Implementation of the 2030 Agenda for Sustainable Development

EB 144 / 11 Rev.1

Thank you for the opportunity to deliver this statement on behalf of UICC supported by the NCD Alliance.

We welcome the report and its focus on building strong health systems to deliver integrated, people-centred care, which is essential to respond to cancer and NCDs and manage the increasing burden of co-morbidities. NCDs represent over 70% of global mortality and this burden is disproportionately felt by the poorest and most marginalised populations.

The report recognises that weak health systems are limiting progress on the health-related sustainable development goals (SDGs) and this is particularly true for cancer and NCDs. Many countries are struggling to fully implement their national cancer control and NCD plans, and the recent NCD Countdown 2030 initiative shows that only 35 countries for women and 30 for men will achieve SDG 3.4.

To accelerate progress and deliver against SDG3 we call on Member States to:

- **Integrate NCDs in UHC plans and financing mechanisms.** Achieving the SDGs requires increased investment in NCD services across the lifecourse. These investments will contribute to stronger, more resilient health systems and promote equity to ensure no one is left behind.

- **Build partnerships to support the delivery of UHC.** This necessitates a whole of government and society response and we encourage governments to lead in forging responsible partnerships across sectors and with patients. We also urge international organisations to recognise their role and ensure addressing NCDs and their risk factors are integrated throughout the "Global Action Plan on Healthy Lives and Well-being for All".

- **Support improved data for cancer and NCDs.** Measuring progress, particularly on health equity, requires reliable data. Many countries need to invest in health data and initiatives like the Global Initiative for Research on Cancer provide a model for developing health data systems track progress and inform policy-making.