

**Sixty-eighth session**

Item 118

Follow-up to the outcome of the Millennium Summit**Note by the Secretary-General transmitting the report of the
Director-General of the World Health Organization on the
prevention and control of non-communicable diseases***Summary*

In September 2011 heads of State and Government agreed on a bold set of commitments to address the global burden and threat of non-communicable diseases, which constitutes one of the major challenges for development in the twenty-first century.

The present report, prepared by the World Health Organization pursuant to General Assembly resolution [66/2](#), sets out the progress achieved in realizing the commitments made in the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, in preparation for a comprehensive review and assessment in 2014 of the progress achieved in the prevention and control of non-communicable diseases.

The report underscores the fact that as progress has been insufficient and highly uneven, continued efforts are essential for achieving a world free of the avoidable burden of non-communicable diseases. The international community is encouraged to provide support for national efforts to implement a list of priority actions identified for Member States if progress is to be widespread and sustainable.

The report is to serve as a first reference for broader consultations to take place.



Prevention and control of non-communicable diseases

I. Introduction

1. The present report is submitted pursuant to paragraph 65 of the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, held on 19 and 20 September 2011 (General Assembly resolution 66/2, annex). In that document the heads of State and Government and representatives of States and Government requested the Secretary-General, in collaboration with Member States, the World Health Organization (WHO) and relevant funds, programmes and specialized agencies of the United Nations system to present to the Assembly at its sixty-eighth session a report on the progress achieved in realizing the commitments made in the 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.

2. The present report provides an overview of progress achieved since the adoption of the political declaration by (a) summarizing the new dimensions to the challenge of non-communicable diseases (section II); (b) describing the outcomes of the intergovernmental processes which were conducted to complete the work, through the governing bodies of WHO, on global assignments to hold partners to account (section III); (c) assessing the current capacity of countries to respond to non-communicable diseases (section IV); (d) highlighting the achievements in fostering international cooperation and coordination (section V) and recommendations (section VI), including priority actions recommended for Member States prior to the comprehensive review in 2014.

II. Non-communicable diseases constitute one of the major challenges for development in the twenty-first century

3. Heads of State and Government at the high-level meeting agreed on a bold set of commitments to respond to the challenge of non-communicable diseases that reaffirmed the vision rooted in the landmark global strategy for the prevention and control of non-communicable diseases, endorsed by the World Health Assembly in 2000,¹ which has three broad objectives:

(a) To reduce the level of exposure of individuals and populations to the common risk factors for non-communicable diseases, namely tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity;

(b) To strengthen health care for people with non-communicable diseases, mainly cardiovascular diseases, cancers, chronic respiratory diseases and diabetes;

(c) To map the emerging epidemic of non-communicable diseases and to analyse its socioeconomic impact.

¹ World Health Assembly resolution WHA53.17 (on prevention and control of non-communicable diseases) (see World Health Organization, document WHA53/2000/REC/1). Available from http://apps.who.int/gb/archive/e/e_wha53.html.

Where do we stand?

4. After the political declaration was endorsed, developing-country planning ministries, international agencies and civil society organizations rallied behind the commitments made by the heads of State and Government. In its resolution 67/81 the General Assembly recommended that consideration be given to including universal health coverage in the discussions on the post-2015 development agenda and recognized that the provision of universal health coverage is mutually reinforcing with the implementation of the political declaration. In the outcome document of the United Nations Conference on Sustainable Development, entitled “The future we want” (General Assembly resolution 66/288, annex), the Assembly also acknowledged that the global burden of non-communicable diseases constitutes one of the major challenges for development in the twenty-first century. In July 2012 the first report of the United Nations System Task Team on the Post-2015 Development Agenda, entitled “Realizing the future we want for all” identified non-communicable diseases as one of several priorities for social development and investments in people in the post-2015 development agenda.² In May 2013 the report of the High-level Panel of Eminent Persons on the Post-2015 Development Agenda, entitled *A New Global Partnership: Eradicate Poverty and Transform Economies through Sustainable Development*, included an illustrative target to reduce the burden of disease from HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and priority non-communicable diseases in support of an illustrative goal to ensure healthy lives by 2030.³ The Panel chose to focus on health outcomes in this goal, recognizing that the achievement of the outcomes requires universal access to basic health care. In July 2013 the report of the Secretary-General, entitled “A life of dignity for all: accelerating progress towards the Millennium Development Goals and advancing the United Nations development agenda beyond 2015” (A/68/202), noted that bringing this vision to life in the post-2015 era will require a number of transformative and mutually reinforcing actions to reduce the burden of non-communicable diseases that apply to all countries.

5. There are also new dimensions to the challenge of non-communicable diseases. New data from WHO estimate that in 2011 the vast majority of the premature deaths of individuals from non-communicable diseases (85 per cent or 11.8 million) between the ages from 30 to 70 occurred in developing countries.⁴ The probability of dying from any of the major non-communicable diseases between the ages of 30 and 70 ranges from 10 per cent in developed countries to 60 per cent in developing countries. It is estimated that up to two thirds of premature deaths are linked to exposure to risk factors and up to half of all such deaths are linked to weak health systems that do not respond effectively and equitably to the health-care needs of people with non-communicable diseases.⁵

6. A study conducted in 2011 by the Harvard School of Public Health and the World Economic Forum demonstrated that over the period 2011-2025, the cumulative lost output in developing countries associated with the four major non-communicable

² Available from www.un.org/en/development/desa/policy/untaskteam_undf/report.shtml.

³ Available from www.post2015hlp.org/the-report.

⁴ World Health Organization, *The Global Burden of Disease*.

⁵ See World Health Organization overview brochure prepared for the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, 19-20 September 2011. Available from www.who.int/nmh/events/un_ncd_summit2011/qa/overview_brochure.pdf.

diseases is projected to be more than 7 trillion United States dollars. The annual loss of approximately \$500 billion amounted to approximately 4 per cent of gross domestic product for developing countries in 2010.⁶ A WHO study on implementing a package of highly cost-effective “best buy” interventions for the prevention and control of non-communicable diseases for the period 2011-2025 in all developing countries estimated the cost of action at \$11 billion per year.⁷

7. There has been substantial progress in documenting evidence that the effects of globalization on marketing and trade, rapid urbanization and population ageing have brought about a deadly interplay between non-communicable and communicable diseases, maternal and perinatal conditions and nutritional deficiencies in developing countries. Since September 2011, Governments, partners and an inspiring constellation of groups⁸ and individuals⁹ around the world have mobilized to underscore that the social, economic and physical environments in developing countries afford their populations much lower levels of protection from the risks and consequences of non-communicable diseases than in developed countries. In developed countries the population often benefits from Governments’ multisectoral national policies and plans to reduce the exposure of risk factors and to enable health systems to respond. Premature deaths from non-communicable diseases reduce productivity, curtail economic growth and trap the populations in the lowest income quintiles in chronic poverty. A report from the African Union in April 2013 underscored the fact that the exorbitant costs of non-communicable diseases are forcing 100 million people in Africa into poverty annually, stifling development.¹⁰

8. There is also a growing international awareness that the promises and commitments made at the high-level meeting offer a paradigm shift in thinking about non-communicable diseases as an issue that requires Governments to assume a primary role and responsibility which goes beyond the health sector alone. Among the promises was a commitment to promote, establish or support and strengthen multisectoral national policies and plans for the prevention and control of non-communicable diseases, and to consider the development of national targets. This work is unfinished and must continue in order to secure a world free of the avoidable burden of non-communicable diseases. By meeting these commitments in preparation for the comprehensive review in 2014, the international community will be best placed to agree to the next steps. Member States must therefore do their utmost to set national targets for non-communicable diseases and develop national policies and plans to attain national targets.

⁶ World Economic Forum and World Health Organization, “From burden to ‘best buys’: reducing the economic impact of non-communicable diseases in low- and middle-income countries” (2011). Available from www.who.int/nmh/publications/best_buys_summary/en/index.html.

⁷ World Health Organization, *Scaling Up Action against Non-communicable Diseases: How Much Will It Cost?* (Geneva, 2011). Available from www.who.int/nmh/publications/cost_of_inaction/en/index.html.

⁸ For example, The Lancet NCD Action Group, which launched a fourth series on non-communicable diseases in February 2013 (see www.thelancet.com/series/non-communicable-diseases).

⁹ For example, philanthropist Michael Bloomberg of Bloomberg Philanthropies (see www.bloomberg.org/program/public_health).

¹⁰ “The impact of non-communicable diseases (NCDs) and neglected tropical diseases (NTDs) on development in Africa”, concept note prepared for the sixth session of the African Union Conference of Ministers of Health, Addis Ababa, 22-16 April 2013. Available from www.camma.org/event/sixth-session-african-union-conference-ministers-health.

9. Many developing countries are struggling to move from commitment to action. A global survey conducted by WHO in 2013 found that, while more developing countries have policies to tackle non-communicable diseases (compared to 2010), few are multisectoral and engage sectors outside of health. Moreover, existing plans are often not funded or implemented. National capacities to address non-communicable diseases are often weakest in the poorest countries (a detailed analysis is provided in section IV).

Which policies and programmes have best driven progress?

10. It is crucial to know what works and what does not. There are specific interventions for the prevention and control of non-communicable diseases that may be considered very cost-effective and affordable, and have produced gains in many countries.¹¹ Such actions should be undertaken immediately to reduce premature mortality and avoidable morbidity of non-communicable diseases, and mitigate their impacts. Very cost-effective interventions to reduce the exposure to risk factors for non-communicable diseases, which generate an extra year of healthy life at a cost that is less than the average annual income or gross domestic product per person, include:

- (a) Reduce the affordability of tobacco products by increasing tobacco excise taxes;
- (b) Create legislation for completely smoke-free environments in all indoor workplaces, public places and public transport;
- (c) Warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns;
- (d) Ban all forms of tobacco advertising, promotion and sponsorship;
- (e) Regulate commercial and public availability of alcohol;
- (f) Restrict or ban alcohol advertising and promotions;
- (g) Use pricing policies for reducing the harmful use of alcohol, such as excise tax increases on alcoholic beverages;
- (h) Reduce salt intake and adjust the iodine content of iodized salt, when relevant;
- (i) Replace trans-fats with unsaturated fat;
- (j) Implement public awareness programmes on diet and physical activity.

11. The following are among the very cost-effective interventions for national health-care systems which generate an extra year of healthy life for a cost that falls below the average annual income or gross domestic product per person:

- (a) Drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals

¹¹ An overview of very cost-effective and affordable interventions is provided in appendix 3 of World Health Assembly resolution WHA66.10 of 27 May 2013 endorsing the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020 (World Health Organization document WHA66/2013/REC/1). Available from http://apps.who.int/gb/e/e_wha66.html.

who have had a heart attack or stroke and to persons at high risk (≥ 30 per cent) of fatal and non-fatal cardiovascular events in the next 10 years;

- (b) Aspirin for acute myocardial infarction;
- (c) Prevention of liver cancer through hepatitis B immunization;
- (d) Prevention of cervical cancer through screening linked with timely treatment of pre-cancerous lesions.

12. Some studies estimate that implementing these very cost-effective interventions will cost 4 per cent of current health spending in low-income countries, 2 per cent in lower-middle-income countries and less than 1 per cent in upper-middle-income countries. National ownership and international commitment, with the right policies backed by reliable, timely financial resources and multi-stakeholder partnerships, would be needed to ensure success. Much has been learned by formulating and implementing national policies that prioritize such interventions. Countries should make every effort to mobilize domestic resources. At the same time, the resources should be supplemented by external technical and financial support, where necessary.

III. Setting a new course: remarkable achievements in building a global road map to support national efforts

Global assignments

13. Since the landmark high-level meeting, WHO, with the full participation of Member States, and through its governing bodies, has completed the following global assignments:¹²

- (a) A comprehensive global monitoring framework for the prevention and control of non-communicable diseases, including a set of 9 voluntary global targets and 25 indicators;
- (b) A Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020;
- (c) A limited set of Action Plan indicators for the Global Action Plan;
- (d) Terms of reference for the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, established by the Secretary-General;
- (e) Elements of terms of reference for the global coordination mechanism for the prevention and control of non-communicable diseases.

Global monitoring framework

14. Strong accountability and monitoring are crucial for realizing the commitments included in the political declaration. The global monitoring framework for the prevention and control of non-communicable diseases, agreed at a formal meeting of

¹² In response to General Assembly resolution 66/2, World Health Assembly resolutions WHA61.14, and WHA66.10 and Economic and Social Council resolution 2013/12.

Member States, held in Geneva from 5 to 7 November 2012,¹³ contains 25 indicators and a set of 9 voluntary global targets to be attained by 2025:

- (a) A relative reduction of 25 per cent in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases;
- (b) A relative reduction of at least 10 per cent in the harmful use of alcohol,¹⁴ as appropriate, within the national context;
- (c) A relative reduction of 10 per cent in the prevalence of insufficient physical activity;
- (d) A relative reduction of 30 per cent in the mean population intake of salt/sodium;¹⁵
- (e) A relative reduction of 30 per cent in the prevalence of current tobacco use in persons over 15 years of age;
- (f) A relative reduction of 25 per cent in the prevalence of raised blood pressure, or contain the prevalence of raised blood pressure, according to national circumstances;
- (g) Halt the rise in diabetes and obesity;
- (h) At least 50 per cent of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes;
- (i) Availability, at the rate of 80 per cent, of the affordable basic technologies and essential medicines, including generics, required to treat major non-communicable diseases in both public and private facilities.

15. Following the endorsement of the global monitoring framework by the sixty-sixth World Health Assembly in its resolution WHA66.10, the Assembly urged Member States to consider the development of national non-communicable disease monitoring frameworks, with targets and indicators based on national situations, taking into consideration the comprehensive global monitoring framework, building on guidance provided by WHO.

16. In paragraph 3.9 of its resolution WHA66.10, the World Health Assembly requested the Director-General of WHO to submit reports on progress achieved in attaining the nine voluntary global targets to the Assembly in 2016, 2021 and 2026. WHO will invite Member States to contribute, in 2015, 2020 and 2025, data and information on trends in respect of the 25 indicators and progress towards the 9 voluntary global targets against a baseline in 2010. Accordingly, in paragraphs 2.6 and 2.7 of resolution WHA66/10, the Assembly urged Member States to establish and

¹³ Report of the formal meeting of Member States to conclude the work on the comprehensive global monitoring framework, including indicators, and a set of voluntary global targets for the prevention and control of non-communicable diseases (World Health Organization, document A/NCD/2). Available from http://apps.who.int/gb/ncds/pdf/A_NCD_2-en.pdf.

¹⁴ In the Global Strategy to Reduce the Harmful Use of Alcohol (World Health Organization document WHA63/2010/REC/1, annex 3) the concept of the harmful use of alcohol encompasses the drinking that causes detrimental health and social consequences for the drinker, the people around the drinker and society at large, as well as the patterns of drinking that are associated with increased risk of adverse health outcomes.

¹⁵ The WHO recommendation is fewer than 5 grams of salt or 2 grams of sodium per person per day.

strengthen national surveillance and monitoring systems for non-communicable diseases, covering: (a) monitoring of risk factors and determinants; (b) outcomes (mortality and morbidity); and (c) health system response, with integration into the national health information systems.

Global Action Plan

17. This is the first generation with the resources and know-how to achieve a world free of the avoidable burden of non-communicable diseases. In its resolution WHA66.10 the World Health Assembly endorsed the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020. The Action Plan provides a road map and a menu of policy options for all Member States and other stakeholders to take coordinated and coherent action, at all levels, local to global, from 2013 to 2020, to attain the nine voluntary global targets in 2025 and the commitments made in the political declaration.

18. The Action Plan includes the following vision, goal and objectives:

(a) Vision: a world free of the avoidable burden of non-communicable diseases;

(b) Goal: to reduce the preventable and avoidable burden of morbidity, mortality and disability due to non-communicable diseases by means of multisectoral collaboration and cooperation at the national, regional and global levels, so that populations reach the highest attainable standards of health and productivity at every age and those diseases are no longer a barrier to well-being or socioeconomic development;

(c) Objectives:

(i) To raise the priority accorded to the prevention and control of non-communicable diseases in global, regional and national agendas and internationally agreed development goals through strengthened international cooperation and advocacy;

(ii) To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of non-communicable diseases;

(iii) To reduce modifiable risk factors for non-communicable diseases and underlying social determinants through the creation of health-promoting environments;

(iv) To strengthen and orient health systems to address the prevention and control of non-communicable diseases and the underlying social determinants through people-centred primary health care and universal health coverage;

(v) To promote and support national capacity for high-quality research and development for the prevention and control of non-communicable diseases;

(vi) To monitor the trends and determinants of non-communicable diseases and evaluate progress in their prevention and control.

Limited set of Action Plan indicators

19. As stated in paragraph 16 above, in paragraph 3.9 of its resolution WHA66.10, the World Health Assembly requested the Director-General of WHO to submit progress made in implementing the Action Plan to the Assembly in 2016, 2021 and 2026. To this end, it requested the Director-General to develop, in consultation with Member States and other relevant partners, a limited set of Action Plan indicators to inform reporting on progress, and to submit the draft set of indicators to the sixty-seventh World Health Assembly for approval. Accordingly, WHO convened a consultation with Member States in November 2013 to conclude the work on the limited set of indicators. A set of nine Action Plan indicators to inform reporting on progress made in the process of implementing the global action plan were agreed at the consultation,¹⁶ as follows:

(a) Number of countries with at least one operational multisectoral national policy, strategy or action plan that integrates several non-communicable diseases and shared risk factors in conformity with the global and regional non-communicable disease action plans 2013-2020;

(b) Number of countries that have operational non-communicable disease units/branches/departments within the ministry of health, or equivalent;

(c) Number of countries with an operational policy, strategy or action plan, to reduce the harmful use of alcohol, as appropriate, within the national context;

(d) Number of countries with an operational policy, strategy or action plan to reduce physical inactivity and/or promote physical activity;

(e) Number of countries with an operational policy, strategy or action plan, in line with the WHO Framework Convention on Tobacco Control, to reduce the burden of tobacco use;

(f) Number of countries with an operational policy, strategy or action plan to reduce unhealthy diet and/or promote healthy diets;

(g) Number of countries that have evidence-based national guidelines/protocols/standards for the management of major non-communicable diseases through a primary-care approach, recognized/approved by government or competent authorities;

(h) Number of countries that have an operational national policy and plan on non-communicable disease-related research, including community-based research, and evaluation of the impact of interventions and policies;

(i) Number of countries with non-communicable disease surveillance and monitoring systems in place to enable reporting against the nine voluntary global non-communicable disease targets.

20. The report on the consultation will be transmitted by the Director-General of WHO to the Executive Board of WHO at its one hundred and thirty-fourth session and to the sixty-seventh World Health Assembly for consideration.

¹⁶ Available from http://apps.who.int/gb/ncds/e/ncd-14-15_E.html.

United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases

21. Demand is very high for “how to” policy advice to provide support to Governments in their national efforts to address non-communicable diseases. An analysis of 144 WHO country cooperation strategies that are jointly agreed with national authorities found that 136 strategies included requests for support to address non-communicable diseases. Arrangements to meet country needs and provide support for national efforts through bilateral and multilateral channels continue to be inadequate. The Economic and Social Council, at its substantive session of 2013, was a defining moment to set out an approach for ways that the United Nations system responds to country demand for technical assistance, when it adopted its resolution [2013/12](#) requesting the Secretary-General to establish a United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases by expanding the mandate of the existing Ad Hoc Inter-Agency Task Force on Tobacco Control. The Task Force will be convened and led by WHO, and report to the Council through the Secretary-General.

22. The Economic and Social Council also requested the Secretary-General, in close collaboration with the Director-General of WHO, and in full collaboration with Member States through WHO, to develop the terms of reference for the Task Force. Accordingly, WHO convened the first meeting of the Task Force in Geneva on 2 and 3 October 2013¹⁷ to develop draft terms of reference for consideration by Member States at a formal meeting of Member States convened by WHO, which took place in November 2013. Terms of reference for the Task Force were agreed at the formal meeting,¹⁸ including the following objectives:

(a) To enhance and coordinate systematic support to Member States, upon request, at the national level, in efforts to support responses to prevent and control non-communicable diseases and mitigate their impact;

(b) To facilitate systematic and timely information exchange among entities of the United Nations system and intergovernmental organizations about existing and planned strategies, programmes and activities to prevent and control non-communicable diseases and mitigate their impacts, at the global, regional and national levels, including through the establishment of a virtual practice community for members of the Task Force, with updates regularly circulated to subscribers, and the preparation and regular updating of an inventory of United Nations system activities on the prevention and control of non-communicable diseases;

(c) To facilitate information on available resources to support national efforts to prevent and control non-communicable diseases and mitigate their impacts, and to undertake resource mobilization for the implementation of agreed activities, including for joint programmes in accordance with guidelines of the United Nations Development Group;

(d) To strengthen advocacy in order to raise the priority accorded to the prevention and control of non-communicable diseases on the international development agenda, including the post-2015 development agenda, and sustain the interest of heads of State and Government in realizing their commitments through

¹⁷ See www.who.int/nmh/events/ncd_task_force/en/index.html and http://apps.who.int/gb/ncds/e/ncd-13_E.html.

¹⁸ See http://apps.who.int/gb/ncds/e/ncd-13_E.html.

statements, reports and participation in panels by high-level United Nations officials;

(e) To incorporate the work of the United Nations Ad Hoc Inter-Agency Task Force on Tobacco Control, including by utilizing the matrix of work of the members of the Task Force on the implementation of the WHO Framework Convention on Tobacco Control and to ensure that tobacco control continues to be duly addressed and prioritized in the new Task Force mandate;

(f) To strengthen international cooperation in support of national, regional and global plans for the prevention and control of non-communicable diseases, inter alia, through the exchange of best practices in the areas of health promotion, legislation, regulation and health systems strengthening, training of health personnel, development of appropriate health-care infrastructure and diagnostics, and by promoting the development and dissemination of appropriate, affordable and sustainable transfer of technology on mutually agreed terms and the production of affordable, safe, effective and quality medicines and vaccines.

23. The report of the formal meeting will be transmitted by the Director-General of WHO to the Executive Board of WHO at its one hundred and thirty-fourth session and to the sixty-seventh World Health Assembly for consideration. Once considered by the governing bodies of WHO, the Director-General will transmit the report to the Secretary-General with a view to including the terms of reference in the report of the Secretary-General on the implementation of Economic and Social Council resolution [2013/12](#) for the consideration of the Council at its substantive session of 2014.

Global coordination mechanism for the prevention and control of non-communicable diseases

24. The global nature of non-communicable diseases requires coordinated global action. Accordingly, the General Assembly considered the note by the Secretary-General transmitting the report of the Director-General of the World Health Organization on options for strengthening and facilitating multisectoral action for the prevention and control of non-communicable diseases through effective partnership ([A/67/373](#)) on 28 November 2012 as part of agenda item 113 on the follow-up to the outcome of the Millennium Summit (see [A/67/PV.43](#)). As stated above, in this context, the sixty-sixth World Health Assembly requested the Director-General of WHO to develop draft terms of reference for a global coordination mechanism, aimed at facilitating engagement among Member States, United Nations organizations, other international organizations and non-State actors. Member States agreed on elements related to the scope, purpose and functions of draft terms of reference for the global coordination mechanism during the formal meeting referred to in paragraph 22 above. The mechanism will be convened, hosted and led by WHO and report to the governing bodies of WHO. The scope and purpose of the mechanism will be to facilitate and enhance coordination of activities, multi-stakeholder engagement and action across sectors at the local, national, regional and global levels, in order to contribute to the implementation of the Global Action Plan, while avoiding duplication of efforts, using resources in an efficient and results-oriented way, and safeguarding WHO and public health from any undue influence by any form of real, perceived or potential conflicts of interest. Guided by, and in line with, the six

objectives of the Global Action Plan, the functions of the global coordination mechanism will be as follows:

(a) Advocating for and raising awareness about the urgency of implementing the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020; mainstreaming the prevention and control of non-communicable diseases in the international development agenda; and giving due consideration to the prevention and control of non-communicable diseases in discussions on the sustainable development goals and the post-2015 development agenda;

(b) Disseminating knowledge and sharing information based on scientific evidence and/or best practices regarding the implementation of the Global Action Plan, including health promotion, prevention, control, monitoring and surveillance of non-communicable diseases;

(c) Providing a forum to identify barriers and share innovative solutions and actions for the implementation of the Global Action Plan;

(d) Advancing multisectoral action by identifying and promoting sustained actions across sectors that can contribute to and support the implementation of the Global Action Plan;

(e) Identifying and sharing information on existing and potential sources of finance and cooperation mechanisms at the local, national, regional and global levels for the implementation of the Global Action Plan.

25. With a view to completing the work on other elements of the terms of reference before the sixty-seventh World Health Assembly (Geneva, 19-24 May 2014), Member States recommended that the one hundred and thirty-fourth session of the WHO Executive Board (Geneva, 20-25 January 2014) should ensure a follow-up process, including another formal meeting.

IV. From commitment to action: achievements in strengthening national capacities for the prevention and control of non-communicable diseases

26. WHO conducted a global survey in 2013 to assess national capacity for the prevention and control of non-communicable diseases to gather information about progress made in countries. The survey was conducted by sending a questionnaire, during 2012, to non-communicable disease focal points within a ministry of health or a national institute or agency in all States members of WHO. A similar survey had been conducted in 2010.¹⁹ The surveys show a significant improvement in country capacity for the prevention and control of non-communicable diseases over the past three years. However, while many countries have components of the necessary national policies and plans in place, they are often not adequately funded or operational. The existence of initiatives to combat non-communicable diseases in a growing number of countries provides a strong foundation to extend progress.

¹⁹ World Health Organization, *Assessing National Capacity for the Prevention and Control of Non-communicable Diseases: Report of the 2010 Global Survey* (Geneva, 2012). Available from http://www.who.int/cancer/publications/national_capacity_prevention_ncds.pdf.

Aspects of national infrastructure (2013 compared to 2010)

27. Trends in national capacity for non-communicable diseases were derived by comparing the results of the 2013 survey with those from the capacity survey conducted by WHO in 2010. For the comparison of survey responses from 2010 to 2013, analysis was restricted to the 172 countries that completed both surveys. A component of the capacity assessment included a review of country-level infrastructure to provide support for the prevention and control of non-communicable diseases. Ninety-five per cent of countries reported they had a unit, branch or department in their ministry of health with responsibility for non-communicable diseases. This figure represents an improvement over the 89 per cent reported in 2010. Regarding funding sources for non-communicable-disease activities, 91 per cent of countries cited government revenues as their major source of funding for such work, followed by international donors (63 per cent) and earmarked taxes (33 per cent). In addition to the formal infrastructure, 85 per cent of countries reported they had some form of partnerships or collaborations for implementing such activities (compared to 86 per cent in 2010). Over two thirds of countries (76 per cent) have collaborations in the form of a cross-departmental or ministerial committee, which is similar to what was reported in 2010. A similar proportion of countries reported having interdisciplinary committees (67 per cent against 68 per cent in 2010), while fewer reported establishing joint task forces (53 per cent against 59 per cent in 2010).

28. Seventy-nine per cent of countries reported that they were addressing non-communicable diseases through an integrated policy, plan or strategic work addressing at least two or more diseases and risk factors. The majority of countries have policies, plans or strategies for all non-communicable diseases and their risk factors. Eighty-three per cent of countries reported that they addressed cardiovascular diseases as either part of an integrated plan or as stand-alone plans. Cancer and diabetes were also well addressed in country-level plans, with 86 per cent and 84 per cent of countries, respectively, reporting on these diseases. Regarding policies and plans for risk factors, tobacco was the risk factor most commonly addressed, with 92 per cent of countries reporting a plan in existence. Eighty-four per cent of countries reported having plans addressing unhealthy diet and 81 per cent reported plans for physical inactivity. The harmful use of alcohol was the least addressed risk factor, with 77 per cent of countries reporting a plan. If only operational policies with a dedicated budget are considered, the percentage of eligible countries with plans for non-communicable diseases and risk factors becomes much lower: only 50 per cent had operational and funded integrated policies in 2013. This, however, represents a substantial increase from 2010, when only 31 per cent of countries satisfied these criteria.

29. Overall, 81 per cent of countries reported having a system in place for generating cause-specific mortality on a routine basis. Seventy-four per cent of countries indicated that cause of death was certified by a medical practitioner and 4 per cent reported it was certified by verbal autopsy or other methods. Since 2010, there has been a small increase in the percentage of countries with cancer registries (78 per cent in 2010 against 82 per cent in 2013) as well as in the percentage of countries with national population-based registries (35 per cent in 2013). The majority of countries reported having conducted recent (within the previous five years) risk factor surveys on each of four main behavioural risk factors (64 to 75 per cent), with tobacco being the most surveyed. Metabolic risk factors, such as fasting

blood glucose, blood pressure, blood lipids and body mass, were less well surveyed, with 41 to 66 per cent of countries reporting recent surveys including such measures. These figures represent a substantial improvement over risk factors reported in 2010, when only around one third of countries had conducted a recent national survey on the main behavioural risk factors and about one quarter had covered the major metabolic risk factors. Only about one quarter (26 per cent) of countries indicated they had done any surveillance of population salt intake. This improvement highlights the commitment countries are making to monitoring and tracking trends in mortality, morbidity and risk factor exposures, and to strengthening their non-communicable disease surveillance systems to report agreed global targets and indicators.

30. Regarding national systems responses, the majority of countries reported providing primary prevention and health promotion (95 per cent), risk factor detection (88 per cent) and risk factor and disease management (85 per cent) in their primary health-care services. These results all represent an increase in the figures reported in 2010. Provision of support for self-help and self-care were still not as widely included in primary health-care programmes, with only 75 per cent of countries reporting this factor, which has substantially improved since 2010, when it was reported by 58 per cent of the countries. While the majority of countries reported having evidence-based guidelines, protocols or standards available for the management of diabetes and hypertension, as well as for dietary counselling, nearly two thirds of countries reported that they are still not fully implemented for any of the four major non-communicable diseases. Despite such poor implementation, there was some improvement in the implementation of guidelines since 2010. The survey also assessed availability of a wide range of tests and procedures to aid in the detection, diagnosis and monitoring of non-communicable diseases. The vast majority of countries (94 per cent) reported they had at least one type of test for the measurement of blood glucose generally available. Similarly, most countries (84 per cent) reported having at least one type of test generally available for the screening of breast cancer, either through palpation or mammography. Other tests, for example total cholesterol measurement (80 per cent) and cervical cytology (74 per cent), were also reported as being widely available. These figures represent an improvement across all areas of tests and available procedures since 2010. Finally, essential medicines for the management of diabetes, hypertension and cardiovascular disease were generally available in the vast majority of countries. Statins were reported as being generally available in 77 per cent of countries and oral morphine was available in just over half of countries (56 per cent), representing an improvement in the availability of these essential medicines for non-communicable diseases since 2010.

V. From commitment to action: achievements in fostering international cooperation and coordination for the prevention and control of non-communicable diseases

United Nations

31. Within the United Nations system, WHO has been leading efforts to build a strategic coalition of United Nations organizations and other international organizations — with a role for each organization — to provide support for national efforts and to ensure policy coherence and accountability among United Nations

organizations in promoting global action against non-communicable diseases. United Nations organizations have started to scale up their capacities in this area, develop joint programmes, broaden the base of constituencies working together and mobilize multi-stakeholder coalitions with Member States, civil society, philanthropic foundations, academia and the private sector.

32. From 2011 to 2013, WHO convened six informal meetings of United Nations organizations on the implementation of the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases.²⁰ These informal collaborative arrangements resulted in a number of strategic initiatives being taken forward, including: (a) a global joint programme between the International Telecommunication Union and WHO on the use of mobile technologies to address non-communicable diseases (“Be healthy, be mobile”);²¹ (b) a global joint programme between the International Atomic Energy Agency and WHO on providing support for cancer control in developing countries; (c) a joint letter from the Administrator of the United Nations Development Programme (UNDP) and the Director-General of WHO proposing that the United Nations country teams integrate, according to country context and priorities, non-communicable diseases into the United Nations Development Assistance Framework design processes and implementation, with initial attention being paid to the countries where Framework roll-outs are scheduled for 2012-2013;²² (d) a joint workshop on trade agreements and non-communicable diseases organized by UNDP and WHO;²³ and (e) a letter of agreement between the Joint United Nations Programme on HIV/AIDS and WHO on collaboration to facilitate and assist developing countries to successfully address their disease burden of HIV and non-communicable diseases.²⁴ A number of heads of United Nations agencies have delivered statements to raise the priority accorded to non-communicable diseases on international agendas²⁵ and have published discussion papers²⁶ or analyses²⁷ on the impact of non-communicable diseases.

33. The WHO programme budget for 2014-2015 includes a budgetary provision for technical assistance to developing countries in their efforts to set national targets and develop national multisectoral action policies and plans to attain them. Output indicators include: (a) the number of countries that have established national multisectoral action plans for the prevention and control of non-communicable

²⁰ Reports of the meetings are available from www.who.int/nmh/events/ncd_task_force/en/index.html.

²¹ See www.itu.int/en/ITU-D/ICT-Applications/Pages/Be_Healthy.aspx.

²² Available from http://www.who.int/nmh/media/undaf_20120329.pdf.

²³ Available from www.who.int/nmh/events/2013/updates_un_agencies/en/index.html.

²⁴ Available from www.who.int/nmh/events/2013/letter_agreement.pdf.

²⁵ An overview is available from www.who.int/nmh/events/2013/updates_un_agencies/en/index.html.

²⁶ Example: *Discussion Paper: Addressing the Social Determinants of Non-communicable Diseases* (New York, 2013). Available from www.undp.org/content/undp/en/home/librarypage/hiv-aids/discussion-paper--addressing-the-social-determinants-of-noncommu/.

²⁷ Examples: World Bank. *The Economic Costs of Non-communicable Diseases in the Pacific Islands* (2012); Patricio V. Marquez and Jill L. Farrington, *The Challenge of Non-communicable Diseases and Road Traffic Injuries in Sub-Saharan Africa: An Overview* (Washington, D.C.: World Bank, 2013). Available from <http://www.worldbank.org/en/news/feature/2013/01/16/the-economic-costs-of-noncommunicable-diseases-in-the-pacific-islands> and <http://blogs.worldbank.org/health/road-injuries-and-non-communicable-diseases-hidden-health-burden-sub-saharan-africa>.

diseases; (b) the number of countries that have integrated work on non-communicable diseases into their United Nations Development Assistance Framework; and (c) the number of countries reporting on the nine global targets.

34. The WHO regional committees for the African, Americas, Eastern Mediterranean, European, South-East Asia and Western Pacific regions approved regional policy frameworks, frameworks or plans of action for the prevention and control of non-communicable diseases.

35. Continuous technical support has been provided by WHO to developing countries, in accordance with the 2008-2013 and 2013-2020 WHO global action plans for the global strategy for the prevention and control of non-communicable diseases. Global and regional workshops for national non-communicable disease focal points were convened by WHO. A workshop in November 2013 sought to increase the knowledge of heads of WHO country offices about public policy and the challenge of non-communicable diseases in order to strengthen their capacity to provide support for national efforts with upstream policy advice.

36. The fifth session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control took place in Seoul from 12 to 17 November 2012. The Conference reviewed global progress on the implementation of the Framework Convention, based on the progress report prepared by the secretariat deriving from reports of the parties. The parties exchanged views on the achievement of progress so far, on challenges faced and on ways to promote treaty implementation further in countries and internationally. As a landmark step in the strengthening of treaty instruments, the Conference adopted the Protocol to Eliminate Illicit Trade in Tobacco Products. With regard to implementation, reporting and international cooperation, the Conference requested the secretariat to further assist parties in fulfilling their reporting obligations through the refinement of the reporting instrument and the development of an indicator compendium, as well as the preparation of recommendations for a mechanism to facilitate the review by the Conference of parties' reports and for an assessment of the impact of the Convention. As to institutional and budgetary matters, the Conference acknowledged the progress made in the implementation of the current (2012-2013) workplan and budget, and adopted the workplan and budget for the next period (2014-2015).²⁸ The Conference accepted the offer of the Russian Federation to host its sixth session in Moscow from 13 to 18 October 2014.

International development agencies

37. The high-level meeting was a defining moment for cooperation in development. An estimated nine members of the Development Assistance Committee of the Organization for Economic Cooperation and Development have integrated non-communicable diseases in their bilateral and multilateral international development policies (compared to one member in 2010).

38. The creditor reporting system on official development assistance and other financial flows of the Development Assistance Committee does not include purpose code for non-communicable diseases at this juncture. As a result, it remains

²⁸ A more detailed summary is available from www.who.int/fctc/cop/sessions/cop5_postsession/en/index.html.

impossible to track official development assistance in support of national efforts for the prevention and control of non-communicable diseases.

Philanthropic foundations

39. A number of philanthropic foundations support implementation of the political declaration. For example, Bloomberg Philanthropies has committed more than \$600 million to combat tobacco use worldwide, including a \$220 million commitment announced in March 2012.²⁹ The Bill and Melinda Gates Foundation has committed \$134 million to fund projects in Africa and Asia.³⁰ Both initiatives aim to provide support for national efforts to implement proven tobacco control policies, such as creating smoke-free public places, banning tobacco advertising, increasing taxes on tobacco products and raising public awareness.

Non-governmental organizations

40. Many civil society organizations have rallied behind the political declaration. For example, the NCD Alliance,³¹ which unites a network of over 2,000 civil society organizations in more than 170 countries, works with partners that share a common interest in improving the lives of people living with non-communicable diseases and addressing their risk factors.

Private sector entities

41. With a view to strengthening their contribution to non-communicable disease prevention and control, a small number of private sector entities have started to take measures to implement the WHO set of recommendations on the marketing of foods and non-alcoholic beverages to children,³² while taking into account existing national legislation and policies. Similarly, a small number of private sector entities have started to work towards reducing the use of salt in the food industry in order to lower sodium consumption. An increasing number of private sector entities have started to produce and promote 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, salts, fats and trans-fat content. Unfortunately, these food products are not affordable, accessible and available in most developing countries.

VI. Recommendations: accelerating progress

42. The political declaration contained in General Assembly resolution 66/2 is the Organization's promise to the poorest and most vulnerable individuals for a world free of the avoidable burden of non-communicable diseases — an issue that the Millennium Development Goals did not address. The political declaration has succeeded in placing non-communicable diseases on the development agenda.

43. Remarkable progress has been made since September 2011. Many countries, including some of the poorest, have aligned their policies and resources with the

²⁹ See www.bloomberg.org/initiative/tobacco.

³⁰ See www.gatesfoundation.org/what-we-do/global-policy/tobacco-control.

³¹ See www.ncdalliance.org/.

³² See World Health Organization, document WHA63/2010/REC1, annex 4.

nine global targets and the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020 to make unparalleled gains. Sizeable gains have occurred in even the poorest countries.

44. However, progress has been insufficient and highly uneven. Bolder measures are urgent to accelerate efforts to address non-communicable diseases and mitigate their impacts. The political declaration has catalysed action and retains great power in engendering collective action for faster results.

45. Fulfilling its commitments and promises for a world free of the avoidable burden of non-communicable diseases must remain the Organization's foremost priority. The United Nations needs to mobilize more action to deliver on commitments. Governments, multilateral institutions, businesses and civil society organizations have an opportunity to continue to put in place a new agenda, one that confronts the challenges of the modern world head-on. They can join forces and bring about a paradigm shift by providing support for national efforts to implement the following priority actions recommended for Member States:

(a) Governance:

(i) Set national targets for 2025 based on national situations, taking into account the nine global targets for non-communicable diseases;

(ii) Develop national multisectoral policies and plans to achieve these targets in 2025, taking into account the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020;

(iii) Raise awareness about the national public health burden caused by non-communicable diseases and the relationship between non-communicable diseases, poverty and development;

(iv) Integrate non-communicable diseases into health-planning processes and the national development agenda, including the United Nations Development Assistance Framework design processes and implementation;

(v) Prepare for the review by the United Nations General Assembly in 2014 of the progress achieved in the prevention and control of non-communicable diseases;

(b) Reduce exposure to risk factors for non-communicable diseases: implement very cost-effective and affordable interventions (included in appendix 3 to the WHO Global Action Plan);

(c) Enable health systems to respond: implement very cost-effective and affordable interventions (included in appendix 3 to the WHO Global Action Plan);

(d) Measure results:

(i) Strengthen surveillance for non-communicable diseases, covering monitoring of risk factors and determinants, outcomes (mortality and morbidity), and health system response, and integrate that effort into the national health information systems, to ensure the collection of data on the 25 indicators and progress towards the nine voluntary global targets for non-communicable diseases;

(ii) Contribute information on trends in non-communicable diseases to WHO, on progress made in the implementation of national action plans and on

the effectiveness of national policies and strategies, coordinating country reporting with global analyses.

46. In doing so, the mobilization of resources — both domestic and external — will be essential for the implementation of national efforts to address non-communicable diseases. Higher taxes on products that are harmful to health have the dual benefit of improving the health of the population through reduced consumption, while raising more funds. Tobacco and alcohol taxes are widely collected in countries but are often applied at low rates so that the potential to increase revenue by raising tax rates still exists. International development agencies have an opportunity to meet the emerging development challenges in the post-2015 era. They can support national efforts to address non-communicable diseases by strengthening their global knowledge networks and technical advisory capacities in non-communicable diseases to support country-level transformations and upstream programme interventions. South-South and triangular cooperation will also need to play a key role.

47. The articulation of a post-2015 development agenda provides an opportunity to place non-communicable diseases at the core of humankind's pursuit of shared progress. Ultimately, the aspiration of the development agenda beyond 2015 is to create a just and prosperous world where all people exercise their rights and live with dignity and hope. Decisions on the strategic content of the next development agenda rest with Member States. The key elements of the emerging vision for the development agenda beyond 2015 include promoting universal health-care coverage as a means of prevention and control of non-communicable diseases.

48. The comprehensive review in 2014 will provide a timely opportunity for rallying political support for the acceleration of the implementation of actions by Governments, international partners and WHO, included in the WHO Global Action Plan.

49. Acting in unity to address non-communicable diseases demands a renewed commitment to international cooperation. The United Nations, as a global beacon of solidarity, must show that it can be effective in shaping a world free of the avoidable burden of non-communicable diseases. In so doing, it must continue to listen to and involve the peoples of the world. It must continue to build a future that ensures that globalization becomes a positive force for all the world's peoples of present and future generations.