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REPORT ON THE UNITED NATIONS GENERAL ASSEMBLY HIGH-LEVEL MEETING ON THE PROGRESS ACHIEVED IN THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

Background

1. In 2011, the General Assembly of the United Nations held a High-level Meeting (UN HLM) on the prevention and control of noncommunicable diseases (NCDs). This ground-breaking meeting was the result, in part, of CARICOM leadership and also of global recognition of the burden that NCDs pose to economic, health, and social systems. The meeting was held on 19-20 September 2011 and focused on the development challenges and social and economic impact of the four major NCDs (cardiovascular disease, cancer, diabetes, and chronic respiratory disease) and their risk factors: tobacco use, harmful use of alcohol, unhealthy diet, and physical inactivity, particularly in developing countries (1). The main result of the UN HLM on NCDs was the adoption of Resolution A/RES/66/2: *Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases* (2). The Declaration presented a focused agenda for strengthening international cooperation in support of national multisectoral efforts to prevent and control NCDs (3).

2. Following up on the commitments of the Political Declaration, the World Health Organization developed the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020 (adopted in Resolution WHA66.10, 2013) (4); a global monitoring framework and targets for the prevention and control on noncommunicable diseases (Document A66/8, 2013) (5); a report on advances in the development of terms of reference for a global coordination mechanism on the prevention and control of noncommunicable diseases, and the terms of reference for the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases; and a limited set of action plan indicators for the WHO Global Action Plan for the Prevention and Control of Non-communicable diseases 2013-2020 (Document A67/14 and addenda, 2014) (6) for consideration by the Member States. Also, the United Nations Economic and Social Council adopted Resolution E/RES/2013/12 (2013) on

establishment of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases (7).

3. At the regional level, the Member States adopted Resolution CSP28.R13 (2012) on the Strategy for the Prevention and Control of Noncommunicable Diseases (8) and Resolution CD52.R9 on the Plan of Action for the Prevention and Control of Noncommunicable Diseases 2013-2019 (9). The Regional Strategy and Plan of Action on NCDs are aligned with the Global Action Plan and are adapted to specific regional needs for advancement of the NCD agenda. The Political Declaration also requested a comprehensive review and assessment of the progress achieved in the prevention and control of noncommunicable diseases in 2014 (paragraph 65). The Review, officially titled the United Nations General Assembly High-level Meeting on the Progress Achieved in the Prevention and Control of Non-communicable Diseases (UNGA NCD Review 2014), was held in New York on 10-11 July 2014. As a result of the Review, the General Assembly adopted the Outcome Document (10). This informational report to the PAHO Directing Council summarizes the main results of the Outcome Document, as well as the regional considerations discussed during the regional events that took place in preparation for the High level Meeting.

Introduction

4. The UNGA NCD Review 2014 aimed to take stock of progress in implementing the commitments set forth in the Political Declaration and identify and address the gaps in fulfilling them (11). Previously, in 2013, the President of the United Nations General Assembly had appointed co-facilitators from Belgium and Jamaica to lead consultations with Member States on arrangements for the UNGA NCD Review 2014.

5. In preparation for the UNGA NCD Review 2014, the Pan American Sanitary Bureau (PASB) held a series of events to dialogue with government and civil society representatives on progress in the NCDs and to contribute to a well-informed and comprehensive discussion from our Region during the UNGA NCD Review. These events included:

- a) An online seminar to present the results of the 2013 Country Capacity Survey on NCDs (11 April 2014) to the health authorities. About 40 online participants from 17 countries plus the entire Department of Non Communicable Diseases and Mental Health (NMH) staff joined the webinar.
- b) Four virtual consultations with Member States, organized by subregion, to discuss their progress with NCD plans and programs and obtain input for the zero draft of the Outcome Document (28-30 May 2014). Twenty-five country delegations participated.
- c) A UNGA NCD Review 2014 questionnaire, administered online, to capture further details on the progress in the Region with NCD plans. Twenty-six Member States participated and responded to the questionnaire.

- d) A local civil society consultation in Washington D.C., with participation of more than 50 stakeholders from academia, NGOs, and local departments of health (13 June 2014).
- e) Internal sensitization and development of next steps during the PAHO Subregional Managers Meetings held in March and June 2014.
- f) National meetings led by PAHO/WHO Country Representatives and Country Advisers to prepare country delegations for the regional consultations and the UNGA NCD Review 2014.
- g) Informational briefings for the OAS Ambassadors to sensitize them regarding the importance of raising the topic of NCDs on the political agenda, including its linkage with the Post-2015 Development Agenda.

6. The results of the consultations and the online survey were summarized in a report that was shared with WHO to contribute to preparation of the draft Outcome Document. The report was also distributed to the Member States to serve as input for national and regional preparatory efforts towards the UNGA NCD Review 2014 (12).

7. The UNGA NCD Review 2014 was attended by representatives of approximately 62 Member States, including 12 Ministers of Health and 6 Vice Ministers of Health. It consisted of four plenary sessions and two round tables at which the delegates discussed progress made in implementing the commitments from the Political Declaration on NCDs, identified and addressed gaps, and reaffirmed their political commitment to NCDs. The plenaries were chaired by the President of the 68th session of the General Assembly, Ambassador John W. Ashe (Antigua and Barbuda). The round tables included interventions from government, civil society, and private sector representatives. They focused on exchanging experiences on strengthening national and regional capacities, including health systems, and effective multisectoral and whole-of-government responses and on strengthening national, regional, and international partnerships and cooperation. The UNGA NCD Review 2014 highlighted the significant progress made over the past three years at the global level. However, a significant number of developing countries noted that they were struggling to move from commitment to action, attributing the situation not to a lack of political will but to a lack of technical and financial resources.

8. PAHO led a side event to showcase a multisector response to NCDs. The event, co-sponsored by Argentina, Barbados, Brazil, and Canada, focused on salt reduction related to public-private sector partnerships. The event was attended by governments, civil society, and private sector representatives. Dr. Margaret Chan, Director-General of WHO and Dr. Carissa Etienne, Director of PAHO, led the panel presentations by providing remarks on the public health relevance of salt reduction as a key strategy for cardiovascular disease prevention. Government panelists reviewed their experiences with multisector partnerships in raising public awareness about salt consumption and instituting public health policy changes that reduce sodium content in foods, such as the reformulation of bread production. Dr. Chan noted that all these governments have a fruitful and productive relationship with the private sector around the common goal of

salt reduction, despite the fact that the World Health Assembly has not yet approved a WHO policy for collaboration with non-state actors.

Analysis

9. The Outcome Document has reaffirmed the short- and long-term political commitments from Member States and the United Nations system. The document, which was discussed at pre-negotiation meetings, has the overarching objective of establishing commitments from Member States that will be implemented before a third UNGA NCD Review takes place in 2018.

10. The document is divided into six sections (10):

- a) **Intensifying efforts.** This section reaffirms the commitment with the Political Declaration of 2011 and reiterates the burdens of the main NCDs and obesity and their link to the four common risk factors, their impact on development, and the increasing public health relevance of mental health conditions that contribute to the NCD burden.
- b) **Progress achieved since 2011.** The progress achieved by WHO in fulfilling its global commitments is summarized. These global commitments are: development of the Global Monitoring Framework on NCDs with a set of nine voluntary targets and 25 indicators; adoption of the Global Action Plan on NCDs 2013-2020; adoption of Terms of Reference for the Global Coordinating Mechanism on NCDs; and support for the establishment and development of Terms of Reference for the UN Interagency Task Force on NCDs. This section recognizes the uneven progress achieved at the national level, where, despite the political will, countries are still struggling to develop multisectoral plans with prioritized budgets, transform commitments into actions, and build capacity, among other efforts. It also recognizes that affordable environmental and occupational health risk reduction interventions can help to reduce the burden of NCDs.
- c) **Commitments and actions.** This section reaffirms the UN HLM commitments to advancing multisectoral cost-effective population-wide interventions and it outlines the set of WHO mandates that have been adopted to support the commitments. It also calls for effective legislation and health protection and identifies universal health coverage as a means of moving forward in an equitable and effective manner. Lastly, it identifies governments as the main drivers in responding to the NCD challenges but indicates that other sectors, including NGOs and the private sector in particular, share a responsibility in this task.
- d) **National commitments.** This section is one of the most important components of the Outcome Document, and it is the main complement to the Political Declaration, as it establishes the short-term goals that Member States have agreed upon and committed to advance at the national level in the next three years. These goals include, among others, setting national targets and monitoring progress taking into account WHO targets and indicators and developing or strengthening

national policies and plans by 2015. The countries are also requested to have a health-in-all-policies and whole-of-society approach with an equity and social determinants perspective. The Member States agreed to implement interventions and options for health-promoting environments and to strengthen their health systems with a people-centered approach, to be applied throughout the life course by 2016. Other elements include creating synergies with other programs and developing capacity to monitor progress towards the voluntary targets using the Global Monitoring Framework as guidance. The Member States were also requested to support and strengthen South-South and North-South, collaboration.

- e) **International commitments.** The main recommendations in this section call for the inclusion of NCDs in development of the Post-2015 Agenda, creation of a mechanism to register and publish contributions from the private sector, and establishment of a purpose code in the OECD System of Health Accounts, as it is difficult to track official development assistance with the current coding.
- f) **Follow-up.** This section establishes the need for reporting by the end of 2017 and a comprehensive review in 2018.

11. The meeting concluded with the adoption of the Outcome Document. Member States committed to addressing noncommunicable diseases as a matter of priority in national development plans. Additionally, they agreed that by 2015 they would consider setting national targets for 2025, and that by 2016 they would reduce risk factors and underlying social determinants for those diseases. Member States also agreed to strengthen and orient health systems to address prevention and control issues through people-centered primary health care and universal health coverage, among other agreements, by 2016.

Regional implications

12. The Outcome Document is in line with the general recommendations emanating from the regional consultations in preparation for the UNGA NCD Review 2014. It provides additional support for the PAHO Strategy and Plan of Action on NCDs 2013-2019, Category 2 of the PAHO Strategic Plan 2014-2019 (13), and related mandates adopted by the PAHO Member States.

13. The series of consultations and the online survey that PAHO organized to prepare the Member States for this event were fully aligned with the main topics of the UNGA high-level meeting. This preparation resulted in a very strong presence at the meeting, where Member States presented their national perspectives in the plenary and round table sessions. One of the main elements that was consistently mentioned during the consultations and the UNGA NCD Review itself was the consideration of equity and social determinants of health in the development of policies, plans, and interventions on NCDs, elements that are well represented in the document. Other issues that were discussed during the regional and global debates were the support of multisectoral work through clear roles that facilitate work among different sectors, including the public and private sectors, civil society, and NGOs, while protecting the public health interest and

minimizing real or perceived conflicts of interest. In this regard, the PAHO Pan American Forum for Action on NCDs will provide a mechanism for advancing multisectoral action in the Region, Other issues discussed included the strengthening of regulatory frameworks and their implementation in order to tackle NCD risk factors, including, among others, marketing to children, the use of tobacco, harmful use of alcohol, and processed food with high sugar, salt, and fat content, and the strengthening of capacity to measure national performance and the disease burden in order to improve monitoring, evaluation, and surveillance.

14. The need to utilize universal health coverage for increased access and improved quality of care was discussed during the round tables and is explicitly mentioned in the Outcome Document as well. The adoption of paragraph 23 of the Outcome Document serves as added impetus to implement actions within national health systems directed towards increasing coverage and quality of care for people with noncommunicable diseases throughout the lifecycle. With adoption of the Outcome Document and its paragraphs 30 to 32, the Member States committed to a series of short-term goals to be implemented mainly between 2014 and 2017. Although Member States did not explicitly discuss the timelines during the regional consultations, they agreed on the fact that the measures proposed are relatively urgent and that they must be advanced in the fight against NCDs. PASB reiterates its commitment to support Member States in addressing these short-term commitments as defined through the targets and indicators of the regional NCD Plan of Action, and it also recognizes that national commitment and action from the government and other sectors involved are necessary for achievement of these short-term goals.

15. Finally, the Member States recognized the need to strengthen the inclusion of NCDs in their development agendas, including their United Nations Development Assistance Frameworks (UNDAFs), where they are available. A preliminary analysis shows that only five of the UNDAFs in the Region currently include NCDs.

Action by the Directing Council

16. The Directing Council is requested to take note of this report and provide any comments it deems pertinent.

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