



World Health
Organization

WHO INDEPENDENT HIGH-LEVEL COMMISSION ON NONCOMMUNICABLE DISEASES

Final Report

“It’s time to walk the talk”

SUSTAINABLE
DEVELOPMENT
GOALS

The WHO Independent High-level Commission on NCDs came together as a diverse group of individuals from various backgrounds, experiences and continents. Discussions took place in an atmosphere of mutual respect, with each of the Commissioners recognizing that the world community as a whole, and each Commissioner, shares a stake in this subject, and that the world can and must do better. Even if the Commissioners did not agree on every detail of this report, the Commission reached broad consensus on most aspects. And most importantly, the Commission was unanimous on the need to act, and to act now.

Where Commissioners could not agree, the Co-Chairs correctly reflected this disagreement in the final report with a footnote. This report does, therefore, not represent an official position of the World Health Organization, the Commission, or Commissioners. It is a tool to explore the views of interested parties on the subject matter. References to international partners are suggestions only and do not constitute or imply any endorsement whatsoever of this report.



World Health Organization

It's time to walk the talk: WHO independent high-level commission on noncommunicable diseases final report
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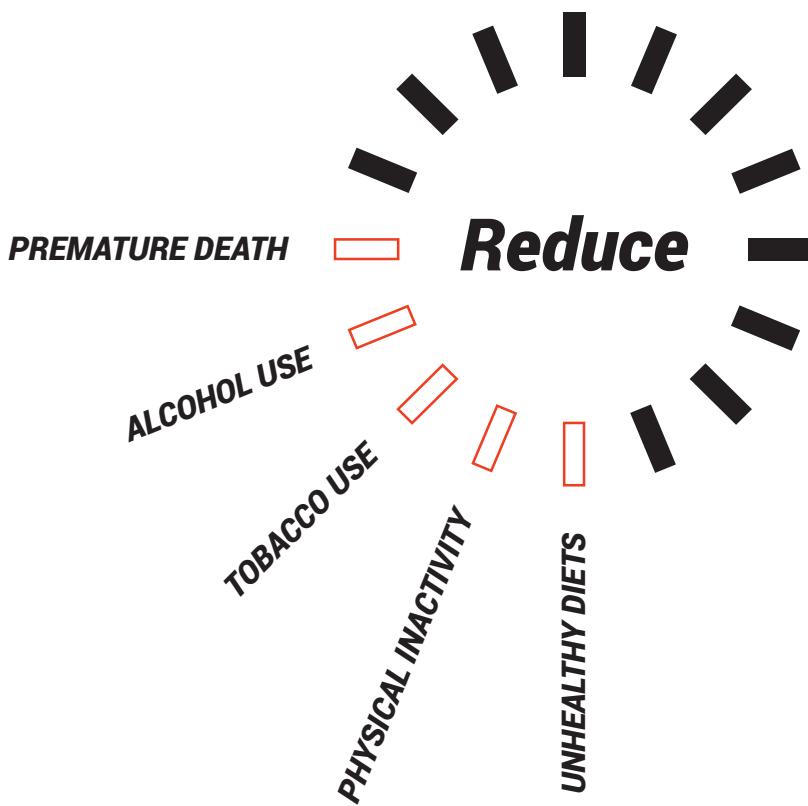
INTRODUCTION

In 2017, WHO Director-General Dr Tedros Adhanom Ghebreyesus announced the establishment of a WHO Independent High-level Commission on Noncommunicable Diseases (NCDs) as a high-level political tool to achieve the Sustainable Development Goals (SDGs) and targets by 2030. The Commission was charged with identifying innovative ways to curb the world's biggest causes of death and extend life expectancy for millions of people. In particular, it was designed to support political efforts to accelerate action on cardiovascular disease, cancers, diabetes and respiratory disease, to reduce suffering from mental health conditions, and to reduce the number of premature deaths from NCDs attributed to air pollution.

The Commission's first report, *Time to Deliver*, published in June 2018, identified seven challenges to implementation and comprised six major recommendations for Heads of State and Government, civil society, private sector, the public, and WHO.¹

Although many proven interventions for NCDs exist, many countries are lagging behind in implementing them. The Commission identified the following challenges to implementation:

- Lack of political will, commitment, capacity, and action.
- Lack of policies and plans for NCDs.
- Difficulty in priority-setting.
- Impact of economic, commercial, and market factors.
- Insufficient (domestic and international) financing to scale up national NCD responses.
- Lack of accountability.



To overcome these challenges, the Commission made the following recommendations:

- Start from the top: Strengthen political leadership and responsibility of Heads of State and Government, not Ministers of Health only, to oversee the process of creating ownership at national level of NCD and mental health.
- Prioritize and scale up: Identify and implement a specific set of priorities within the overall NCD and mental health agenda, based on public health needs.
- Embed and expand NCDs within health systems and universal health coverage (UHC): Reorient health systems to include health promotion and the prevention and control of mental health services in UHC policies and plans, in accordance to national contexts and needs.
- Collaborate and regulate: Increase effective regulation, appropriate engagement with civil society, communities, academia and the private sector, building on a whole-of-society approach to NCDs, and share experiences and challenges, including policy models that work.

¹ *Time to Deliver: report of the WHO Independent High-level Commission on Noncommunicable Diseases*. Geneva: World Health Organization; 2018. License: CC BY-NC-SA 3.0.IGO.

- Finance: Develop a new economic paradigm for funding action on NCDs and mental health.
- Act for accountability: Strengthen accountability to citizens for action on NCDs.

The report was instrumental to the success of the 2018 High-level Meeting on the Prevention and Control of NCDs and the adoption of the Political Declaration² by the United Nations General Assembly, in which Heads of State and Government reaffirmed their previous commitments of 2011 and 2014 but also committed to scale up efforts against NCDs and mental health conditions by providing strategic leadership.³

This second report represents the final phase of the Commission's work. Building on the recommendations in the *Time to Deliver* report and the commitments made in the 2018 Political Declaration on NCDs, the report describes a series of possible solutions that could help with the core work of WHO in promoting and monitoring global action against NCDs.

The Commission based its work on the common understanding reached at the United Nations General Assembly in 2018 that the level of progress and investment to date is insufficient to meet target 3.4 of the Sustainable Development Goals and that the world has yet to fulfil its promise of implementing, at all levels, measures to reduce the risk of premature death and disability from NCDs.⁴ The Commission remains concerned that NCDs still account for over 70% of all deaths in the age group 30-70.⁵ The Commission welcomes the recent commitment made by Heads of State and Government to further strengthen efforts to address NCDs as part of UHC.⁶

At this juncture, the Commission underscores that progress against NCDs and mental health conditions must be greatly accelerated if the 2030 Agenda is to succeed and if the essential promises to "leave no one

behind" and "reach the furthest behind first" are to be kept. Many countries still face significant challenges in the implementation of their commitments.

Examples include:

- In just over half of countries, commitments to establish a national multisectoral mechanism,⁷ national multi-stakeholder dialogue mechanisms,⁸ and a transparent national accountability mechanism⁹ have not been fulfilled and have yet to implement health-in-all-policies and whole-of-government and whole-of-society approaches.
- In 3/4 of countries, commitments to implement policy, legislative, and regulatory measures aimed at minimizing the impact of the main risk factors¹⁰ have not yet been fulfilled¹¹.
- Although Governments must take the lead in creating health-protecting environments through robust laws, where and when necessary based on the "health is a priority" principle,¹² the majority of countries have not fulfilled their commitment to complement policy, legislative, and regulatory measures by strengthening health literacy through education, nor have they implemented population-wide and targeted social-media campaigns that provide information to the public about risk factors for NCDs,¹³ which would enable people to have greater knowledge to be able to make informed health decisions and improve health-conducive behaviours and promote healthy lifestyles.¹⁴
- Few countries have included NCDs and mental health conditions in their UHC benefits packages.
- Funding for NCDs and mental health conditions lags far behind what is required.

² United Nations General Assembly. Resolution adopted by the General Assembly on 10 October 2018. Political declaration of the third high-level meeting of the General Assembly on the prevention and control of NCDs. Resolution A/RES/73/2.

³ In accordance with paragraph 17 of A/RES/72/2.

⁴ In accordance with paragraph 4 of A/RES /73/2.

⁵ In accordance with paragraph 12.c of the 2019 UNGA Political Declaration on UHC.

⁶ In accordance with paragraph 33 of the 2019 UNGA Political Declaration on UHC.

⁷ In accordance with paragraph 30(a)(vi) of A/RES/68/300.

⁸ In accordance with paragraph 25 of A/RES/72/2.

⁹ In accordance with paragraph 45 of A/RES/73/2.

¹⁰ In accordance with paragraph 21 of A/RES/72/3.

¹¹ See WHO NCD Progress Monitor (2017) available at <https://www.who.int/nmh/publications/ncd-progress-monitor-2017/en>

¹² In accordance with recommendation 4.A of the first report of the Commission.

¹³ In accordance with paragraph 34 of A/RES/72/3.

¹⁴ In accordance with paragraph 27 of the 2019 UNGA Political Declaration on UHC.

- Limited progress has been made in securing effective and meaningful commitments, contributions, and actions from the private sector towards the attainment of SDG target 3.4, and although an increased number of private sector entities have started to, for example, produce food products consistent with a healthy diet, such products are not always broadly affordable, accessible or available in all communities and within all countries.¹⁵
- The impact of economic, market and commercial factors, in particular, interference by the tobacco industry, impedes a number of governments in implementing the WHO best buys and other recommended interventions for the prevention and control of NCDs.¹⁶
- Commitments from all non-State actors toward SDG target 3.4 are not being properly or transparently measured, tracked, evaluated, and made publicly available.

In its meeting on 28 August 2018, Commission members attending had decided on 11 focus areas for the analytical work in the second phase of the Commission. However, the WHO Director-General suggested to establish three working groups through which the Commission could deliver its work in these focus areas. The scope of the working groups were not meant to be exhaustive or prescriptive. Since the report was ultimately meant to be for the WHO Director-General, the Co-Chairs from Member States emphasized on the need to be responsive to this request. Hence, the Commission established three working groups to answer the following questions:

- Working group 1: How can WHO support countries to increase health literacy about NCDs and mental health conditions and their risk factors and promote multi-sectoral and multi-stakeholder mechanisms to accelerate national efforts towards SDG target 3.4.

- Working group 2: How can WHO support countries in making the global push in 2019 to include NCDs and mental health conditions in Universal Health Coverage benefit packages in support of national efforts towards SDG target 3.4.
- Working group 3: How can WHO strengthen its capacity to engage more effectively and meaningfully with the private sector to promote their commitments, contributions, and actions to support national NCD responses.

The recommendations below have been formulated from the background documents and discussions of the three working groups, and through deliberation and debate by the entire Commission. Consensus was sought on each recommendation. However, where consensus could not be reached, dissent is noted.

For each recommendation, context has been provided. A fuller elaboration of the background, evidence, and support for the recommendations, including case studies and detailed guidance, is available in the reports of the three working groups.

The recommendations in this report of the Commission to the WHO Director-General build on primary role and responsibility of Governments in responding to the challenge of NCDs and the essential need for the efforts and engagement of all sectors of society to generate effective responses for the prevention and control of NCDs.¹⁷ Importantly, this includes the commitment made in 2018 by governments to promote meaningful civil society engagement¹⁸ to work towards common results and indicators.

The recommendations in this report also underpin WHO's ongoing efforts to promote, taking into account different country contexts, the implementation of the "WHO Best Buys and other recommendations for the prevention and control of NCDs"¹⁹ endorsed by the World Health Assembly in 2017.²⁰

The Commission recognizes that many emerging issues not covered by this report may be equally important for the prevention and control of NCDs and mental health

¹⁵ In accordance with paragraph 26 of A/RES/68/300.

¹⁶ In accordance with table 5 of report A71/14 from WHO DG to WHA71.

¹⁷ In accordance with paragraph 3 of A/RES/66/2

¹⁸ In accordance with paragraph 42 of A/RES/73/2

¹⁹ Available at <https://www.who.int/ncds/management/best-buys/en/>

²⁰ Resolution WHA70.11. The Government of the USA could not endorse the set of interventions and dissociated itself from the endorsement. While the Government of the USA strongly supported many of the proposed interventions, it believed that the evidence underlying certain interventions was not yet sufficient to justify their inclusion.

conditions, including digital technologies, artificial intelligence and machine learning, challenges in integrating often disparate NCD and mental health programmes with broader health system planning, the promotion of healthy communities by addressing the impact of environmental determinants on NCDs,²¹ including air pollution, climate change, and chemicals, and addressing the particular needs and vulnerabilities of migrants, refugees, and internally displaced persons and indigenous peoples.²² The comprehensive actions against the harm from NCDs must evolve to take into account these and other factors.

The Commission also discussed the limits of WHO's work on the prevention and control of NCDs. Although the budget space for WHO's work on the prevention and control for NCDs – comprising global public health goods, country support, and leadership - will increase from US\$179 million in 2018-2019 to US\$190 million in 2020-2021 (i.e. an increase of 11%), some Commissioners felt that WHO should step up more tailored action aimed at supporting countries to strengthen their national responses during the next three years to place them on a sustainable path by 2022 to reach SDG target 3.4 by 2030. Many countries in need of such support do not receive it. Consistent with the vision of the 2030 Agenda for Sustainable Development and in keeping with the commitments made on the prevention and control in three Political Declarations, some Commissioners called for an additional recommendation about the need for WHO to prioritize NCDs in its own scope of work.



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