Report of the Technical Consultation

21-22 March 2018
Geneva, Switzerland
**CONTEXT**

At the High-level Meeting of the UN General Assembly on the Prevention and Control of Non-communicable diseases (NCDs) in 2011\(^1\) and 2014\(^2\), multiple commitments were made by countries, and calls were made upon multilateral and donor agencies to support national efforts. Subsequently, WHO Member States agreed at the World Health Assembly to a 25% reduction in premature NCD mortality by 2025 (“25x25”) and then adopted a set of risk factor and health system response targets which, if achieved, would ensure achievement of the 25x25 mortality target. In 2015, the UN General Assembly committed to the 2030 Agenda for Sustainable Development, which includes a specific NCD target within the health Sustainable Development Goal 3, i.e. one-third reduction of premature NCD mortality by 2030 through prevention and treatment and promote mental health and wellbeing (SDG 3.4).

These targets will not be met unless action is accelerated. Business as usual is insufficient and urgent. Actions are required now by all countries and all international organizations, especially UN agencies. Progress will be accelerated by:

- being more bold and clear about the magnitude of premature mortality caused by NCDs (15 million lives\(^3\)) and the global economic cost (possibly US$ 7 trillion in low- and middle-income countries over 15 years\(^4\));

- re-framing the NCD challenge (including re-thinking the “4x4\(^5\)” approach), reflecting a life-course approach for the prevention and control of NCDs, including a compelling vision with increased attention to mental health;

- an agreed set of principles and values to guide national and international responses;

- reducing the complexity and multiplicity of the commitments made by countries and international organizations by prioritizing action;

- increasing the resources available (personnel and financial), especially for low-income countries;

- building capacity to engage constructively and negotiate with the private sector, including Public-Private Partnerships (PPPs), to encourage their contribution to effective implementation of government-determined and government-led NCD policies and interventions, including by encouraging the private sector to provide sustainable financing and share knowledge, expertise, and technology;

---

\(^1\) See [http://www.who.int/nmh/events/un_ncd_summit2011/en/](http://www.who.int/nmh/events/un_ncd_summit2011/en/)


\(^5\) WHO indicates that four types of NCDs – cardiovascular diseases, cancers, chronic respiratory diseases and diabetes – make the largest contribution to mortality in the majority of low- and middle-income countries and require concerted, coordinated action. These diseases are largely preventable by means of effective interventions that tackle shared risk factors, namely: tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol. In addition, improved disease management can reduce morbidity, disability, and death and contribute to better health outcomes. See paragraph 4 of [http://apps.who.int/gb/archive/pdf_files/A61/A61_8-en.pdf](http://apps.who.int/gb/archive/pdf_files/A61/A61_8-en.pdf)
• establishing a robust and independent accountability mechanism.

Progress will be supported by public engagement and the kind of impassioned mobilization of affected populations that, alongside bold investments, have fueled other global health movements.

On 27 September 2017, the United Nations General Assembly will convene the third High-level Meeting on the Prevention and Control of NCDs ("HLM3"), which will undertake a comprehensive review of the global and national progress achieved in putting measures in place that protect people from dying too young from heart and lung diseases, cancers, diabetes and other NCDs, including mental health conditions.

In October 2017, the WHO Director-General established an Independent High-level Commission on NCDs to advise him on bold as well as practical recommendations on how to harness new opportunities to accelerate progress towards the SDG target 3.4 on NCDs and mental health.

To support the work of the Commission, WHO organized a Technical Consultation of a range of experts to identify a set of bold and innovative recommendations for consideration by the Commission.

The Technical Consultation was held at WHO Headquarters (Geneva) from 21-22 of March 2018. The agenda (Annex 1) and list of participants (Annex 2) are enclosed. Prior to the consultations, participants were asked to submit recommendations for bold and innovative actions. The full list of suggested recommendations has been posted on WHO’s website is available to the Commission.

This report proposes a set of bold but practical recommendations to ensure that NCD targets are met, set within a framework to illustrate the interlinkages between recommendations. The recommendations build on the commitments made by Heads of State and Government at the UN General Assembly in 2011, 2014 and 2015.

These recommendations include more detailed descriptions of approaches, timeframes, and areas of focus, but for purposes of clarity and brevity, only the broad headings are provided. Further detail can be provided and developed by the experts who attended the Technical Consultation.

Some overall principles and potentials were highlighted:

• Give priority to interventions which will accelerate progress towards the agreed 2025 and 2030 targets. Assess all recommendations against the potential impact on the agreed targets;

---

6 See http://www.who.int/ncds/governance/third-un-meeting/en/
7 See http://www.who.int/ncds/governance/high-level-commission/en/
9 Which also include acknowledgement of the WHO Framework Convention on Tobacco Control, the WHO Global Strategy on the Prevention and Control of NCDs, the WHO Global Strategy to Reduce the Harmful Use of Alcohol, the WHO Recommendations on the Marketing of Foods and Non-Alcoholic Beverages to Children, the WHO Global NCD Action Plans, etc. See paragraph 8 of http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf?ua=1
- Prioritize the scaling up of actions which impact issues of immediate importance and are most effective and then expand as experience is gained and resources become available. Countries have agreed to a large number of commitments, yet most can act only on a few areas at one time;

- Focus on the needs of the most vulnerable populations, including children and youth, considered through a human rights and equity lens, with a commitment to address social and economic determinants that make the poor more vulnerable to NCDs and mental health conditions;

- Adopt a whole-of-society approach to implement national NCD strategies based on policy packages, ensuring coordination beyond the health sector;

- Leverage the co-benefits of action to curb NCDs and promote mental health with the climate change agenda, as well as the broader 2030 Agenda;

- Encourage a more activist and grassroots civil society movement to accelerate political action and hold actors accountable for meeting global targets.

**FRAMEWORK**

A framework was developed to show how the recommendations are inter-linked and to distinguish between country-level interventions and global supporting structures (innovation and scale, financing and accountability). Country-level interventions which are recommended are divided into cross-cutting actions (systemic approaches to promotion and prevention and health systems for NCDs and mental health conditions) which are of benefit to all NCDs and mental health, and country-specific priority actions on specific risk factors or disorders which synergistically benefit from the cross-cutting actions, but can also be implemented as stand-alone programmes.

The framework describes a system for how to support individual countries in choosing, implementing, and financing the *best means* for that country to achieve those 25x25 and SDG *goals* to address NCDs. That system would operate and provide support to those countries pursuant to the principles of equity, empowerment, and effective advocacy and under the guidance of global and national councils that would include individuals living with NCDs. The implementation and outcomes of those *means* would be monitored to ensure that they accord with those principles and are achieving the ultimate goals on NCDs.

The framework also highlights the principles of empowerment, advocacy, equity taking in cognizance the peculiar needs at each stage of the life course from infancy to old age, which cut across all recommendations.

The group discussed a wide range of potential recommendations that the Commission could potentially take on. As guiding principle, the group has tried to ensure that the recommendations below are actionable prioritizing new over already agreed ones. That said, there was strong support for reinforcing commitments that have already been approved and adopted. The proposals below follow the dimensions of the framework above.
BOLD AND INNOVATIVE RECOMMENDATIONS

Societal approaches to promotion and prevention

1) Explore the potential for new Framework Convention(s) (in particular Childhood Obesity, Alcohol, Health-harming Industries) following the encouraging experience of the WHO FCTC;

2) Invest further in the understanding of how policies and legislation can more effectively contribute to reducing risks and increase equity through the wider use of the priority “best buys” with most impact on health outcomes;

3) Leverage local governments and cities to create health-enabling environments and healthy societies and drive cross-government action on social determinants of NCDs and the behaviours that predispose to NCDs;

4) Promote systematic use of Health Impact Assessments, including impact on equity, and mechanisms to take the results of these impact assessment into account in decision-making and implementation;
5) Establish a “Global Food Contract” to engage public and private sector stakeholders to shape health-promoting economies and business models focusing on enhancing sustainable food systems, ensuring food security, shaping healthy markets and reducing access to unhealthy food and drinks;

6) Use fiscal incentives to promote healthier behaviors in individuals, communities and workplaces, in alignment with the Bloomberg Philanthropies’ Task Force on Fiscal Policy for Health;

7) Promote wider adoption of national “End Game” strategies for tobacco, building on the experience of initiatives by some countries, or call for global end game of tobacco by 2030;

Health systems for NCDs

8) Invest in promotion, prevention and management of all NCDs and mental health conditions, particularly in areas where “wins” can be achieved fairly quickly (e.g. encouragement of fixed dose combination pills for people at high risk of NCDs, elimination of cervical cancer, co-morbidity with HIV and TB, early detection and treatment of depression, childhood cancer, rheumatic heart disease, reduction of salt, elimination of trans-fat/reformulation of products) and share experience based on a “do-learn-do” approach;

9) Promote and scale up the “Integrated Care Model for NCDs”, including for mental health conditions, through primary health care and UHC, ensuring geographical and fiscal access;

10) Recognize the importance of strengthening health systems, particularly training and retention of skilled health workers, including nurses;

11) Establish a “Global Marketplace for NCD Medicines, Diagnostics, and Related Equipment and Technologies” including ICTs, to facilitate open competition, access and transparency, including the potential for pooled procurement and other cost-reducing measures that enable the greater availability and affordability of appropriate supplies, and increase value-for-money from health expenditures;

12) Support digitization of healthcare and encourage the implementation of national digital health strategies and plans, as key enabler to help realize the proposed actions within the framework

13) Integrate addressing NCDs and mental health conditions in humanitarian crisis settings, using WHO normative functions and platforms;

Implementation science and research

14) Ensure that implementation science is effectively and urgently embedded in new programmes, and that the learning from this is fed into the implementation of new programs;
Innovation marketplace

15) Establish an innovation marketplace for addressing NCDs and mental health conditions using evidence on best buys and impacts of scaling up interventions in specific contexts to guide decision making, and broker investment in specific actions from the available or new financing mechanisms;

Multiple financing mechanisms

16) Maximize the use of taxation of tobacco use, alcohol beverages, as well as sugar-sweetened beverages, as contributors to risk reduction and provide guidance to countries on how to best design a package of such taxes;

17) Increase catalytic, time-bound Official Development Assistance (ODA) for addressing NCDs and mental health conditions, while continuing the effort to unlock domestic financing and as transitory measure moving towards UHC;

18) Establish global financing and resourcing arrangements, such as including NCDs and mental health in social health insurance and in UHC, as well as in-kind contributions, such as technical support;

19) Leverage different forms of insurance:
   a) Contracting with insurers to create efficiencies through linking premiums to risk factors;
   b) Use community microfinancing, micro-entrepreneurship, and micro-insurance in community settings;

20) Use existing resources more efficiently (prevention, methods that work, treat people who need it, transparency, using financial incentives) and link to accountability mechanisms to ensure that there is transparency and metrics for reporting on resource efficiency alongside other established indicators and targets;

Empowerment, Partnerships and Advocacy

21) Establish a “Global Council for People Living with NCDs and Mental Health Conditions”, governed by PLWNCDs, to raise the priority given to these areas in national and global agendas;

22) Mobilize youth and communities: Leverage digital tools and social media to stimulate positive health actions and sustained pro-health norms, including a “Global Fellowship for Our Future” to train and equip next generation leaders (1000 rising professionals from low- and middle-income countries in 100 universities) to implement solutions at country level;

23) Build national capacity to analyze rationale, principles, benefits and risks of engaging with the private sector for the advancement and promotion of national NCD and mental health responses as well as dealing with potential policy incoherence;

24) Explore the possibility of appointing a “WHO Industry Ambassador”

25) Promote ethical codes of conduct and strengthen the management of conflict of interest while acknowledging the need for partnerships based on alignment of interest;
Equity in all actions

26) Commit to reducing social and economic determinants of NCDs and mental health conditions, such as poverty and inequity through time-bound common targets;

27) Ensure the all actions promote equity by designing and financing to promote equity, and by holding programmes accountable for this;

Accountability

28) Establish an independent mechanism for analysis and review of progress or lack thereof based on public reporting and existing reporting systems at set intervals on areas for accelerated action.

Annex

a) Agenda (Annex 1)
b) List of participants (Annex 2)
c) Collated list of recommendations received from the participants: Please see http://www.who.int/ncds/governance/high-level-commission/technical-consultation-march-2018/en/
Wednesday, 21 March 2018

09:00 - 09:30 Opening of the consultation, welcome, and introductions
   – Co-Chair of the WHO Independent High-level Commission
   – WHO Deputy Director-General for Programmes

09:30 - 09:45 Getting to the third High-level Meeting of the UN General Assembly on NCDs in 2018
   – WHO Assistant Director-General for NCDs and Mental Health

09:45 - 10:15 Election of Moderator and Four Co-Chairs

10:15 - 10:30 Mobility break

10:30 - 12:30 Session 1: Innovation
What innovative recommendations should the Commission make in the areas of governance, prevention and treatment of NCDs?

12:30 - 13:30 Lunch

13:30 - 15:00 Innovation (continued)

15:00 - 15:30 Mobility break

15:30 - 17:30 Session 2: Financing
What innovative recommendations should the Commission make to increase domestic and international financing for tackling NCDs?

18:00 - 20:00 Reception
(Winter Garden, Floor SS1)
Thursday, 22 March 2018

09:00-10:15  **Session 3: Accountability**
What innovative recommendations should the Commission make to improve accountability for results?

10:15-10:30  Mobility break

10:30-12:30  **Session 4: Other topics**
What other innovative recommendations should the Commission make that were not covered in the previous discussions?

12:30-13:30  Lunch

13:30-14:30  **Session 5: Draft recommendations**
Based on the previous discussions, develop a menu of recommendations to be forwarded to the Commission for their consideration

14:30-15:00  Mobility break

15:00-16:45  Draft recommendations (continued)

16:45-17:00  **Summary and wrap-up**
- Moderator
- WHO Assistant Director-General for NCDs and Mental Health

17:00  Consultation adjourns
ANNEX 2
LIST OF PARTICIPANTS

WHO INDEPENDENT HIGH-LEVEL COMMISSION ON NCDs

Sania Nishtar (by web conferencing)
Co-Chair, High-level Commission on NCDs

EXPERTS

Nawal M. Al Hamad
Director, Food and Nutrition Administration, Ministry of Health, Kuwait

Khaled Al Saleh
General Secretary, Gulf Federation for Cancer Control (GFFCC)
Vice-Chair, Eastern Mediterranean Regional NCD Alliance (EMRNCDA)

Kwanele Asante
Chair, Ministerial Advisory Committee on the Prevention & Control of Cancer,
National Department of Health, South Africa

Robert Beaglehole
Chair, The Lancet NCD Action Group, Professor of Community Health, University of Auckland, New Zealand

Thomas J Bollyky
Senior Fellow for Global Health, Economics, and Development, Council on Foreign Relations, United States of America

Joanne Bosanquet
Deputy Chief Nurse, Public Health England, United Kingdom

Gene Bukhman
Co-Chair, Lancet Commission on Reframing NCDs and Injuries for the Poorest Billion
Director, Program in Global NCDs and Social Change, Department of Global Health and Social Medicine, Harvard Medical School, United States of America

Thomas B. Cueni
Director General, International Federation of Pharmaceutical Manufacturers & Associations (IFPA), Switzerland

Andrey Demin
Department of International Health Projects, Higher School of Health Administration, I.M. Sechenov First Moscow State Medical University, Russian Federation

Mary de Silva
Head of Population Health, The Wellcome Trust, United Kingdom
Richard Dobbs
Senior Partner, McKinsey and Company, United Kingdom

Oksana Drapkina
Director, National Medical Research, Centre for Preventive Medicine of the Ministry of Healthcare, Russian Federation

Anita Smith Everett
Chief Medical Officer, US HHS, Substance Abuse and Mental Health Services Administration, United States of America

Mychelle Farmer
Senior Advisor, Noncommunicable diseases (NCDs) for JHPIEGO, United States of America

Jack Fisher
Executive Director, NCDFREE, United Kingdom

Corinna Hawkes
Professor of Food Policy, Director, Centre for Food Policy, School of Arts and Social Sciences City, University of London, United Kingdom

Helen Herman
President, World Psychiatric Association, Professor of Psychiatry, The National Centre of Excellence in Youth Mental Health, and Centre for Youth Mental Health, The University of Melbourne Director WHO Collaborating Centre in Mental Health Melbourne, Australia

Marian Jacobs
Ex-Dean, University of Cape Town, South Africa

Mukesh Kapila
Professor, Global Health and Humanitarian Affairs, University of Manchester, United Kingdom

Sandeep Kishore
Associate Director, Arnhold Institute for Global Health Assistant Professor, Department of Health System Design & Global Health and Department of Medicine, Icahn School of Medicine at Mount Sinai Health System, New York, United States of America

Victoria Madianova
Head of WHO Collaborating Centre on training and education of health policy-makers in prevention and control of noncommunicable diseases, Moscow, Russian Federation

Michael Marmot
Professor of Epidemiology and Public Health at University College London, United Kingdom

Thahira Mustafa
Policy Advisor, Scaling Up Nutrition (SUN) Movement
Anders Nordstrom  
(Elected as Chair of the Technical Consultation)  
Ambassador for Global Health, Ministry for Foreign Affairs, Sweden

Olayinka Omigbodun  
Professor and Director, Centre for Child and Adolescent Mental Health, University of Ibadan, Nigeria

Johanna Ralston  
Chief Executive Officer, World Obesity Federation, United Kingdom

Rocco Renaldi  
Secretary -General of IFBA (International Food and Beverage Alliance), c/o Landmark Europe

Rajeev Sadanandan  
Additional Chief Secretary, Department of Health & Family Welfare, Government of Kerala, New Delhi, India

Sirpa Heljä Sarlio  
Ministerial Adviser, Adjunct Professor, Department for Wellbeing and Services, Ministry of Social Affairs and Health, Finland

Sudhvir Singh  
Founder and President, EAT forum, Norway

Charlene Sunkel  
Principal Coordinator, Movement for Global Mental Health, South Africa

Alison Tedstone  
National Director on Diet, Nutrition and Obesity, Health and Wellbeing Directorate of Public Health, United Kingdom

Alan M. Trager  
President, PPP Initiative Ltd, United States of America

Jeanine Vos  
Head of SDG Accelerator, Industry Purpose, GSMA, United Kingdom

UNITED NATIONS FUNDS, PROGRAMMES AND AGENCIES

Vera Luiza da Costa e Silva  
Head, Convention Secretariat, WHO Framework Convention on Tobacco Control (FCTC)

Guangyuan Liu  
Team Leader (Governance and International Cooperation), WHO Framework Convention on Tobacco Control (FCTC)

May Abdel-Wahab  
Director, Division of Human Health, International Atomic Energy Agency (IAEA)
Nicolas Gaudin  
External Relations and Advocacy  
International Agency for Research on Cancer (IARC)

Peter Godfrey-Faussett  
Senior Science Advisor, Joint United Nations Programme on HIV/AIDS (UNAIDS)

Douglas Webb  
Health and Innovative Financing, HIV, Health and Development Group, United Nations Development Programme (UNDP)

Anneka Knutson  
Chief, Sexual and Reproductive Health Branch, United Nations Population Fund (UNFPA)

Andres Franco  
Deputy Director, Private Sector Engagement, United Nations Children's Fund (UNICEF)

Ken Ranson  
Representative, The World Bank

WHO SECRETARIAT

Soumya Swaminathan  
Deputy Director-General for Programmes

Svetlana Akselrod  
Assistant Director-General, Noncommunicable Diseases and Mental Health

Etienne Krug  
Director, Management NCDs, Disability, Violence and Injury Prevention

Douglas Bettcher  
Director, Prevention of Noncommunicable Diseases

Francesco Branca  
Director, Nutrition for Health and Development

Kazuaki Miyagishima  
Director, Food Safety and Zoonoses

Shekhar Saxena  
Director, Department of Mental Health and Substance Abuse

Guy Fones  
Acting Head, Global Coordination Mechanism for NCDs

Cherian Varghese  
Coordinator, Management of Noncommunicable Diseases
Nick Banatvala  
Manager, United Nations Interagency Task Force on the Prevention and Control of NCDs

Menno van Hilten  
Senior External Relations Officer, Office of the Assistant Director-General, Noncommunicable Diseases and Mental Health

Temo Waqanivalu  
Programme Officer, Surveillance and Population-based Prevention

Tami Toroyan  
Science Adviser, Management NCDs, Disability, Violence and Injury Prevention

Faith Mclellan  
Writer, Noncommunicable Diseases and Mental Health

Tatiana Vorovchenko  
Communications Officer, Office of the Assistant Director-General, Noncommunicable Diseases and Mental Health

Alina Lashko  
Secretary, Office of the Assistant Director-General, Noncommunicable Diseases and Mental Health