Section	NCD Alliance Proposed Language	Political Declaration Agreed Text We, Heads of State and Government and representatives of States and Governments	
LEADERS	We, Heads of State and Government and representatives of States and Governments LEADERSHIP		
1	Implement the WHO 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of NCDs; Global Strategy on Diet, Physical Activity and Health; and the Global Strategy to Reduce the Harmful Use of Alcohol	Para 8: Underline the importance for Member States to continue addressing common risk factors for non-communicable diseases through the implementation of the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases as well as the Global Strategy on Diet, Physical Activity and Health, and the Global Strategy to Reduce the Harmful Use of Alcohol;	
		Para 45: taking into account, as appropriate, the 2008-2013 WHO Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases, and the objectives contained therein and take steps to implement such policies and plans;	
2	Include NCDs in the global development goals that succeed the Millennium Development Goals in 2015	Para 65: Request the Secretary-General, in collaboration with Member States, WHO, and relevant funds, programmes and specialized agencies of the United Nations system to present to the General Assembly at the sixty-eighth session a report on the progress achieved in realizing the commitments made in this Political Declaration, including on the progress of multisectoral action, and the impact on the achievement of the internationally agreed development goals, including the Millennium Development Goals	
3	By 2016, 60% of countries implement a national NCDs Action Framework, a Coordinating Authority and a country-level Monitoring and Evaluation System and develop national health plans with specific objectives and targets for the prevention, early detection, treatment and care of NCDs	Para 45: Promote, establish or support and strengthen, by 2013, as appropriate, multisectoral national policies and plans for the prevention and control of non-communicable diseases Para 63: Consider the development of national targets and indicators based on national situations, building on guidance provided by WHO	
4	Develop, implement, monitor and evaluate strategies addressing NCDs engaging the whole of government, the private sector and civil society and adopt a 'health in all policies' approach where all major policies and capital projects are subject to a health impact assessment	Para 36: Recognize that effective non-communicable disease prevention and control require leadership and multisectoral approaches for health at the government level, including, as appropriate, health in all policies and whole-of-government approaches across such sectors as health, education, energy, agriculture, sports, transport, communication, urban planning, environment, labour, employment, industry and trade, finance and social and economic development;	
		Para 45(i): Pursue all necessary efforts to strengthen nationally driven, sustainable, cost-effective and comprehensive responses in all sectors for the prevention of non-communicable diseases, with the full and active participation of people living with these diseases, civil society and the private sector, where appropriate;	

5	Establish a UN interagency coordination mechanism on NCDs by 2012	Para 64: Request the Secretary-General, in close collaboration with the Director-General of WHO, and in consultations with Member States, United Nations funds and programmes and other relevant international organizations, to submit by the end to the General Assembly, at its sixty-seventh session, for consideration by Member States, options for strengthening and facilitating multisectoral action for the prevention and control of non-communicable diseases through effective partnership;	
6	Establish a 'Stop NCDs Partnership' within the UN system to coordinate follow-up action on UN Summit commitments working with governments, NGOs and the private sector	See above	
7	Establish a UN Decade of Action on NCDs 2012–2022 to implement the Outcomes Document and ensure that by 2016, 85% of the world's population has access to information, education and services to reduce their vulnerability to NCDs	N/A	
8	Reduce NCD death rates by at least 2% per annum	N/A	
PREVENTION			
9	Accelerate the effective implementation of the Framework Convention on Tobacco Control	Para 43(c): Accelerate implementation by States parties of the WHO Framework Convention on Tobacco Control	
10	Reduce the prevalence of tobacco use to less than 5% by 2040	N/A	
11	Establish effective population-wide prevention, early detection, screening and awareness-raising programmes for NCDs targeting high-risk populations by 2020	Para 43(k): Promote increased access to cost-effective cancer-screening programmes as determined by national situations; Para 45(I): According to national priorities, give greater priority to surveillance, early detection, screening, diagnosis and treatment of non-communicable diseases and prevention and control, and to improving the accessibility to the safe, affordable, effective and quality medicines and technologies to diagnose and to treat them	
12	By 2018, reduce the mortality and morbidity of gastric, colorectal, breast, cervical cancer; diabetes; and cardiovascular diseases (including heart disease and stroke) by increasing early detection programmes	Para 45(c): According to national priorities, and taking into account domestic circumstances, increase and prioritize budgetary allocations for addressing non-communicable disease risk factors and for surveillance, prevention, early detection, and treatment of non-communicable diseases, and the related care and support including palliative care;	
13	By 2018, implement national immunisation strategies for HPV and HBV for populations at high risk and strategies to prevent rheumatic fever to avert	Para 43(j): Promote increased access to cost-effective vaccinations to prevent infections associated with cancers, as part of national immunization schedules;	

	rheumatic heart disease	
14	Reduce or eliminate environmental (including indoor air pollution), occupational and other contextual risk factors associated with NCDs	Para 28: Recognize that smoke exposure from the use of inefficient cooking stoves for indoor cooking or heating contributes to and may exacerbate lung and respiratory conditions, with a disproportionate effect on women and children in poor populations whose households may be dependant on such fuels; Para 44(c): Promote and create an enabling environment for healthy behaviours among workers, including by establishing tobacco-free workplaces and safe and healthy working environments through occupational safety and health measures, including, where appropriate, through good corporate practices, workplace wellness programmes and health insurance plans;
15	Implement global and national trade and fiscal measures to provide incentives for production, distribution and marketing of vegetables, fruit and unprocessed food	Para 44(b): Consider producing and promoting more food products consistent with a healthy diet, including by reformulating products to provide healthier options that are affordable and accessible and that follow relevant nutrition facts and labelling standards, including information on sugars, salt and fats and, where appropriate, trans-fat content;
16	By 2013, develop comprehensive strategies to decrease childhood obesity,	Para 24: Note with concern the rising levels of obesity in different regions, particularly among children and youth, and note that obesity, an unhealthy diet and physical inactivity have strong linkages with the four main non-communicable diseases, and are associated with higher health costs and reduced productivity; Para 26: Note also with concern that maternal and child health is inextricably linked with non-communicable diseases and their risk factors, specifically as prenatal malnutrition and low birth weight create a predisposition to obesity 45 (f) Promote multisectoral and multi-stakeholder engagement in order to reverse, stop and decrease the rising trends of obesity in child, youth and adult populations respectively;
17	Eliminate all forms of marketing, particularly those aimed at children, for foods high in saturated fats, trans-fats, salt and refined sugars by 2016	Para 43(g): Promote the development and initiate the implementation, as appropriate, of cost-effective interventions to reduce salt, sugar and saturated fats, and eliminate industrially produced trans-fats in foods, including through discouraging the production and marketing of foods that contribute to unhealthy diet, while taking into account existing legislation and policies; Para 44(a): Take measures to implement the WHO set of recommendations to reduce the impact of the marketing of unhealthy foods and non-alcoholic beverages to children, while taking into account existing national legislation and policies;
18	By 2013, develop and implement regulatory measures to achieve substantial reductions in levels of saturated fats, trans-fats, salt and refined sugars in processed foods. Aim to reduce worldwide salt intake to less than 5g/day per	Para 43: Advance the implementation of multisectoral, cost-effective, population-wide interventions in order to reduce the impact of the common non-communicable disease risk factors, namely tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol,

	capita (2,000 mg sodium/day) by 2025	through the implementation of relevant international agreements and strategies, and education, legislative, regulatory and fiscal measures	
		Para 43(f): Promote the implementation of the WHO Set of recommendations on the marketing of foods and non-alcoholic beverages to children, including foods that are high in saturated fats, trans-fatty acids, free sugars, or salt	
		Para 43(g): Promote the development and initiate the implementation, as appropriate, of cost-effective interventions to reduce salt, sugar and saturated fats, and eliminate industrially produced trans-fats in foods, including through discouraging the production and marketing of foods that contribute to unhealthy diet, while taking into account existing legislation and policies;	
		Para 44(b): Consider producing and promoting more food products consistent with a healthy diet, including by reformulating products to provide healthier options that are affordable and accessible and that follow relevant nutrition facts and labelling standards, including information on sugars, salt and fats and, where appropriate, trans-fat content;	
19	Develop policies for urban design to include safe open spaces and encourage walking, cycling and other physical activities	Para 36: Recognize that effective non-communicable disease prevention and control require leadership and multisectoral approaches for health at the government level, including, as appropriate, health in all policies and whole-of-government approaches across such sectors as health, education, energy, agriculture, sports, transport, communication, urban planning, environment, labour, employment, industry and trade, finance and social and economic development;	
		Para 43(d): Advance the implementation of the WHO Global Strategy on Diet, Physical Activity and Healthgiving priority to regular and intense physical education classes in schools; urban planning and re-engineering for active transport; the provision of incentives for work-site healthy-lifestyle programmes; and increased availability of safe environments in public parks and recreational spaces to encourage physical activity	
20	Develop comprehensive strategies to decrease the harmful use of alcohol, in particular, among youth	Para 43(e): Promote the implementation of the WHO Global Strategy to Reduce the Harmful Use of Alcohol, while recognizing the need to develop appropriate domestic action plans, in consultation with relevant stakeholders, for developing specific policies and programmes, including taking into account the full range of options as identified in the global strategy, as well as raise awareness of the problems caused by the harmful use of alcohol, particularly among young people, and call upon WHO to intensify efforts to assist Member States in this regard;	
DIAGNO	DIAGNOSTICS AND TREATMENT		
21	Affordable high-quality essential NCD medicines and medical technologies including, but not limited to:	Para 45(I): According to national priorities, give greater priority to surveillance to improving the accessibility to the safe, affordable, effective and quality medicines and technologies to diagnose	

		and to treat them; provide sustainable access to medicines and technologies, including through the development and use of evidence-based guidelines for the treatment of non-communicable diseases, and efficient procurement and distribution of medicines in countries; and strengthen viable financing options and promote the use of affordable medicines, including generics, as well as improved access to preventive, curative, palliative and rehabilitative services, particularly at the community level;	
22	Diagnostic technologies, radiotherapy and cancer medicines by 2020	Para 45(I)	
23	Anti-hypertensives, statins, aspirin and penicillin by 2015	Para 45(I)	
24	Insulin and other diabetes medicines, and diabetes diagnostic and monitoring technologies by 2015	Para 45(I)	
25	Good-quality, affordable asthma inhalers by 2012	Para 45(I)	
26	Provide improved access to high quality palliative care, including opioid analgesics, for those suffering from pain associated with NCDs	Para 45(I)	
27	By 2013 develop strategies to address NCD treatment and care in emergencies, natural disasters and conflicts	N/A	
HEALTH	HEALTH SYSTEMS		
28	By 2015, establish and strengthen national health information systems (including registries) for monitoring and evaluation of NCDs and risk factors and morbidity/mortality statistics by cause	Para 45(k): Strengthen, as appropriate, information systems for health planning and management, including through the collection, disaggregation, analysis, interpretation, and dissemination of data and the development of population-based national registries and surveys, where appropriate, to facilitate appropriate and timely interventions for the entire population;	
29	By 2016, 60% and by 2020 80% of countries to develop strategies to integrate health-system management of NCDs, especially at primary health care levels	Para 45(b): Pursue, as appropriate, comprehensive strengthening of health systems that support primary health care, deliver effective, sustainable and coordinated responses and evidence-based, cost-effective, equitable and integrated essential services for addressing non-communicable disease risk factors and for the prevention, treatment and care of non-communicable diseases, acknowledging the importance of promoting patient empowerment, rehabilitation and palliative care for persons with non-communicable diseases, and a life course approach, given the often chronic nature of non-communicable diseases;	
30	Strengthen national and community-based health systems to ensure continuity of care and support through to effective referral by 2020	Para 45(p): Promote access to comprehensive and cost-effective prevention, treatment and care for the integrated management of non-communicable diseases, including, inter alia, increased access to affordable, safe, effective and quality medicines and diagnostics and other technologies,	

		including through the full use of trade-related aspects of intellectual property rights (TRIPS) flexibilities;
31	Develop strategies to strengthen human resources for health, including public health and community health workers, to ensure equitable access to NCD prevention, early detection, treatment and care	Para 30: Recognize the critical importance of strengthening health systems, including health-care infrastructure, human resources for health, health and social protection systems, particularly in developing countries in order to respond effectively and equitably to the health-care needs of people with non-communicable diseases;
RESOUF	RCES	
	Provide sufficient funds to the United Nations to support the implementation of the UN Summit	Para 49: Promote all possible means to identify and mobilize adequate, predictable and sustained financial resources and the necessary human and technical resources, and to consider support for voluntary, cost-effective, innovative approaches for a long term financing of non-communicable disease prevention and control, taking into account the Millennium Development Goals;
32		Para 51: Call upon WHO, as the lead United Nations specialized agency for health, and all other relevant United Nations system agencies, funds and programmes, the international financial institutions, development banks, and other key international organizations to work together in a coordinated manner to support national efforts to prevent and control non-communicable diseases and mitigate their impacts;
33	Develop and implement innovative financing mechanisms for NCDs at global and country level	Para 49: Promote all possible means to identify and mobilize adequate, predictable and sustained financial resources and the necessary human and technical resources, and to consider support for voluntary, cost-effective, innovative approaches for a long term financing of non-communicable disease prevention and control, taking into account the Millennium Development Goals;
34	Leverage existing essential medicine procurement mechanisms and develop new solutions to provide access to affordable NCD medicines and technologies	Para 52: Urge relevant international organizations to continue to provide technical assistance and capacity-building to developing countries, especially to the least developed countries, in the areas of non-communicable disease prevention and control and promotion of access to medicines for all, including through the full use of trade-related aspects of intellectual property rights flexibilities and provisions;
35	Increase the percentage of national health budgets allocated to NCDs	Para 47: Acknowledge the contribution of aid targeted at the health sector, while recognizing that much more needs to be done. We call for the fulfilment of all official development assistance-related commitments, including the commitments by many developed countries to achieve the target of 0.7 per cent of gross national income for official development assistance by 2015, as well as the commitments contained in the Istanbul Programme of Action for the Least Developed Countries for the Decade 2011-2020, and strongly urge those developed countries that have not yet done so to make additional concrete efforts to fulfil their commitments;

36	By 2012, bilateral donor agencies and multilateral organisations to support NCD programmes in low- and middle-income countries	Para 48: Stress the importance of North-South, South-South and triangular cooperation, in the prevention and control of non-communicable diseases to promote at national, regional, and international levels an enabling environment to facilitate healthy lifestyles and choices, bearing in mind that South-South cooperation is not a substitute for, but rather a complement to, North-South cooperation;		
		Para 50: Acknowledge the contribution of international cooperation and assistance in the prevention and control of non-communicable diseases and, in this regard, encourage the continued inclusion of non-communicable diseases in development cooperation agendas and initiatives;		
RESEARCH				
37	Encourage, increase and accelerate research on NCD causes and cures, including longitudinal research into the 'early origins' of NCDs	Para 57: Promote actively national and international investments and strengthen national capacity for quality research and development, for all aspects related to the prevention and control of non-communicable diseases in a sustainable and cost-effective manner, while noting the importance of continuing to incentivize innovation;		
38	Encourage operational research on prevention, treatment and management of NCDs	Para 59: Support and facilitate non-communicable disease-related research and its translation to enhance the knowledge base for ongoing national, regional and global action;		
HUMAN	HUMAN RIGHTS / VULNERABILITY			
	Accelerate approaches to address the social determinants of NCDs, including malnutrition, and reduce the vulnerability of women, children, indigenous peoples and populations at particularly high risk	Para 23: Note with concern that the rapidly growing magnitude of non-communicable diseases affects people of all ages, gender, race and income levels, and further that poor populations and those living in vulnerable situations, in particular in developing countries bear a disproportionate burden and that non-communicable diseases can affect women and men differently;		
		Para 24: Note with concern the rising levels of obesity in different regions, particularly among children and youth		
39		Para 26: Note also with concern that maternal and child health is inextricably linked with non-communicable diseases and their risk factors, specifically as prenatal malnutrition and low birth weight create a predisposition to obesity, high blood pressure, heart disease and diabetes later in life		
		Para 45(g): Recognize where health disparities exist between indigenous peoples and non-indigenous populations in the incidence of non-communicable diseases		
		Para 60: Strengthen, as appropriate, country-level surveillance and monitoring systems, including surveys that are integrated into existing national health information systems and include monitoring exposure to risk factors, outcomes, social and economic determinants of health		

40	By 2016, implement NCD screening into maternal and child health programmes	Para 45(o): Promote the inclusion of non-communicable disease prevention and control within sexual and reproductive health and maternal and child-health programmes, especially at the primary health-care level
41	Implement legislation, policies and public awareness campaigns to reduce stigma and discrimination associated with NCDs	N/A
MONITORING / FOLLOW UP		
42	By 2012, establish a high-level Commission on Accountability for Action on NCDs with representatives from government, donors, multi-lateral institutions, civil society and the private sector to ensure ongoing monitoring of commitments from the UN Summit	Para 61: Call upon WHO, with the full participation of Member States, informed by their national situations, through its existing structures, and in collaboration with United Nations agencies, funds and programmes, and other relevant regional and international organizations, as appropriate, building on continuing efforts to develop before the end of 2012, a comprehensive global monitoring framework, including a set of indicators, capable of application across regional and country settings, including through multisectoral approaches, to monitor trends and to assess progress made in the implementation of national strategies and plans on non-communicable diseases;
43	Every year devote time at the UN General Assembly to review a report from the Secretary General on progress; and conduct a high-level review of progress in 2016.	Para 65: Request the Secretary-General, in collaboration with Member States, WHO, and relevant funds, programmes and specialized agencies of the United Nations system to present to the General Assembly at the sixty-eighth session a report on the progress achieved in realizing the commitments made in this Political Declaration, including on the progress of multisectoral action, and the impact on the achievement of the internationally agreed development goals, including the Millennium Development Goals, in preparation for a comprehensive review and assessment in 2014 of the progress achieved in the prevention and control of non-communicable diseases

NCD Alliance Proposed Outcomes Document for UN HLM on NCDs:

 $\frac{http://www.ncdalliance.org/sites/default/files/rfiles/NCD\%20Alliance\%20Proposed\%20Outcomes\%20Document\%20for\%20the\%20UN\%20Hig}{h-Level\%20Summit.pdf}$

United Nations Political Declaration on NCDs:

http://www.ncdalliance.org/sites/default/files/resource_files/UN%20Political%20Declaration%20on%20NCDs.pdf