led UN Inter-Agency Task Force on NCDs has submitted progress reports on its work to ECOSOC in 2014⁹⁰, 2015⁹¹, 2016⁹² and 2017⁹³. The Task Force has responded to requests to field joint

⁷⁹ The updated Appendix 3 was endorsed by the WHA70 and is available in Annex 1 starting on page 8 of http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_27-en.pdf

⁸⁰ The implementation plan was welcomed by the WHA70 and is available at http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_31-en.pdf

⁸¹ http://www.who.int/ncds/governance/physical_activity_plan/en/

⁸² See Annex 4 of document A69/10 starting on page 26 of http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_10-en.pdf

⁸³ See Annex 2 of document A70/27 starting on page 25 of http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_27-en.pdf

⁸⁴ See paragraph 20 of A70/27 available at http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_27-en.pdf

⁸⁵ See paragraph 21 of A70/27 available at http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_27-en.pdf

⁸⁶ See Annex 2 of document AB136/11 starting on page 17 of http://apps.who.int/gb/ebwha/pdf_files/EB136/B136_11-en.pdf

⁸⁷ <http://www.who.int/nmh/events/2016/ncd-focal-points/en/>

⁸⁸ See <http://www.who.int/nmh/events/2015/getting-to-2018/en/>

⁸⁹ See WHO NCD Progress Monitor 2015 available at <http://www.who.int/nmh/publications/ncd-progress-monitor-2015/en/>

⁹⁰ <http://www.who.int/nmh/events/2014/ecosoc/en/>

⁹¹ <http://www.who.int/nmh/events/2015/ecosoc/en/>

programming missions to Bahrain, Barbados, Belarus, Bhutan, DR Congo, India, Kenya, Kyrgyzstan, Kuwait, Mongolia, Mozambique, Oman, Paraguay, Sri Lanka, Tonga, Turkey, Viet Nam and Zambia⁹⁴ to support the UN Country Team in scaling up the technical assistance it is providing to governments to develop and implement national NCD responses. The Task Force has also developed four global joint programmes⁹⁵ to meet the rapidly increasing demand in technical assistance to

- enhance the capacity, mechanisms and mandates of relevant authorities to facilitate and ensure action across sectors for NCDs
- develop national responses to address cervical cancer
- develop national cancer control programmes
- use mobile phones to improve the prevention and treatment of NCDs.

29. The WHO GCM/NCD convened the following dialogues since 2015:

	Question which Dialogue tried to answer	Main conclusions
April 2015	How to encourage the continued inclusion of NCDs in development cooperation agendas and initiatives ⁹⁶	<ul style="list-style-type: none"> – Better analyse how NCDs affect the poorest 20% of the population – Change NCD narrative to one of poverty and inequity – Map supply and demand of technical assistance for NCDs – Call for catalytic ODA (to be provided through aid and expertise) to develop national NCD responses and build capacity for domestic resource mobilization (e.g. through tobacco taxes)
April 2016	How to strengthen international cooperation on NCDs within the framework of North-South, South-South and triangular cooperation? ⁹⁷	<ul style="list-style-type: none"> – Provide an electroshock to the NCD community's semi-comatose soul⁹⁸ – Integrate NCDs into existing national health programmes (e.g. HIV/AIDS, TB, reproductive health) and avoid a siloed approach for NCDs – Build national investment cases for NCDs
October 2016	What is the role of NGOs, private sector, philanthropic foundations and academic institutions in supporting Member States in their NCD efforts? ⁹⁹	<ul style="list-style-type: none"> – Deepen understanding of the differences in the role that Non-State actors (NGOs, the private sector, philanthropic foundations, and academic institutions) can play in contributing to a whole-of-society national NCD response – Acknowledge the diversity of the private sector (ranging from microenterprises to cooperatives to multinationals), including the resources, knowledge and ingenuity of the private sector – Exercise clear calls on NGOs, the private sector, philanthropic foundations and academic institutions on how to contribute to national NCD responses

30. During the dialogue in October 2016, consensus was reached on the following calls on non-State actors to support Members States in their national efforts to tackle NCDs as part of the 2030 Agenda for Sustainable Development¹⁰⁰:

NGOs	Private sector	Philanthropic foundations	Academic institutions
<ol style="list-style-type: none"> 1. Encourage governments to develop ambitious national NCD responses as part of national SDG responses to the overall implementation of the 2030 Agenda for Sustainable Development, and to participate in the planning and implementation as appropriate 2. Forge multistakeholder partnerships and alliances that mobilize and share knowledge, good practices, and resources, to strengthen the coordination among NGOs 3. Improve and scale up the effectiveness, contribution of and important role played by NGOs to provide services for the promotion, prevention, control, treatment and care, including palliative 	<ol style="list-style-type: none"> 1. Align core business practices with public health and sustainable development goals 2. Implement the actions for the private sector included in relevant WHO global strategies, and in accordance with WHO norms, standards, and guidelines 3. Encourage impact investing, which combines a return on investment with the impact on curbing the national burden of NCDs, mitigating their risk factors and contributing to national NCD 	<ol style="list-style-type: none"> 1. Encourage the rapid growth of philanthropic giving and financial and non-financial contributions towards our common goals 2. Mobilize additional funds through multistakeholder partnerships 3. Increase cooperation between philanthropic actors 	<ol style="list-style-type: none"> 1. Provide and facilitate credible, independent research aimed at enhancing data and evidence and improving the efficacy of policies, medicines, vaccines, diagnostics and technologies for NCDs, particularly in low- and middle-income countries 2. Ensure the inclusion of NCDs as part of balanced curricula at medical schools and teaching institutions

⁹² http://www.un.org/ga/search/view_doc.asp?symbol=E/2016/53&referer=/english/&Lang=E

⁹³ <http://www.who.int/ncds/un-task-force/events/2016-secretary-general-report/en/>

⁹⁴ <http://www.who.int/ncds/un-task-force/country-missions/en/>

⁹⁵ <http://www.who.int/ncds/un-task-force/en/>

⁹⁶ Report available at http://www.who.int/global-coordination-mechanism/final_meeting_report_dialogue_ncd_development_april15_en.pdf?ua=1

⁹⁷ Report available at <http://www.who.int/global-coordination-mechanism/publications/dialogue-report-nov-dec-2015.pdf?ua=1>

⁹⁸ Richard Horton ([http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(15\)01178-2.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(15)01178-2.pdf))

⁹⁹ Report available at <http://www.who.int/global-coordination-mechanism/dialogues/global-dialogue-meeting-report-oct2016.pdf?ua=1>

¹⁰⁰ See Co-Chairs Statement available at <http://www.who.int/global-coordination-mechanism/dialogues/co-chairs-statement-gcm-ncd-global-dialogue-oct2016-en.pdf?ua=1>

care, of NCDs and their risk factors 4. Carry out regular and inclusive reviews of progress at national levels with a view to encourage a greater range of voices to be heard, particularly from those living with NCDs 5. Amplify the voices of people living with and affected by NCDs	targets 4. Report contributions to NCD prevention and control in the most objective and independent verifiable way possible.		
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31. The WHO GCM/NCDs has convened four Working Groups since 2014:

	Questions addressed	Main recommendations
2016	How can governments engage with the private sector ¹⁰¹ to: <ul style="list-style-type: none"> – Implement the WHO set of recommendations to reduce the impact of marketing of food and non-alcoholic beverages to children? – Produce and promote more products consistent with a healthy diet? – Promote healthy behaviours among workers at the work place – Reduce the use of salt in the food industry – Improve access to affordable NCD medicines 	<ul style="list-style-type: none"> – Government sets national NCD targets and develop national NCD responses. The private sector contributes to the implementation. – Analyse the rationale, principle, benefits and risks of encouraging private sector to protect and promote public health and contribute to the attainment of national NCD targets. – Manage the risks of engagement, including conflicts of interest – Build a strong regulatory framework, ranging from statutory to self-regulatory, to align private sector incentives with public health goals and national NCD targets – Establish a robust mechanism to publish and register SMART commitment and contributions – Establish a multistakeholder platform to track implementation of national NCDs targets – Exchange data to support collective global action
2016	How can governments provide funding for national NCD responses through domestic, bilateral and multilateral channels? ¹⁰²	<ul style="list-style-type: none"> – Establish taxes on health-harming products (tobacco, sugar-sweetened beverages) as a revenue stream to finance national NCD responses, including national NCD responses – Seek ODA to catalyse resource mobilization from domestic sources, public and private. (For instance, catalytic ODA can support improved tobacco tax collection, or be used to unlock blended or pooled financing for the implementation of national NCD responses)
2016/2017	How can governments include the prevention and control of NCDs within responses to HIV/AIDS, TB, reproductive health, and maternal and child health? ¹⁰³	<ul style="list-style-type: none"> – Build a national business case for integration – Integrate in primary care – Train the health workforce on task sharing – Use mHealth and other innovative technologies – Establish a high-level commission to oversee the integration
2016/2017	How can governments align international cooperation with national NCD responses? ¹⁰⁴	<ul style="list-style-type: none"> – Integrate national NCD responses into national SDG responses – Establish an international cooperation framework to mobilize ODA for NCDs as part of the national 2030 Agenda for Sustainable Development – Promote policy coherence to attain SDG target 3.4 on NCDs – Prioritize evidence-based advocacy on the national NCD burden and the links to poverty

32. In July 2015, Heads of State adopted the Addis Ababa Action Agenda¹⁰⁵ at the UN General Assembly. The Agenda defines the means of implementation of the 2030 Agenda for Development and noted “the enormous burden that NCDs place on developed and developing countries. These costs are particularly challenging for small island developing States. We recognize, in particular, that, as part of a comprehensive strategy of prevention and control, price and tax measures on tobacco can be an effective and important means to reduce tobacco consumption and health-care costs and represent a revenue stream for financing for development in many countries.¹⁰⁶” On the occasion of the UN Financing for Development Conference, WHO launched a study on the economic and health benefits of tobacco taxation¹⁰⁷ which showed that at least 30 countries around the world have chosen to earmark tobacco tax revenues for health purposes.

33. In September 2015, Heads of State adopted the 2030 Agenda for Sustainable Development at the UN General Assembly. The “1/3 by 2030” SDG target 3.4 for NCDs derives directly from “25 x 25” target adopted at the World Health Assembly. The most relevant SDG targets for NCDs include:

¹⁰¹ Report available at http://www.who.int/global-coordination-mechanism/working-groups/final_3_1report_with_annexes_6may16.pdf?ua=1

¹⁰² Report available at http://www.who.int/global-coordination-mechanism/working-groups/final_5_1with_annexes6may16.pdf?ua=1

¹⁰³ Interim report available at <http://www.who.int/global-coordination-mechanism/working-groups/working-group-3-1/en/>

¹⁰⁴ Interim report available at <http://www.who.int/global-coordination-mechanism/working-groups/working-group-3-2/en/>

¹⁰⁵ See <http://www.who.int/ncds/governance/en/>

¹⁰⁶ Paragraph 32 of http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/69/313

¹⁰⁷ <http://www.who.int/fctc/mediacentre/news/2015/WHOTobaccoReport.pdf>

	NCD-related SDG targets for 2030	Main UN Custodian
2.1	By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round	Many UN agencies
2.2	By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons	Many UN agencies
3.4	By 2030, reduce by one third premature mortality from NCDs through prevention and treatment and promote mental health and well-being	WHO has a leadership and coordination role
3.5	Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	UNODC, WHO
3.8	Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	WHO, World Bank
3.a	Strengthen the implementation of the WHO FCTC in all countries, as appropriate	WHO and WHO FCTC have a leadership role
	Physical activity-related SDGs, including 11.2, 11.6, 11.7, 13.1, 16.1, 16.5 and 16.b	Many UN agencies
11	Make cities and human settlements inclusive, safe, resilient and sustainable	Many UN agencies
12.3	By 2030, halve per capita global food waste at the retail and consumer levels and reduce food losses along production and supply chains, including post-harvest losses	Many UN agencies
17.1	Strengthen domestic resource mobilization to improve domestic capacity for tax and other revenue collection	Many UN agencies
17.4	Enhance policy coherence for sustainable development	Many UN agencies

34. In November 2016, WHO organized a global conference how to raise the priority given to health in national SDG responses¹⁰⁸. The Conference resulted in the Shanghai Declaration on Health Promotion¹⁰⁹ and the Shanghai Consensus on Healthy Cities¹¹⁰.

HOW ARE WE GETTING TO 2018?

What progress will be reported to the UN General Assembly towards the end of 2017?

35. WHO has been requested to submit to the General Assembly, on 13 November 2017, for consideration by Member States, a report on the progress achieved in the prevention and control of NCDs since 2011¹¹¹. The report will be edited and translated in November/December 2017 and will be made available to Member States in January 2018 for a discussion in late January 2018 or early February 2018.

What will happen between now and 2018?

36. The preparatory process leading to the third High-level Meeting includes the following components:

Who is in charge?	When?	Milestone
Formal component: Under the auspices of the President of the UN General Assembly	Jan 2018	Appoint two Co-Facilitators (i.e. Ambassadors) in New York
	Jan 2018	Discuss progress report
	Jan 2018	Negotiate modalities resolution
	May 2018	Hold an informal dialogue with non-State actors
	June 2018	Issue a "zero draft" outcome document to start the negotiations
	June 2018	Convene negotiations on the outcome document
	TBD 2018	Open the third High-level Meeting
	TBD 2018	Adopt the outcome document at the third High-level Meeting
Informal component: Under the auspices of WHO ¹¹²	2017	Regional consultation in EURO
	2017	Other regional consultations
	2017	Hearings with non-State actors
	Oct 2017	WHO Global Conference on NCDs (Montevideo)
	2017	Evaluation 1
	2017	Evaluation 2
	Jan 2018	Executive Board
	May 2018	World Health Assembly
Not part of the process: May still influence the zero draft outcome document	2018	Global Conference on Financing National NCD Responses (TBD)
	2018	General Meeting of the WHO GCM/NCDs
	2018	TBD

¹⁰⁸ <http://www.who.int/healthpromotion/conferences/9gchp/en/>

¹⁰⁹ <http://www.who.int/healthpromotion/conferences/9gchp/shanghai-declaration/en/>

¹¹⁰ <http://www.who.int/healthpromotion/conferences/9gchp/healthy-city-pledge/en/>

¹¹¹ See paragraph 38 of <http://www.who.int/nmh/events/2014/a-res-68-300.pdf?ua=1>

¹¹² See paragraph

37. WHO will convene a Global Conference on NCDs (Montevideo, 18-20 October 2017):

Vision	Accelerate country implementation of commitments made by world leaders in 2011, 2014 and 2015 at the UN and WHO in order to reach SDG target 3.4 on NCDs by 2030
Goal	Mobilize and engage more countries and non-State actors to take bolder action to, by 2030, reduce by one third premature mortality from NCDs
Theme	How to enhance policy coherence between different spheres of policy making that have a bearing on attaining SDG target 3.4 on NCDs by 2030 ?
Focus	<ul style="list-style-type: none"> ▪ How to develop NCD policies to implement the (updated) “best buys” for NCDs to reach SDG target 3.4? ▪ How to influence public policies in sectors beyond health to reach SDG target 3.4? ▪ How to enhance policy coherence between public health, trade and other sectors to reach SDG target 3.4
Outcome	<ul style="list-style-type: none"> ▪ Outcome document (Montevideo NCD Roadmap 2018-2020) which will serve as an input into the preparatory process leading to the third High-level Meeting of the UN General Assembly on NCDs in 2018 ▪ New strategic WHO initiatives to support countries in strengthening national NCD responses to reach target 3.4 in 2030 ▪ Bold statement by the President of Uruguay to inspire countries to accelerate national efforts to reach target 3.4

How will WHO help Member States in preparing for the third High-level Meeting on NCDs?

38. With support from Bloomberg Philanthropies, WHO is developing a “global business case” (i.e. global investment framework), which will include:

- An estimate of how many lives can be saved if target 3.4 on NCDs is met by 2030
- An updated cost of action vs inaction covering the period 2016-2030
- Return on investment for each best buy
- An estimate of how funds are earmarked in national budgets for developing and implementing NCD responses
- National funding gaps
- Catalytic funding gaps that would enable countries to develop national NCD responses

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