

UNGA HLM3 NCDs: Pre-zero draft outcome document

Essential elements

Version dated 29 May 2018

DRAFT

Political Declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases

TIME TO DELIVER: Accelerating our response to address NCDs for the health and well-being of present and future generations

Chapeau 1. We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations on 27th September 2018 to undertake a comprehensive review of the challenges and opportunities to implement our existing commitments for the prevention and control of NCDs, which constitute a major challenge for the health and well-being of our peoples and for sustainable development; **(OP1 of 72/274, P2 and P26 of 70/1)**

PP1. Strongly reaffirm our political commitment to accelerate progress on the implementation of the Political Declaration of the first High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases¹ and Outcome Document of the second High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases², which continue to inspire our action and catalyse our efforts to develop ambitious national responses to the overall implementation of the 2030 Agenda for Sustainable Development, in particular to reach relevant goals and targets³, in order to reduce risk factors for non-communicable diseases and address determinants of health, strengthen and reorient health systems, and monitor the trends and evaluate progress in the prevention and control of non-communicable diseases and to promote mental health and well-being; **(66/2 and 68/300, OP78 of 70/1)**

PP2. Acknowledge the remarkable progress achieved by some countries in the implementation of their commitments made in 2011, 2014 and 2015 for the prevention and control of four major non-communicable diseases (namely: cardiovascular disease, diabetes, cancer, chronic respiratory diseases) by reducing four common risk factors (namely: tobacco use, the harmful use of alcohol, unhealthy diets and physical inactivity), mental disorders, air pollution, and the underlying social, economic and environmental determinants of non-communicable diseases, as well as by improving disease management to reduce morbidity, disability and death;

PP3. Recognize that many countries still face important challenges in the implementation of their commitments, we remain deeply concerned that the burden of non-communicable diseases continues to rise disproportionately in developing countries, and that every year 15 million people between ages of 30 and 69 die from non-

¹ Resolution A/RES/66/2

² Resolution A/RES/68/300

³ In particular SDG targets 3.4, 3.5, 3.8, 3.a, and 3.b, as well as 2.1, 2.2

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address the specific health needs of children and other groups more vulnerable to non-communicable diseases;

OP8. Scale up efforts to use information and communications technologies, including e-health and m-health and other innovative solutions as well as promote public-private partnership to accelerate action towards the prevention and control of non-communicable diseases;

Prioritize prevention and scale up

OP9. Scale up the implementation of the commitments made in 2011 and 2014 to reduce tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity, taking into account, as appropriate, the best buys and other recommended interventions for the prevention and control of non-communicable diseases¹⁷, as well as Member States' priorities¹⁸;

OP10. Implement cost-effective interventions to eliminate industrially-produced trans-fats from the food supply, taking into account WHO guidance; **(based on WHO GPW13, and P43(g) of 66/2)**

OP11. Implement cost-effective and evidence-based interventions to halt childhood overweight and obesity by 2025, taking into account the WHO guidance; **(based on WHO GPW13, decision WHA70(19), and P45(f) in 66/2)**

OP12. Employ full legal and fiscal powers to implement policy and legislative and regulatory measures that minimize the consumption of health-harming products and promote healthy lifestyles, and provide a revenue stream for financing for development; **(P44 of HLC report, and P32 of A/RES/69/313)**

OP13. Promote health-conducive food production and supply systems to reduce health-related NCDs and contribute to ensue healthy diets for all; **(P24 of Montevideo Roadmap)**

OP14. Accelerate the implementation of WHO Framework Convention on Tobacco control by its States parties, while calling for its universal ratification. Continue to implement tobacco control measures without any tobacco industry interference, taking into account the fundamental and irreconcilable conflict of interest between the tobacco industry and public health;

¹⁷ Idem

¹⁸ In particular the WHO Framework Convention on Tobacco Control (2003), as well as the WHO Global Strategy to Promote Healthy Diets and Physical Activity (2004), WHO Global Strategy to Reduce Harmful Use of Alcohol (2010), WHO Recommendations on the Marketing of Foods and Non-Alcoholic Beverages to Children (2010), WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases (2013), Implementation plan for the WHO Report of the Commission on Ending Childhood Obesity (2017), WHO Global Action Plan on Physical Activity 2018-2030 (2018)

'Best buys' and other recommended interventions for the prevention and control of noncommunicable diseases

TACKLING NCDs



World Health
Organization

SUSTAINABLE
DEVELOPMENT
GOALS

'Best buys' and other recommended interventions

'Best buys': effective interventions with cost effectiveness analysis (CEA) ≤ \$100 per DALY averted in LMICs



Reduce salt intake through the reformulation of food products to contain less salt and the setting of target levels for the amount of salt in foods and meals¹²

Reduce salt intake through the establishment of a supportive environment in public institutions such as hospitals, schools, workplaces and nursing homes, to enable lower sodium options to be provided

Reduce salt intake through a behaviour change communication and mass media campaign

Reduce salt intake through the implementation of front-of-pack labelling¹³

Effective interventions with CEA >\$100 per DALY averted in LMICs



Eliminate industrial trans-fats through the development of legislation to ban their use in the food chain¹¹

Reduce sugar consumption through effective taxation on sugar-sweetened beverages

Other recommended interventions from WHO guidance (CEA not available)



Promote and support exclusive breastfeeding for the first 6 months of life, including promotion of breastfeeding

Implement subsidies to increase the intake of fruits and vegetables

Replace trans-fats and saturated fats with unsaturated fats through reformulation, labelling, fiscal policies or agricultural policies

Limiting portion and package size to reduce energy intake and the risk of overweight/obesity

Implement nutrition education and counselling in different settings (for example, in preschools, schools, workplaces and hospitals) to increase the intake of fruits and vegetables

Implement nutrition labelling to reduce total energy intake (kcal), sugars, sodium and fats

Implement mass media campaign on healthy diets, including social marketing to reduce the intake of total fat, saturated fats, sugars and salt, and promote the intake of fruits and vegetables

An up-to-date list of WHO tools and resources for each objective can be found at <http://www.who.int/nmh/ncd-tools/en>

Non financial considerations

- 12 Requires multisectoral actions with relevant ministries and support by civil society
- 13 Regulatory capacity along with multisectoral action is needed