The NCD Challenge: Current Status and Priorities for Sustained Action (Geneva, 8-9 June 2017)

Context

- In 2015, noncommunicable diseases (NCD) were responsible for 39.5 million deaths\(^1\), representing 70% of all deaths worldwide\(^2\). A large proportion of deaths were premature: over 15 million people\(^3\) (38% of NCD deaths\(^4\) and 27% of all global deaths\(^5\)) died between the ages of 30 and 70. 85% of premature deaths from NCDs occurred in developing countries, including 41% in lower-middle-income countries where the probability of dying from an NCD between the ages of 30 and 70 is up to four times higher than in developed countries\(^6\). Most of these 15 million premature deaths from NCDs could have been prevented or delayed.

- As part of the 2030 Agenda for Sustainable Development, world leaders agreed in September 2015 to “by 2030, reduce by one third premature mortality from NCDs through prevention and treatment”\(^7\) (SDG target 3.4 on NCDs). This target derives from commitments made by world leaders in 2011 and 2014 at the UN General Assembly (UNGA)\(^8\) to reduce premature mortality from NCDs, taking into account that effective NCD prevention and control requires leadership and multisectoral approaches at the governmental level in sectors other than health that have a major bearing on NCDs, including through whole-of-government and whole-of-society approaches. Attaining SDG target 3.4 on NCDs by 2030 will also create co-benefits for many other SDG targets by reducing poverty, hunger and inequity, ensuring that all people can enjoy prosperous and fulfilling lives, and that economic progress occurs in harmony with improved health.

- While the first UNGA High-level Meeting on NCDs in 2011\(^9\) adopted a clear global vision and a comprehensive roadmap of national commitments including specific recommendations to implement a set of cost-effective and affordable high-impact measures for all Member States\(^10\), widely known as “best buys”\(^11\) for NCDs, the progress made by countries in meeting these commitments was reviewed during the second UNGA High-level Meeting on NCDs in 2014 and found to be “insufficient and highly uneven. The second High-level Meeting urged countries and the international community to scale up action to address the global epidemic and decided to organize a third meeting in 2018 to further assess progress\(^12\). Four time-bound national commitments were agreed in 2014\(^13\) to implement the “best buys” between 2015 and 2018. There is currently no specific road map setting out national commitments which countries must consider between 2018 and 2030 to attain the SDG target 3.4 for NCDs.

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\(^{1}\) http://www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html

\(^{2}\) 56.4 million total deaths vs. 39.5 million deaths from NCDs

\(^{3}\) 6.2 million women and 8.9 million men

\(^{4}\) 15.1 million deaths from NCDs between the ages of 30 and 70 vs. 39.5 million deaths from NCDs at all ages

\(^{5}\) 15.1 million deaths from NCDs between the ages of 30 and 70 vs. 56.4 million total deaths

\(^{6}\) 36% in Papua New Guinea vs 9% in Australia and Japan

\(^{7}\) A/RES/70/1

\(^{8}\) http://www.who.int/nmh/governance/en/

\(^{9}\) http://www.who.int/nmh/events/10nd_summit2011/en/

\(^{10}\) http://www.who.int/nmh/publications/cost_of_inaction/en/

\(^{11}\) http://www.who.int/nmh/publications/best_buys_summary/en/

\(^{12}\) See paragraph 38 of A/RES/68/300

\(^{13}\) See paragraphs 30(a)(i) and (ii), 30(b) and 30(c) of resolution A/RES/68/300. In summary: Building on the guidance set out in Appendix 3 ("best buys") of the WHO Global NCD Action Plan, (1) by 2015, consider setting national targets for 2025; (2) by 2015, consider developing or strengthening national multisectoral policies and plans to achieve the national targets by 2025; (3) by 2016, reduce risk factor for NCDs and (4) by 2016, strengthen and orient health systems to address the prevention and control of NCDs. See
In January 2015, the 136th session of the Executive Board requested the WHO Director-General to publish a technical note on how WHO will report in 2017 to the UNGA on the four time-bound national commitments\(^{14}\). The technical note that was subsequently published in May 2015 contained ten indicators to guide countries in tracking their efforts to scale up action\(^ {15}\). Measured against these indicators, it was clear, one again, that there was very little progress in implementing these four time-bound commitments\(^ {16}\) (based on 2014/2015 data received from 138 Member States)\(^{17}\). The same indicators will be used in preparing the 2017 progress report for the third High-level Meeting in 2018. While WHO is currently still collecting 2017 data for these indicators, at this early juncture it appears that the pace of progress in 2015 and 2016 has also been insufficient\(^ {18}\).

Member States, WHO and other UN organizations and non-State actors will need to discuss, in more depth, the reasons for the slow progress, identify obstacles, and agree on innovative solutions to overcome bottlenecks.

Some of the reasons why countries are generally struggling to move from today’s commitment to tomorrow’s ground-breaking solutions include:

- A lack of adequate commitment and policy expertise to integrate measures to address NCDs into national Sustainable Development agendas;
- Unmet demands for technical assistance to be provided through bilateral and multilateral channels to strengthen national capacity;
- Slow progress in engaging the whole-of-government and key sectors beyond health, which is a prerequisite in developing national multisectoral NCD responses, including the implementation of the “best buys” for NCDs;
- Lack of action to allocate funding to implement NCD control priorities, in low- and middle-income countries, by domestic mobilization of resources or external aid;
- Weak health systems and inadequate national capacity in public health;
- Insufficient analytical, legal and tax administrative capacity to reduce risk factors and support the implementation of the best;
- Actions of opposing forces, including Industry interference, that blocks the implementation of certain key measures.

These and other constraints and impeding factors need to be discussed and strategic responses identified in order to inform the strategic directions for countries to follow between 2018 and 2030.

One of the key global events to prepare for the 2018 UNGA high-level meeting on NCDs, is a ministerial conference organized by the WHO and the Government of Uruguay from 18 to 20 October 2017 in Montevideo. Such a meeting can potentially be instrumental in recommending effective approaches for Member States to address the current constraints and impeding progress, and reinforce global action against NCDs in the four key areas of governance, surveillance, prevention, and health care.

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\(^{14}\) Decision EB136(13)  
\(^{17}\) See [http://www.who.int/chp/ncd_capacity/en/](http://www.who.int/chp/ncd_capacity/en/)  
\(^{18}\) See EB140/27
We have an important opportunity for mobilizing global expertise to support the UNGA process and related events including the Montevideo conference. The Graduate Institute in Geneva, WHO and selected international experts can collectively provide an outline of key strategic priorities and for stronger sustained action between 2018 and 2030.

**Goal of a meeting at The Graduate Institute**

- To work closely with WHO, international experts, and selected representatives of other relevant stakeholders in proposing priority actions to reinforce collective global action between now and the third High-level Meeting of the General Assembly on NCDs in 2018 and in providing an outline for a 2018-2030 road map as a starting point of the intergovernmental process in Geneva and New York.

**Objectives of the meeting at The Graduate Institute**

- Review the current status of the progress that countries and other stakeholders are making in meeting the commitments made at the UN General Assembly, based on the 2011 UNGA Political declaration and the indicators published by the WHO Director-General in response to the request from the WHO Executive Board.

- Discuss the constraints that are impeding progress and propose effective approaches and solutions to address gaps and reinforce action.

- Propose a set of actions and next steps for the 2018-2030 period for consideration during the Regional consultations and the intergovernmental process.

**Participation**

- By invitation only.
- Leading global experts on NCDs
- Selected representatives of leading non-State actors
- Selected representatives of relevant UN organizations.
- Senior WHO officials