

ENOUGH.

OUR HEALTH. OUR RIGHT. **RIGHT NOW.**

Campaign Priorities

The 2018 United Nations High-Level Meeting on NCDs

This briefing paper aims to inform civil society and partners about the crucial opportunity of the 2018 UN High-Level Meeting on NCDs (UN HLM) to mobilise political leadership and new resources and action to improve the lives of people affected by NCDs worldwide, and to guide advocacy at global, regional and national level for strong commitments at the UN HLM.



NCD Alliance

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The Opportunity

The United Nations General Assembly (UNGA), the main decision-making body of the UN representing all 193 Member States, convenes UN High-level Meetings (UN HLMs) to focus on specific issues that require global dialogue at the highest political level, and demand international cooperation and urgent action. In the history of the UN, NCDs are just one of five global health issues that have been the subject of dedicated UN HLMs, together with HIV/AIDS, AMR, Ebola, and TB. This reflects recognition of the magnitude of the challenge, and the threat posed by NCDs worldwide.

The 2018 UN HLM will be the third such meeting for NCDs. The first was in 2011, where Member States unanimously adopted the UN Political Declaration on NCDs that contains 22 action-oriented commitments for the NCD response and a series of follow-up assignments. The second UN HLM on NCDs took place in July 2014, at which governments adopted an Outcome Document that included four time-bound national policy commitments for 2015 and 2016 in order to galvanise action and measure progress at the national level.

Seven years after the 2011 UN Summit on NCDs, the third UN HLM on NCDs allows for a critical review of progress achieved. The context of the Sustainable Development Goals (SDGs) provides an even stronger mandate for high-level political action to implement cost-effective interventions and solutions for NCD prevention and control, and ensure robust accountability for commitments, resources and results. The UN HLM will bring together Heads of State and Government, civil society, people living with NCDs, private sector and academia, and will result in an Outcome Document that will guide the next phase of the political response to NCDs.

The Context

The context in which the 2018 UN HLM is taking place is important, and markedly different from the two previous UN HLMs for NCDs. Notable contextual factors include:

NCDs are now a recognised global health and development priority, with several political commitments and targets previously made. These include the NCD targets in the UN Sustainable Development Goals, the WHO Global NCD Action Plan 2013-2020 and WHO 2025 global NCD targets and indicators, and the 2014 national time bound commitments.

The transition **from MDGs to SDGs** presents an opportunity for the NCD response, as the new agenda is based upon an “integrated and indivisible” approach to the goals and targets, demanding all sectors to work together and is a fundamental requirement for a successful NCD response. Furthermore, the elevation of **Universal Health Coverage (UHC)** as a global priority and the shift to a more integrated approach to health and health systems strengthening offers similar opportunities for synergistic action.

There is **widespread consensus around a minimum package of cost-effective solutions and interventions** for NCDs with high returns on investment (known as the “Best Buys”) that span both population-based approaches for prevention and health systems solutions for improving NCD treatment and care, as well as an expanded set of effective policies addressing all NCD risk factors.

There is growing recognition of the need to address the **commercial determinants of health**, including both upstream, systemic drivers linked to (lack of) policy coherence in trade and investment that impact on health outcomes, and coordinated and well-funded efforts by unhealthy commodities industries to lobby against and undermine population-based prevention policies and fiscal measures.

Despite global commitments, the current trends indicate that the global NCD targets will largely go unmet – **progress as a whole has been insufficient and uneven** – and many low- and middle-income countries are struggling to move from commitment to action. The 17% rate of decline in premature mortality we have witnessed globally over the last 15 years is mainly due to progress in specific HICs and insufficient to meet the 33% target that was set for the SDGs’ 2030 timeline. Less than half of all countries have national NCD plans and targets, which are the foundational building blocks of a national response, or have implemented prominent Best Buys such as effective tobacco taxes.

The **political and economic climate** in which the UN HLM is taking place is challenging. The global humanitarian crisis, the decline of official development assistance for health, economic stagnation faced by many countries, the rise of nationalism, trade and investment policies and agreements, the power of multinational companies to undermine public health, and the diminishing space for civil society globally, all pose a substantial threat to the adoption of an HLM Outcome Document that mobilises the political and financial resources needed to achieve the global NCD targets.

The **existing global accountability framework for NCDs is inadequate** in monitoring and galvanising action and resources. Many commitments have been made by governments, but have gone unmet without notice by the international community.

Our Goals

In order to maximise the opportunity of the 2018 UN HLM on NCDs, the NCD Alliance will lead a global campaign in pursuit of the following goals:

- 1** Raise awareness of the scale, impact and urgency of NCDs as a social justice and equity issue and NCD investments as a major opportunity to drive sustainable development.
- 2** Increase high-level political commitment by governments and multilateral agencies.
- 3** Establish NCDs as a priority investment for health and development, building support for cost-effective interventions and sustainable funding models to support national NCD responses.
- 4** Strengthen and mobilise the NCD civil society movement, and the voices of youth and people living with NCDs (PLWNCDs).

Our Priorities

Given the contextual factors above and in-depth consultation with our network, we will advocate for an Outcome Document that commits to the following 6 priorities:

1  PUT PEOPLE FIRST	2  BOOST NCD INVESTMENT	3  STEP UP ACTION ON CHILDHOOD OBESITY
4  ADOPT SMART FISCAL POLICIES THAT PROMOTE HEALTH	5  SAVE LIVES THROUGH EQUITABLE ACCESS TO NCD TREATMENT AND UHC	6  IMPROVE ACCOUNTABILITY FOR PROGRESS, RESULTS AND RESOURCES

PRIORITY 1.

Put People First

Rationale

People living with, at risk of and affected by NCDs (PLWNCDs), young people, and civil society must be at the heart of the NCD response.

To date, the empowerment and involvement of PLWNCDs and young people has been broadly neglected. Currently the knowledge of PLWNCDs is undervalued in NCD programme development, implementation and policy-making, and in general PLWNCDs are under-represented as leaders in organisations are largely silent in decision-making processes. This situation must be corrected in order to realise the rights and responsibilities of people living with NCDs, which require supportive political, legal, and social environments that give all people the opportunity to speak up, especially those most vulnerable and disenfranchised.

Through close connection with communities, civil society organisations (CSOs) provide people affected by NCDs with an essential voice in decision-making processes. CSOs raise public demand and engage with and apply concerted pressure on governments to ensure that resources and services reach and benefit affected communities, as well as hold governments and other sectors to account. Investing in civil society should be recognised as part of the global public goods agenda.



Illustrative Advocacy Asks

Acknowledge the significant contribution of civil society to the NCD response through its role in advocacy; supporting access to services; raising awareness and ensuring accountability.

Work with civil society and PLWNCDs to develop global principles on the meaningful involvement of people living with NCDs in all aspects of the NCD response.

Acknowledge the role and contribution of PLWNCDs, young people and civil society actors in addressing NCDs in all its aspects, and recognise their full involvement and participation in the design, planning, implementation and evaluation of programmes and services.

Involve PLWNCDs, young people and civil society actors in decision-making and policy-setting processes and mechanisms.

Partner with local leaders and civil society, including community-based organisations, to develop and scale up community-led NCD services and to address stigma and discrimination.

Increase investment in civil society to support the NCD response.

PRIORITY 2.

Boost NCD investment

Rationale

Scaling up investment for NCDs is a critical priority to achieve the 2025 NCD targets and the Sustainable Development Goals.

However, sustainable and adequate resources for NCDs are severely lacking and remain a bottleneck in the response. NCDs receive just 1.3% of development assistance for health, making NCDs the only major global health priority without international financing. Closing the resource gap will require multiple financing sources, depending on the country-specific context. The expected result will be a “blended” stream of financing, including creating and optimising fiscal space for NCD investment domestically, exploring innovating financing mechanisms (such as taxation of unhealthy commodities), multilateral/bilateral funding, private sector engagement, and catalytic mechanisms, in line with the recommendations from the Third International Conference on Financing for Development in 2015. While domestic resource mobilisation is critical, for low-income countries allocating less than 5% of gross domestic product to health, progress on NCDs will be impossible without catalytic funding from donors.



Illustrative Advocacy Asks

Increase and meet the financing needs of the global NCD response from all sources, including domestic, bilateral, multilateral and innovative financing by 2025.

Fulfil all official development assistance (ODA) commitments, including 0.7% of gross national income for developed countries, and commit to increasing ODA for health and NCDs.

Increase national budgetary allocations for NCDs and leverage other sources of existing funding, and ensure adequate allocations from all relevant government ministries.

Implement recommendations from the Addis Ababa Action Agenda on fiscal policies for NCD prevention.

Channel investment into NCDs and health system strengthening via existing financing mechanisms, including the Global Fund and the Global Financing Facility, capitalising on cost-effective delivery of integrated services.

Call for divestment of private funds from unhealthy commodities industries and economic activity that leads to increased risk of NCDs.

PRIORITY 3.

Step up action on childhood obesity

Rationale

Childhood obesity is an issue with a clear health and economic imperative for action, and is increasingly garnering public and political attention worldwide.

Global political targets exist to ensure a 'zero increase in overweight in under 5s' and a 'zero increase in obesity and diabetes', as well as a WHO Implementation Plan to End Childhood Obesity to guide the response, centring around a set of population-based interventions. With insufficient progress to date and driven by unsustainable, unhealthy food systems and environments, childhood obesity is a major challenge that extends well beyond the health sector and demands political attention at the highest political level.



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Implement comprehensive national childhood obesity strategies guided by the recommendations of the ICN2 Framework for Action and WHO's Commission on Ending Childhood Obesity.

As part of national strategies, implement population-based regulatory and fiscal measures including promotion and protection of breastfeeding, front-of-pack labelling, restrictions of marketing foods and drinks to children, healthy fiscal policies including taxes on sugary drinks and subsidies on fruit and vegetables, and healthy school environments that guarantee physical activity and access to safe drinking water and healthy food.

Uphold public health objectives and the rights of children by actively protecting policy-making from industry interference and opposition to policy implementation.

Call upon WHO to provide technical cooperation to Member States to set national targets and implement regulatory and fiscal measures to address childhood obesity.

Call upon WHO, FAO and other UN agencies, international organisations and donors to leverage the UN Decade of Action on Nutrition to promote health-conducive food production and supply systems that reduce diet-related NCDs and contribute to ensure healthy diets for all.

PRIORITY 4.

Adopt smart fiscal policies that promote health

Rationale

Real increases in excise taxes and prices for tobacco products, alcoholic beverages, and sugar-sweetened beverages (SSBs) are cost-effective fiscal policies recommended in the WHO Best Buys.

Increased tobacco taxation is also a legally binding commitment in the WHO FCTC (Article 6), and included as a recommendation in the Addis Ababa Action Agenda for sustainable development financing. These measures are good for health and good for government revenues. They support both NCD prevention and domestic resource mobilisation, representing a win-win for public health and health financing. Taxation of unhealthy commodities is supported by clear evidence on the public health and economic gains and is getting political traction, with many governments implementing or having announced implementation of or increases of taxes on tobacco, alcohol and SSBs.

Illustrative Advocacy Asks

Implement globally recommended fiscal policies including price and tax measures on tobacco and other unhealthy commodities as an effective and important means to reduce consumption and healthcare costs, specifically:

- Raise excise taxes on tobacco products, so as to at least double the retail price, and commit to ongoing increases after that to keep pace with rising prices and incomes.
- Raise excise taxes on alcoholic beverages, so as to at least double the retail price or implement minimum unit pricing, and commit to ongoing increases after that to keep pace with rising prices and incomes.
- Implement SSB taxes to raise the retail price by 20% or more, and commit to ongoing increases after that to keep pace with rising prices and incomes.

Consider dedicating revenue from taxation of unhealthy commodities to NCD programmes covering awareness raising, health promotion and disease prevention, and Universal Health Coverage.



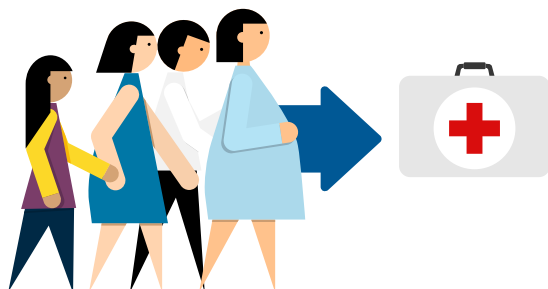
PRIORITY 5. **Save lives through equitable access to NCD treatment and UHC**

Rationale

Access to treatment and care is a fundamental human right for everyone to achieve the highest possible standard of physical and mental health and well-being.

Availability and access to lifesaving treatment, care and support for people living with NCDs is still out of reach for millions of people around the world, particularly in low- and middle-income countries and for the world's poorest and most vulnerable populations. This is despite global targets for 2025 to ensure "80% availability of essential medicines and technologies for NCDs in public and private facilities," and a specific target on multidrug therapy for CVD and diabetes. A particular issue is the insufficient access to controlled opioid analgesics for pain relief and palliative care. Challenges of access relate to weak health systems in many LMICs, including the lack of adequate preparation and training of the health workforce, insufficient financial resources, poor procurement policies and weak supply chains, inefficient information systems, and lack of patient education and low health literacy.

Reducing the burden of NCDs will be essential to achieving Universal Health Coverage (UHC) and the SDGs, particularly goals focused on ending poverty in all forms everywhere and reducing inequalities within and among countries. Integration of NCD prevention and treatment in UHC schemes and a strong focus on equity is fundamental to strengthen health systems to deliver for NCDs throughout the life-course and protect against financial hardship.



Illustrative Advocacy Asks

Strengthen national health systems, with an emphasis on primary care, to deliver prevention, treatment and care for NCDs, acknowledging the importance of promoting patient empowerment, rehabilitation, and palliative care for persons of all ages with or at risk of developing NCDs.

Recognise the fundamental importance of universal health coverage, including financial risk protection, to the prevention and control of NCDs across the continuum of care and across a diverse group of diseases, particularly for the poorest and most vulnerable populations.

Ensure coherence and integration between national NCD and mental and neurological health policies and programmes.

Work with partners to direct resources to and strengthen the advocacy, policy and programmatic links between NCDs and injuries and communicable diseases, sexual, reproductive, maternal, and child health services, leveraging existing services as an entry point for NCD interventions.

Ensure increased access to affordable, safe, effective, and quality-assured medicines, vaccines, and technologies for NCDs.

PRIORITY 6.

Improve accountability for progress, results and resources

Rationale

Accountability is a crucial force for political and programmatic change.

Defined as a cyclical process of monitoring, review and action, accountability enables the tracking of commitments, resources, and results and provides information on what works and why, what needs improving, and what requires increased attention. Accountability ensures that decision makers have the information required to meet the health needs and realise the rights of all people at risk of or living with NCDs. Multiple sets of commitments and targets for NCDs exist at the global level, as set out in the WHO Global NCD Action Plan and Monitoring Framework on NCDs, the 2014 UN Review Outcome Document, and the SDGs. Existing WHO and UN accountability mechanisms for NCDs can be complemented by independent accountability mechanisms, and at the national level there is a need to strengthen accountability mechanisms, national targets, and improve data collection and surveillance systems.

Illustrative Advocacy Asks

Establish a global independent accountability mechanism for NCDs, involving multilateral agencies, governments, civil society and academia, to support the monitoring, review and analysis of progress on NCDs globally.

Establish and/or strengthen effective accountability mechanisms at regional and national levels that are transparent and inclusive, with the active involvement of PLWNCDs and other relevant civil society, to support implementation, monitoring and review of progress on NCDs.

Establish and/or strengthen comprehensive national NCD surveillance system, including reliable registration of deaths by cause, disaggregation of data by gender, age, and socio-economic status, cancer registration, periodic data collection on risk factors and monitoring national response.

By 2020, all countries have national NCD targets and indicators, and are regularly monitoring progress.

Commit to hold the next UN General Assembly High-Level Meeting for NCDs in 2022.



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MAKING NCD PREVENTION AND CONTROL A PRIORITY, EVERYWHERE

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