



World Health  
Organization

---

# TIME TO DELIVER

Report of the WHO Independent High-Level  
Commission on Noncommunicable Diseases

---



**World Health  
Organization**

**TIME TO DELIVER**

report of the WHO Independent High-level Commission on  
Noncommunicable Diseases

ISBN 978-92-4-151416-3

**© WORLD HEALTH ORGANIZATION 2018**

Some rights reserved. This work is available under  
the Creative Commons Attribution-NonCommercial-  
ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; [https://  
creativecommons.org/licenses/by-nc-sa/3.0/igo](https://creativecommons.org/licenses/by-nc-sa/3.0/igo)).

Under the terms of this licence, you may copy, redistribute  
and adapt the work for non-commercial purposes, provided  
the work is appropriately cited, as indicated below. In  
any use of this work, there should be no suggestion that  
WHO endorses any specific organization, products or  
services. The use of the WHO logo is not permitted. If you  
adapt the work, then you must license your work under  
the same or equivalent Creative Commons licence. If  
you create a translation of this work, you should add the  
following disclaimer along with the suggested citation:  
"This translation was not created by the World Health  
Organization (WHO). WHO is not responsible for the  
content or accuracy of this translation. The original English  
edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence  
shall be conducted in accordance with the mediation rules  
of the World Intellectual Property Organization.

**SUGGESTED CITATION**

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

**CATALOGUING-IN-PUBLICATION (CIP) DATA**

CIP data are available at <http://apps.who.int/iris>.

**SALES, RIGHTS AND LICENSING**

To purchase WHO publications, see [http://apps.who.int/  
bookorders](http://apps.who.int/bookorders). To submit requests for commercial use and  
queries on rights and licensing, see [http://www.who.int/  
about/licensing](http://www.who.int/about/licensing).

**THIRD-PARTY MATERIALS**

If you wish to reuse material from this work that is  
attributed to a third party, such as tables, figures or images,  
it is your responsibility to determine whether permission



is needed for that reuse and to obtain permission from  
the copyright holder. The risk of claims resulting from  
infringement of any third-party-owned component in the  
work rests solely with the user.

**GENERAL DISCLAIMERS**

The designations employed and the presentation of the  
material in this publication do not imply the expression of  
any opinion whatsoever on the part of WHO concerning the  
legal status of any country, territory, city or area or of its  
authorities, or concerning the delimitation of its frontiers  
or boundaries. Dotted and dashed lines on maps represent  
approximate border lines for which there may not yet be  
full agreement.

The mention of specific companies or of certain  
manufacturers' products does not imply that they are  
endorsed or recommended by WHO in preference to others  
of a similar nature that are not mentioned. Errors and  
omissions excepted, the names of proprietary products are  
distinguished by initial capital letters.

All reasonable precautions have been taken by WHO  
to verify the information contained in this publication.  
However, the published material is being distributed  
without warranty of any kind, either expressed or implied.  
The responsibility for the interpretation and use of the  
material lies with the reader. In no event shall WHO be  
liable for damages arising from its use.

This publication contains the collective views of the  
members of the WHO Independent High Level Commission  
on Noncommunicable Diseases, and does not necessarily  
represent the decisions or the policies of WHO.

**PHOTO CREDENTIALS**

WHO. Page 4: Children walk to school In the rural area  
of Mandu, Madhya Pradesh, India. © 2009 Chetan Soni,  
Courtesy of Photoshare

**DESIGN AND LAYOUT**

FFW

Printed in Switzerland.

# TABLE OF CONTENTS

---

**04**

**Message from the  
Co-Chairs**

**07**

**Burden and impact of NCDs  
and mental disorders**

**09**

**Policies and programmes that  
have best driven progress**

**10**

**Global commitments to  
prevent and treat NCDs**

**12**

**Challenges to  
implementation**

**13**

**Rationale for the  
recommendations**

**15**

**Recommendations**

**31**

**Annexes**

---

# MESSAGE FROM THE CO-CHAIRS

Geneva, 1 June 2018

The 2030 Agenda for Sustainable Development, with its pledge to leave no one behind, is our boldest agenda for humanity. It will require equally bold actions from Heads of State and Government. They must deliver on their time-bound promise to reduce, by one-third, premature mortality from noncommunicable diseases (NCDs) through prevention and treatment and promote mental health and well-being.

Because many policy commitments are not being implemented, countries are not on track to achieve this target. Country actions against NCDs are uneven at best. National investments remain woefully small and not enough funds are being mobilized internationally. There is still a sense of business-as-usual rather than the urgency that is required. Plenty of policies have been drafted, but structures and resources to implement them are scarce.

The challenge is not only to gain political support, but also to guarantee implementation, whether through legislation, norms and standards setting, or investment. We need to keep arguing for NCDs and mental health to have greater priority, but countries must also take responsibility for delivery on agreed outputs and outcomes, as stated in endorsed documents. There is no excuse for inaction, as we have evidence-based solutions.

The WHO Independent High-level Commission on NCDs was convened by the WHO Director-General to advise him on bold recommendations on how countries can accelerate progress towards SDG target 3.4 on the prevention and treatment NCDs and the promotion of mental health and well-being.

On behalf of all the Commissioners, we would like to express our thanks to the many representatives from Member States, nongovernmental organizations, private sector entities, business associations, United Nations agencies, academia, and other experts who have provided ideas and advice to us over the course of the last few months.

The Commissioners have carefully considered all inputs received, including those from a Technical Consultation held in March 2018 and an open web consultation in May.

The recommendations are given independently by the Commission for the consideration of the WHO Director-General, Heads of State and Government, and other stakeholders. This report is not intended to be an exhaustive list of possible policy options and interventions.

The Commissioners represented rich and diverse views and perspectives. There was broad agreement in most areas, but some views were conflicting and could not be resolved. As such, some recommendations, such as reducing sugar consumption through effective taxation on sugar-sweetened beverages and the accountability of the private sector, could not be reflected in this report, despite broad support from many Commissioners.

Nevertheless, as the first phase of the Commission's work, we are delighted to be able to present to the Director-General a set of recommendations that we believe will help accelerate action against NCDs.

---

***There is no excuse for inaction, as we have evidence-based solutions***

---

**Sauli Niinistö**  
President  
Finland

**Maithripala Sirisena**  
President  
Sri Lanka

**Tabaré Vázquez**  
President  
Uruguay

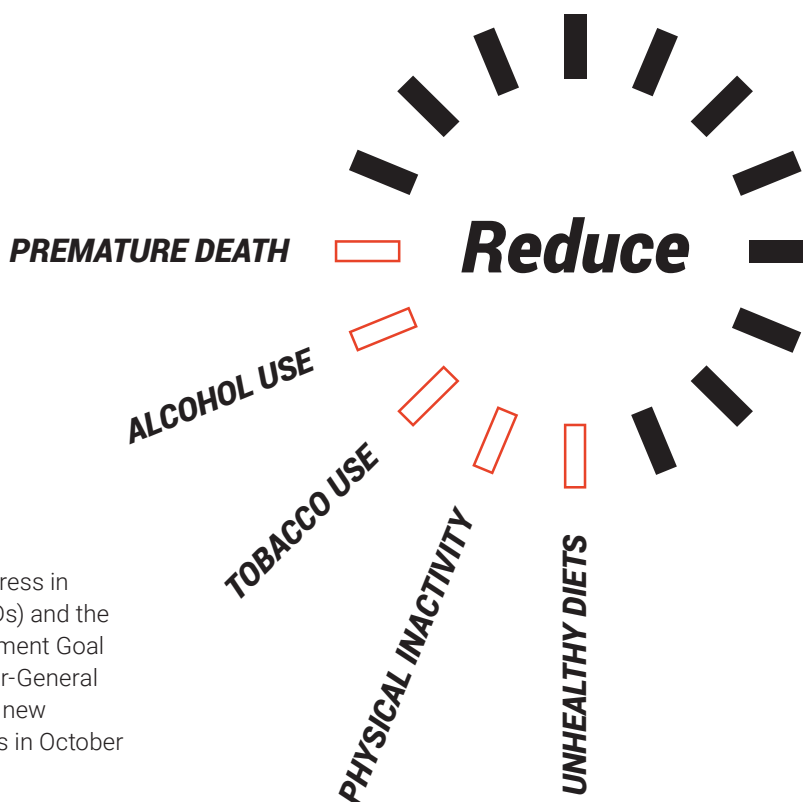
**Veronika Skvortsova**  
Minister of Healthcare  
Russian Federation

**Sania Nishtar**  
Former Federal Minister,  
Government of Pakistan,  
Founding President,  
Heartfile



**THE CHALLENGE IS NOT ONLY TO GAIN POLITICAL SUPPORT, BUT ALSO TO GUARANTEE IMPLEMENTATION, WHETHER THROUGH LEGISLATION, NORMS AND STANDARDS SETTING, OR INVESTMENT.**

# INTRODUCTION



Recognizing the lack of adequate global progress in combating noncommunicable diseases (NCDs) and the very real possibility that Sustainable Development Goal (SDG) target 3.4 will not be met, WHO Director-General Tedros Adhanom Ghebreyesus established a new Independent High-level Commission on NCDs in October 2017.

Five Co-chairs were appointed to lead the Commission and 21 eminent persons to serve as Commissioners, drawn from all WHO regions, and with experience and expertise from across government sectors, organizations of the UN system, NGOs, the private sector, philanthropy, and academia (Annex 1).

Dr Tedros asked the Commission to identify bold recommendations to enable countries to curb the world's leading causes of death, and so extend life expectancy for millions of people. He asked for recommendations on how to intensify political action to prevent premature death from cardiovascular diseases (stroke and heart attacks), cancers, diabetes and respiratory disease, to reduce tobacco use, harmful use of alcohol, unhealthy diets, and physical inactivity, and promote mental health and well-being.

Terms of reference for the Commission were published in October 2017.<sup>1</sup> Note that although the focus is on meeting SDG target 3.4 (reducing premature mortality from NCDs), the Commission also took into account the enormous incidence of and untold suffering caused by NCDs and mental health across the lifespan, especially the impact on children and young people.

The Commission held two meetings by teleconference and one face-to-face. In addition, at the request of the Commission, a technical consultation was convened to develop innovative recommendations for the

Commission's consideration. The consultation was charged with providing an analysis of new, bold ideas and innovative recommendations, aimed at the highest levels of government. None of the resulting recommendations provided were binding on the Commission. They were provided solely for the Commission's consideration in formulating its recommendations. A report of the technical consultation was provided to the Commission and posted on the WHO website.<sup>2</sup>

**The recommendations in this report are intended for Heads of State and Government and policy-makers across government sectors, as well as other stakeholders, and as input towards the third High-level Meeting of the UN General Assembly on NCDs.**<sup>3,4</sup>

<sup>1</sup> <http://www.who.int/ncds/governance/high-level-commission/NCDs-High-level-Commission-TORs.pdf?ua=1>.

<sup>2</sup> [http://www.who.int/ncds/governance/high-level-commission/HLC\\_Final\\_report\\_of\\_the\\_Technical\\_Consultation\\_21-22\\_March\\_2018-CORR1.pdf](http://www.who.int/ncds/governance/high-level-commission/HLC_Final_report_of_the_Technical_Consultation_21-22_March_2018-CORR1.pdf).

<sup>3</sup> In accordance with paragraph 5b of the terms of reference of the Commission available at <http://www.who.int/ncds/governance/high-level-commission/NCDs-High-level-Commission-TORs.pdf?ua=1>.

<sup>4</sup> <http://www.who.int/ncds/governance/third-un-meeting/en/>.

# BURDEN AND IMPACT OF NCDs AND MENTAL DISORDERS

NCDs and mental disorders currently pose one of the biggest threats to health and development globally, particularly in the developing world. Failure to implement proven interventions is rapidly increasing health care costs, and continued lack of investment in action against NCDs will have enormous health, economic, and societal consequences in all countries. WHO's global business case for NCDs showed that low- and lower-middle-income countries put in place the most cost-effective interventions for NCDs, by 2030, they will see a return of **\$ 7 per person for every one dollar invested**.<sup>5</sup> Additional evidence has shown that treatment for depression is also a good investment, yielding **USD \$ 5 for every one dollar invested**.

Billions of people around the world are affected by NCDs, and at all stages of the life course, from childhood to old age. The growing trend of population ageing has enormous ramifications for the prevention and management of NCDs. Further, many people will die prematurely as a result of four NCDs—cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes. These four diseases are largely preventable through public policies that tackle four main risk factors: tobacco use, harmful use of alcohol, unhealthy diets, and physical inactivity.

NCDs and risk factors are affected by poverty and social determinants of health. The risk of dying prematurely from a noncommunicable disease in a low or lower-middle-income country is almost double that in high-income countries. In 2011, world leaders noted with grave concern the vicious cycle whereby NCDs and their risk factors worsen poverty, while poverty, isolation, marginalization, and discrimination contribute to rising rates of NCDs, posing a threat to public health and economic and social development.<sup>6</sup> The recently published Lancet Taskforce on NCDs and Economics shows a strong connection between economic growth and controlling NCDs. Poverty contributes to the negative impact of NCDs.<sup>7</sup>

There are many other conditions of public health importance that are closely associated with the four major NCDs. They include other NCDs, such as renal, endocrine,

neurological, haematological, gastroenterological, hepatic, musculoskeletal, skin and oral diseases and genetic disorders; mental and substance use disorders; disabilities, including blindness and deafness; and violence and injuries. NCDs and their risk factors also have strategic links to health systems and universal health coverage (UHC), environmental, occupational and social determinants of health, communicable diseases, maternal, child and adolescent health, reproductive health, ageing, and palliative care. Multi-morbidity is a key challenge.

Obesity, including in children, is increasing in all countries, with the most rapid rises occurring in low- and middle-income countries. Obesity is associated with premature

---

**Billions of people around the world are affected by NCDs, and at all stages of the life course, from childhood to old age. The growing trend of population ageing has enormous ramifications for the prevention and management of NCDs.**

---

<sup>5</sup> "Saving lives, spending less: A strategic response to noncommunicable diseases". <http://apps.who.int/iris/bitstream/handle/10665/272534/WHO-NMH-NVI-18.8-eng.pdf?ua=1>.

<sup>6</sup> Paragraph 22 of A/RES/66/2 available at [http://www.who.int/nmh/events/un\\_ncd\\_summit2011/political\\_declaration\\_en.pdf?ua=1](http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf?ua=1)

<sup>7</sup> The papers are available at: <http://www.thelancet.com/series/Taskforce-NCDs-and-economics>



onset of diabetes or heart disease, increased risk of NCDs, and has the potential to negate many of the health benefits that have contributed to increased life expectancy. Governments need to accept primary responsibility for taking action, along with other actors, to create an enabling environment and to promote equitable coverage of interventions to reduce unhealthy diets (high in sugars, fats, and sodium) and physical inactivity to all age groups, including integration within UHC. Childhood obesity, which is a particularly serious and growing problem, must be reduced, and social and economic determinants of obesity need to be tackled.

leading cause of death in young people. **Dementia is among the top 10 global causes of death.** People with severe mental disorders have a reduced life expectancy of 10 to 20 years, largely owing to untreated NCDs.

Although the number of premature deaths has risen in the years 2000 to 2015, the probability of dying from any one of the four major NCDs is declining. This is mainly a result of two factors: a growing population aged 30 to 70 years, and falling mortality in only two categories, cardiovascular and chronic respiratory diseases. However, the global rate of decline, 17% between 2000 and 2015, is still not enough to meet the target of a one-third reduction in premature

预览已结束，完整报告链接和二维码如下：

[https://www.yunbaogao.cn/report/index/report?reportId=5\\_25535](https://www.yunbaogao.cn/report/index/report?reportId=5_25535)

