NCD Alliance Process Priorities

The Road to the UN 2018 High-level Meeting on NCDs

This briefing note lays out the NCD Alliance's priorities for the process leading up to the 2018 High-level meeting, to ensure an inclusive, comprehensive preparatory process and a successful HLM.

Background

The first UN High-level Meeting (HLM) on Non-communicable Diseases (NCDs) took place in September 2011, where Member States unanimously adopted a Political Declaration on the Prevention and Control of NCDs that contained 22 action-oriented commitments for the NCD response and a series of follow-up assignments, including the development of global goals and targets for a comprehensive global monitoring framework for NCDs.

In July 2014, the second UN HLM on NCDs took place, which was a review of progress and new commitments were made to accelerate action on NCDs. The Outcome Document of this review set four time-bound national commitments for 2015 and 2016 in order to drive and measure progress at the national level.

The third UN HLM on NCDs is scheduled for 2018, and will provide an opportunity to conduct a comprehensive review of the progress achieved in the prevention and control of NCDs within the context of the Sustainable Development Goals, giving due attention to the cross-cutting nature of NCD risk factors and social, economic, and environmental determinants. To date, the contours of the preparatory process for the 2018 HLM are as follows:

1. **WHO DG Progress Report**: The WHO Director-General will submit a report to the UN General Assembly by the end of 2017, on progress achieved in the implementation of the commitments made in 2014 and 2011. This report will mark the beginning of the formal preparatory process for the HLM in 2018. The report will include national-level data collected against ten progress indicators, which are reported on in the WHO NCD Progress Monitor.

2. **WHO evaluations**: An evaluation of the WHO Global NCD Action Plan and the WHO Global Coordination Mechanism on NCDs in mid-2017 will result in recommendations that will provide informal input into the 2018 HLM preparations.

3. **WHO-led Informal intergovernmental process**: WHO could then convene regional consultations for member states, and potentially convene a Second Global Ministerial Conference on NCDs (a follow up to the First Global Ministerial Conference on NCDs in 2011 hosted by the Russian Federation).

4. **UNGA-led formal intergovernmental process**: The President of the General Assembly (PGA) will then appoint two co-facilitators for the process and a modalities resolution will be negotiated by Member States in early 2018 to outline the modalities for the meeting (e.g. date, length, format, level of representation, outcomes). Informal dialogues with non-State actors will be convened, whose recommendations may be taken into consideration for the Zero Draft of the outcome document. The Zero Draft, issued by the Co-Facilitators, will serve as the basis for Member State negotiations.

NCDAlliance

Priorities for the Process leading up to the 2018 HLM

1

Regional Preparatory Processes

In the months preceding the 2011 HLM, all six WHO regions held regional intergovernmental meetings with Ministries of Health and NCD focal points. This was an important part of sensitising governments on NCDs and gauging regional priorities to feed into the Outcome Document. Many of these regional preparatory meetings produced their own summary of recommendations. There was not a comprehensive regional preparatory process in the lead up to the 2014 Review, which proved to be a weakness in the process.

To ensure a successful 2018 HLM, we call on Member States and WHO to convene regional preparatory meetings on NCDs, as suggested in paragraph 19 of the WHO report on preparations for the 2018 HLM (EB140/27). These should commence after the publication of the WHO DG's Progress Report on NCDs in late 2017, and conclude by April 2018 to ensure the outcomes can feed into the outcome document negotiations. A segment of all regional meetings should be multisectoral (engaging government ministries beyond health) and multistakeholder (including civil society, academia, and relevant private sector).

In addition, we recommended that the 2018 HLM on NCDs is included on the agenda of all WHO Regional Committee Meetings; in other sectoral regional meetings (e.g. agriculture, trade, labour, environment) given that the forces driving the NCD epidemic are largely outside of the health sector; and within other political bloc meetings (e.g. G7, G20, ASEAN, CARICOM, African Union, and Pacific meetings etc.).

2

UN Civil Society Task Force

A Civil Society Task Force (CSTF) is an important component of preparations for an inclusive and multistakeholder HLM. For the 2011 UNHLM a CSTF was formed to help inform and support the Office of the President of the General Assembly (OPGA), however in 2014 this did not happen (NCDA informally played this role instead). CSTF's are a standard part of the preparatory process for UN HLMs (including for HIV/AIDS). The CSTF is the official mechanism through which civil society input is provided to the process, helping determine the format, theme and programme of the civil society hearing, as well as helping with civil society participation for the HLM, including engagement of people living with NCDs, and identifying speakers for the civil society hearing and HLM plenary and panel discussions.

We therefore recommend a CSTF is formed to support the OPGA's preparations for the 2018 HLM. This should be established at the end of 2017. The CSTF should include a broad range of civil society representatives, with regional and gender balance, and ensure participation of people living with NCDs.

In addition, given the important role relevant private sector plays in NCD prevention and control, we recommend consideration for the establishment of a parallel Private Sector Task Force (PSTF). In 2011, the CSTF had one private sector representative which made it very challenging to represent views from such a diverse sector. The PSTF would be composed of a broad range of private sector representatives, aiming for gender and regional balance. The PSTF would exclude the tobacco industry, and due diligence and high scrutiny would be required when considering involvement of certain industries (e.g. pharmaceutical, food and beverage). A clear conflict of interest policy would be required as well. The PSTF would engage relevant private sector in the preparations for the HLM, share the sectors views and inputs to the OPGA, and work together with the CSTF to find common cause.

3
Civil Society Hearing prior to HLM

In order for civil society input to be meaningful and incorporated into the outcome document, a civil society interactive hearing should be organised by the OPGA and supported by the Civil Society Task Force. The objective of the hearing is to create a space where stakeholders can interact with Member States and offer input to the comprehensive review process. Learning from previous years, the timing of these hearings is important. In 2011 and 2014, the hearings were held one month prior to the HLM, which was too late for the conclusions to be incorporated into the outcome document negotiations.

Therefore, we call for an interactive civil society hearing to be organized at the UN in the lead up to the 2018 HLM, no later than two months prior to the HLM. The date of the hearing should be decided with enough time to allow sufficient notice to enable full participation from all geographical regions, particularly low- and middle-income countries, and active participation of people living with NCDs. The hearing should be chaired by the President of the General Assembly, attended by a broad range of invited stakeholders, and observed by Member States. The OPGA should ensure the civil society hearing is webcast and provides opportunities for prior online consultation to enable civil society unable to travel to New York to submit recommendations to the hearing. A Summary of the hearing should be prepared by the PGA, to be issued as a document of the General Assembly prior to the High-Level Meeting.

4
Participation

The level of engagement from Member States at the HLM must be at the highest political level, i.e. Heads of State and Governments. This was not the case in 2014, which was a major weakness. 2018 marks an important mid-way point to achieving the global '25 by 25' targets, and meeting the global NCD commitments is critical to achieving the Sustainable Development Goals in all countries, therefore the highest political level of engagement is crucial for the success of the 2018 HLM.

In addition, the meeting should be attended by Ministers and other government representatives, civil society, the private sector, academia, and other stakeholders, including non-health actors such a finance, environment, and agriculture. Government delegations should include civil society representatives on them, making a concerted effort to include people living with NCDs.

Timing and Length of Meeting

In order to enable Heads of State and Government to attend the meeting, we call for the HLM to be held in September 2018, just prior to the UN General Assembly (UNGA).

> The meeting should be a **minimum of two days** in length to allow sufficient time for roundtable and plenary sessions.

The 2014 Review demonstrated that a meeting of less than one day was insufficient, and given that governments will have to coordinate three health-related High-Level Meetings in 2018 (NCDs, Antimicrobial Resistance, and Tuberculosis), it is important that each meeting be given appropriate and adequate attention while capitalizing on interlinkages across all three.

Outcome

The 2011 and 2014 HLMs concluded with an "action-oriented outcome document". While not legally binding, an outcome document is the strongest possible agreement within the UN for international cooperation and is preferable to a Chair's Statement or a Declaration.

> We call for an action-oriented Outcome Document for 2018, with time-bound commitments and targets to ensure accountability and monitoring of progress, as well as the necessary resources attached to accelerate action.

MAKING NCD PREVENTION AND CONTROL A PRIORITY, EVERYWHERE

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