Highlights from the WHO Global Conference on NCDs:
Enhancing policy coherence to prevent and control noncommunicable diseases
18–20 October 2017, Montevideo, Uruguay

Meeting Report
EXECUTIVE SUMMARY

Purpose and goals of the meeting

To help address gaps in national policies on noncommunicable diseases (NCDs), the World Health Organization (WHO), the Pan-American Health Organization (PAHO), the Office of the President of Uruguay and the Ministry of Health of Uruguay organized the WHO Global Conference on NCDs. The Conference provided a platform for showcasing high-level political commitment and sharing lessons learned and best practices on how to enhance policy coherence, with a view to attaining Sustainable Development Goal (SDG) target 3.4 – to reduce by one-third premature mortality from NCDs. The Conference also supported the preparatory process in the lead-up to the third High-level Meeting of the United Nations (UN) General Assembly on NCDs in 2018.

The Conference was hosted by the President of Uruguay and took place from 18 to 20 October 2017 in Montevideo.

Objectives of the WHO Global Conference on NCDs

To provide guidance to Member States on how to reach SDG target 3.4 by 2030 by influencing public policies in sectors beyond health and enhancing policy coherence;

To launch a set of new global initiatives which will help countries to accelerate their progress to date in reducing premature mortality from NCDs and fast-track their efforts to attain SDG target 3.4;

To exchange national experiences in enhancing policy coherence to attain the nine voluntary global NCD targets for 2025;

To highlight the health sector as the key advocate for enhancing policy coherence for attaining SDG target 3.4.

Co-Chairs (from left): Pirkko Mattila, Ministry of Social Affairs and Health, Finland; Veronika Skvortsova, Minister of Health, Russian Federation; Jorge Basso, Minister of Public Health, Uruguay

“Coherent NCD policies that reach across sectors underpinned by strong political leadership represent the most effective way to address the NCD burden.”

Jorge Basso, Co-Chair, Minister of Public Health, Uruguay
Conference overview

The President of Uruguay opened the meeting, with the WHO Director-General, the Minister of Health of the Russian Federation, the Minister of Social Affairs and Health of Finland and the Regional Director of PAHO. At a high-level segment on the opening day, numerous Heads of State and UN Agency principals spoke, confirming their commitment to reducing the burden of NCDs. At the Ministerial Forum, 16 Ministers representing 5 of the 6 WHO Regions provided their country-level perspective on creating coherent policies to deal with NCDs. Key global experts spoke on where the world has seen successes and where challenges remain. Member States represented at the Conference adopted the Montevideo Roadmap 2018–2030 on Noncommunicable Diseases as a Sustainable Development Priority, which is one of the key foundational documents for the third High-level Meeting on NCDs.

The Conference’s second day included plenary sessions, during which experts introduced and provided messages on mobilizing stakeholders, identifying coherent solutions and viewing NCDs through a broader lens. A series of 12 multistakeholder workshops building on the plenary themes followed, providing the opportunity for a wide range of stakeholders representing governments, UN agencies, non-governmental organizations, academia, philanthropic foundations and the private sector to explore concrete country-level experiences and share lessons learned.

"The health sector alone cannot adequately address NCDs, so as we deliberate over the next few days, I urge you to look beyond the health sector, to a wide range of actors from all sectors including education, agriculture, sports, transport, urban planning, environment and more so to the ‘whole of government and the whole of society’.

Dr Carissa Etienne, Regional Director for the Americas, WHO/PAHO

Among the highlights of the Conference’s final day were a session on innovative initiatives and a high-level session looking to the High-level Meeting of the UN General Assembly on NCDs in 2018. Ministers and prominent global experts shared their vision for driving the NCD agenda forward in the coming years, emphasizing the need for national-level, cross-sectoral communications and coordination. The meeting was closed by the President of Uruguay and the WHO Director-General.

Material, presentations and video messages from the conference and the specific sessions are available on the conference website: [http://www.who.int/conferences/global-ncd-conference/en/](http://www.who.int/conferences/global-ncd-conference/en/)
Key messages from the Conference

The key signal from this Conference is the need to address both the political and technical dimensions of action on NCDs – making health the political choice of decisionmakers at the highest levels. Success will depend on contributions from the whole of government and the whole of society, as well as the strong determination of the civil-society movement. Empowering people living with NCDs and partnership with communities remain at the centre of NCD strategies. The private sector will have to engage in new ways by making health a sound investment choice.
Many examples of what works were highlighted at the Conference. Nonetheless, action to date has not been sufficient, and results are inadequate and uneven. NCDs negatively affect the economies and health systems of all countries, but their burden has been most severe in countries struggling to build their health systems.

The exponential speed with which societies all around the world are changing creates new ways of life and new inequities. The world is witnessing a sea change in how food and drinks are produced, distributed and advertised. The expanding global consumer society requires new governance approaches at local, national, regional and international levels. The intersectoral nature of the SDGs will assist countries in creating the policy coherence required to make progress and to develop the national capacities for NCD surveillance, monitoring and evaluation necessary to assess that progress. Responsive health systems that can provide high-quality care for NCDs are the remaining piece of the equation.

Progress in NCDs will only be possible if:

- The root social, commercial and environmental determinants are addressed.
- Domestic resources are committed and regulatory and fiscal policy action are taken, including decisions like raising taxes on health-harming consumer goods.
- New financial instruments such taxing multinational revenues are explored to support low- and middle-income countries.
- Investors and shareholders are engaged to invest in health and divest from harmful products such as tobacco.
- WHO and its partner agencies, civil society and responsible companies and investors reinforce work on ethical investment.

"In the face of the global health tsunami that is NCDs, it seems that everything proceeds at glacial speed. On the ground, where children, adolescents, men and women live and die, very little is changing. We are tired of empty promises. Governments are failing their populations and sleep walking into a sick future...”

Katie Dain, Chief Executive Officer, NCD Alliance

To achieve SDG 3, Ensure healthy lives and promote well-being for all at all ages, and in particular target 3.4, alliances of a very bold and different nature will be essential. They include agriculture and food systems, pharmaceutical production, taxation, trade and urban development. New expertise and skills will be required of public health professionals to address some of the most sensitive and consequential issues. Only then will the SDG vision of "the world we want" be within reach.
Ministerial Forum (from left): Susana Sáenz, International TV anchor (moderator); Miguel Mayo Di Bello, Minister of Health, Panama; Volda Lawrence, Minister of Public Health, Guyana; Rajitha Senaratne, Minister of Health and Indigenous Medicine, Sri Lanka; Veronika Skvortsova, Minister of Health, Russian Federation; David Parirenyatwa, Minister of Health and Child welfare, Zimbabwe
Trends in the global NCD burden

Noncommunicable diseases are collectively responsible for almost 70% of all deaths worldwide, and of NCD deaths, almost three-quarters occur in low- and middle-income countries. The rise of NCDs has been driven primarily by four risk factors: tobacco use, physical inactivity, the harmful use of alcohol and unhealthy diets. Concerningly, while some countries, with partners and stakeholders, are making progress, that progress is inconsistent. Under a business-as-usual scenario (without scaling up efforts significantly), the world will not reach SDG target 3.4. The need for progress is the key message in the lead-up to the third High-level Meeting of the UN General Assembly on NCDs in 2018.

Value added of the WHO Global Conference on NCDs

- Adoption of the Montevideo Roadmap 2018-2030 on NCDs as a Sustainable Development Priority – an intergovernmentally negotiated document under the leadership of the Co-chairs of the governments of Finland, Russia and Uruguay – providing an informal input to the Third High-Level Meeting on NCDs in 2018.

- A high-level global conference on NCDs with the presence of six Presidents and Heads of State and twenty Ministers from health ministries and beyond highlighting the need to make health the political choice of decisionmakers at the highest levels and working across sectors in order to enhance policy coherence to prevent and control NCDs and improve mental health.

- A multi-stakeholder, multi-sectoral gathering of roughly 450 representatives of Member States, the United Nations and non-state actors, including non-governmental organizations, academic institutions, philanthropic foundations and eligible private sector business associations.

- Three days of rich exchanges of national, regional and global experiences and forward-looking thinking providing guidance to Member States on how to reach SDG target 3.4 by 2030 by influencing public policies in sectors beyond health to enhance policy coherence across areas that impact the governance, prevention, management and surveillance of NCDs.

- Launch of a set of new global, innovative initiatives to help countries to accelerate their progress to date in reducing premature mortality from NCDs and fast track their efforts to attain SDG target 3.4.

“Heads of State and Government must adopt approaches to monitoring impact that involve all government departments, ensuring that reaching SDG target 3.4 on NCDs become one of the central lines of government policy.”

Pirkko Mattila, Co-Chair, Minister of Social Affairs and Health, Finland
In 2000, the World Health Assembly (WHA) adopted the WHO Global Strategy on NCDs, which linked four of the most prominent NCDs (cardiovascular disease, cancer, chronic respiratory disease and diabetes) to four preventable risk factors (tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol). The Global Strategy was the beginning of what has been almost two decades of focus on and prioritization of NCDs at the highest political levels.

Starting in 2011, the UN General Assembly has regularly considered the issue of NCDs. At its first High-Level Meeting, 34 Presidents and Prime-Ministers recognized the importance of NCDs and acknowledged the challenge they pose to sustainable development. These Heads of State and Government were joined by 51 Ministers of Foreign Affairs and Health, 11 Heads of UN Agencies, and more than 100 non-governmental organizations. In 2014, the second High-level Meeting on NCDs recognized the remarkable progress achieved at the national level since 2011, while also noting that such progress had been insufficient and highly uneven and that increased efforts were essential.

Governments, WHO, non-governmental organizations and partners are all laying the groundwork for the third High-Level Meeting on NCDs. In November 2014, WHO co-organized with the Food and Agriculture Organization of the United Nations (FAO) the Second International Conference on Nutrition (ICN2), which helped to mainstream the concept of adopting a food-systems approach to tackle malnutrition in all its forms and diet-related NCDs. It subsequently led to the proclamation of the UN Decade of Action on Nutrition 2016-2025. In November 2016, WHO organized a global conference on raising the priority given to health in national SDG responses. The Conference resulted in the Shanghai Declaration on Health
Promotion and the Shanghai Consensus on Healthy Cities. The most recent step in this progression was the WHO Global Conference on NCDs in Montevideo, which presaged the third High-level Meeting.

NCDs in the era of the SDGs

Since 2000, there has been a rapid increase in global awareness that NCDs constitute one of the major challenges to development in the 21st century, which was not being adequately addressed because, amongst other reasons, the Millennium Development Goals did not include any NCD-specific targets. In that same time period, there was also a steep increase in requests for technical assistance from middle- and lower-income countries to develop national NCD responses, which, unfortunately, have largely remained unanswered.

Experts Panel (from left): Amy Eussen, Legal Officer, NCD Child; Katie Dain, CEO, NCD Alliance; Kelly Henning, Bloomberg Philanthropies; Sir Michael Marmot, Past President of World Medical Association, Director, Institute of Health Equity, University College London

In September 2015, Heads of State adopted the 2030 Agenda for Sustainable Development. These globally endorsed goals directly address NCDs in SDG target 3.4. The Addis Ababa Action Agenda, adopted by the UN General Assembly, defines the means of implementation of the 2030 Agenda for Development and notes “the enormous burden that NCDs place on developed and developing countries” and also recognizes that “… price and tax measures on tobacco can be an effective and important means to reduce tobacco consumption and health-care costs, and represent a revenue stream for financing development in many countries”.¹ In April 2016, UN Member States unanimously proclaimed 2016–2025 as the Decade of Action on Nutrition to end malnutrition in all its forms and contribute to achieving the Global Nutrition and diet-related NCD Targets.

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THE WHO GLOBAL CONFERENCE ON NCDs

Purpose and objectives

It has been established that policies in sectors other than health have a major bearing on premature mortality from NCDs and that health gains can be achieved much more readily by influencing public policies in sectors like agriculture, food production, pharmaceutical production, taxation, trade and urban development than by making changes in health policy alone. However, one of the main obstacles at country level is a lack of capacity to pursue policy coherence – across all sectors at all levels and by all actors – for reducing premature deaths from NCDs.

To help address these gaps, WHO, PAHO, the Office of the President of Uruguay and the Ministry of Health of Uruguay organized the WHO Global Conference on NCDs. The Conference was designed to provide a platform for sharing lessons learned and best practices on enhancing policy coherence, which in turn will improve the likelihood of attaining SDG target 3.4 by 2030. The Conference was hosted by the President of Uruguay and took place from 18 to 20 October 2017 in Montevideo, as part of global preparations for the third High-level Meeting.

The Conference’s overarching theme was “NCDs and Sustainable Development – Promoting Policy Coherence: Leveraging political leadership to reduce premature mortality from NCDs by one-third and promote mental health”. The goal of the Conference was to highlight the critical links between reducing premature deaths from NCDs and enhancing policy coherence across areas that impact the governance, prevention, management and surveillance of NCDs.

“Recognize that NCD prevention and a life course approach is key to meeting NCD targets and reducing preventable maternal and child mortality. Think prevention – think children. Key to the attainment of the NCD targets and SDG 3.4 is this explicit recognition.”
Amy Eussen, Governing Council member, NCD Child

“When it comes to NCDs and mental health, real change starts at the top.”
Dr Tedros Adhanom Ghebreyesus, Director-General, World Health Organization
Conference overview

The opening day of the Conference provided an opportunity for high-level discourse on the most salient aspects of how to approach reducing the global burden of NCDs, in the context of the SDGs. The second day provided an opportunity to deeply examine the technical, political and practical sides of implementing NCD-relevant policies at the national level. On the third day, participants and presenters looked to the future, lauding new innovative initiatives and marking the path to the 2018 third High-level Meeting.
High-level segment at the level of Heads of State and Government and Heads of UN organizations

“The epidemic of noncommunicable diseases requires a resolute response and a firm political determination, but of all of us, all the citizens. We must work together to confront this problem.”

Dr Tabaré Ramón Vázquez, President of Uruguay

Day 1: 18 October 2017

The President of Uruguay opened the meeting, joined by the WHO Director-General, the Minister of Health of the Russian Federation, the Minister of Social Affairs and Health of Finland and the Regional Director of PAHO. Then, in a high-level segment, numerous Heads of State and UN Agency principals spoke, confirming their commitment to reducing the burden of NCDs.

At the Ministerial Forum, 16 Ministers representing 5 of the 6 WHO Regions provided their country-level perspective on creating coherent policies around the issues of NCDs. The Ministers, representing a cross-section of government, including health, social welfare, labor, human resources, indigenous medicine, environment and security policy and international cooperation, all contributed to the discussion on making bolder political choices for NCDs in the face of other interests and fast-tracking the implementation of national NCD responses.

Experts from across the world provided their perspectives on building ambitious national NCD responses to reach SDG target 3.4 by 2030, focusing on where the world has seen successes and where challenges remain. Topics in this segment included identifying the major bottlenecks slowing down progress, the role of civil society in holding governments accountable for building national NCD responses, building country-level capacity to develop and implement data-driven policies to reduce NCDs, reviewing national-level implementation of the WHO Framework Convention on Tobacco Control (FCTC) and examining what the future holds for the health and well-being of the next generation.
Member States represented at the Conference adopted the Montevideo Roadmap 2018–2030 on Noncommunicable Diseases as a Sustainable Development Priority, developed through an intergovernmentally negotiated process under the auspices of the Permanent Missions of Finland, Uruguay and the Russian Federation. The Montevideo Roadmap is one of the key foundational documents in the lead-up to the third High-level Meeting on NCDs.

Day 2: 19 October 2017

The second day of the Conference was built around 2 plenaries and 12 workshops. At the first plenary, which focused on mobilizing stakeholders and developing coherent solutions, panelists discussed the importance of stakeholders in accelerating national NCD response and the need to collaborate to effectively scale up prioritized actions. It was noted that domestic resource mobilization for NCDs is possible, particularly when working across sectors with the whole of government, though it is critical to use cost-effective interventions and to link them to Universal Health Coverage (UHC). In the context of treating and managing NCDs, the panel emphasized that innovation and new approaches to providing care, including the use of information technology, are needed and will result in all sectors coming out ahead.

“The WHO Framework Convention on Tobacco Control is an international public health treaty that prompts the UN to work on global tobacco control.”
Vera Luiza da Costa e Silva, Head, Convention Secretariat, WHO FCTC
The second plenary concentrated on viewing NCDs through a broader lens, expanding the horizons beyond the traditional health sector. Panelists provided clarity and perspectives on the broader social, environmental and commercial determinants of NCDs and implications for policy decisions. They encouraged deepening the understanding of the importance of human rights and gender-based approaches to NCD prevention and control and articulated national experiences and lessons learned in engaging cross-sectorally from health to environment to sports and the private sector, the challenges this entails and ways to overcome them. The panelists also identified synergies and cross-linkages among the SDGs, and in particular with target 3.4, and how these synergies could be leveraged for scaled-up action.

Anders Nordstrom, Ambassador for Global Health, Ministry of Foreign Affairs, Sweden

Following each plenary, 6 workshops were held in parallel, building on the plenary themes and providing the opportunity for stakeholders to explore concrete country-level experiences and share lessons learned.

“I am convinced that if we continue to really talk about equity, social justice, transforming the way people address NCDs, we will be able to change completely the face of this growing epidemic.”
Michel Sidibé, Executive Director, UNAIDS (video message)
Morning workshops following the plenary on mobilizing stakeholders and developing coherent solutions

After the first plenary, in the workshop on NCD prevention and control, the panelists discussed innovations in NCD prevention measures, including increasing physical activity and reducing salt intake. They reviewed country experiences in introducing warning labels on tobacco products and approaches to reducing harmful use of alcohol. Participants agreed that a comprehensive approach to addressing the commercial and social drivers of NCDs is essential. Panelists identified an urgent need to develop workforce competency, including advocacy, and to ensure that messaging on NCD prevention is coherent, context-specific and consensus-based. Governments must take bold, strategic steps to implement and fully resource innovative programs when those programs are proven successful and to engage with non-state actors who can support implementation, while keeping community engagement, empowerment and partnership at the centre of NCD prevention strategies.

Panelists in the workshop on taxation and other fiscal policies looked at successful country experiences in implementing price and tax policies concerning harmful products, including tobacco, alcohol and sugar-sweetened beverages. Examples of industry interference in implementing tax increases were also examined, and participants warned that tobacco-industry tactics are now being used by other industries. Workshop participants concluded that tax increases on tobacco and other unhealthy products work effectively to reduce consumption and are a win-win for public health and government revenues. Panelists and participants called for everyone to “do their homework” – providing the evidence base that will help garner high-level political support for higher taxes. Multi-sector collaboration across government and other
stakeholders is essential for taxation and fiscal policy coherence. One way to enhance the political acceptability of tax increases for tobacco and other unhealthy products is by earmarking revenues to fund complementary public health initiatives. Finally, policy makers must stay strong amidst industry pushback against government moves to increase taxation on unhealthy products.

In the workshop on NCD management in people-centred primary care, panelists shared experiences in strengthening primary health care to include NCD management and treating NCDs in emergency contexts. They also discussed improving cancer diagnoses and management, particularly in resource-limited settings. It was concluded that programmes, including UHC, to address NCDs must be a fundamental component of any national budget and that high-level, multi-sectoral political commitment is essential to ensure the success of such programmes. NCD diagnosis, treatment, management and palliative care must be whole-person-centred, in the context of family, community and population. Finally, data, planning, action and resources must be built into any NCD strategy to ensure that stakeholders are learning what does and does not work.

“Increasingly, health inequity means inequity in the burden of NCDs. Therefore, to address NCDs we must address health inequity, and that means concerted action on the social determinants of health. Cross government action is a priority.

―Michael Marmot, Past President of World Medical Association, Director, Institute of Health Equity, University College London

Civil society participants engaged in conversations during the conference

Participants in the workshop on strengthening national capacities for NCD surveillance, monitoring and evaluation emphasized that effective NCD strategies require collecting specific data on disease patterns, risk factors and determinants. These data are essential to setting priorities and developing, implementing and monitoring targeted interventions. Panelists spoke of strengthening national capacity in surveillance, registry development and monitoring heart disease and using tools like the WHO STEPs approach to...
strengthen NCD surveillance. The participants agreed that data underpins strategic planning and quality improvement – and that sustainable investment in human resources and integrated, population-based surveillance for diseases and risk factors is essential.

“In the workshop on UHC for achieving SDG 3.4, the panelists spoke about mobilizing stakeholders and resources at country level and country case studies on implementing UHC. Questions of social determinants and knowledge gaps were explored, and the group agreed that there are no panaceas for achieving UHC – it is a complex undertaking and must be tailored to socio-economic and political contexts. Participants emphasized the need for implementation research to accelerate the translation of global policies into country-level action and ensure the implementation of “best buy” interventions. However, health systems are value-driven and context-specific, and prioritization is often a political process that reflects national values and context.

The workshop on national investment frameworks for the prevention and control of NCDs examined investment cases, looking at what is needed for a country to undertake an NCD investment. They also looked at the situation from the investor’s position, considering which approaches are most successful for tackling NCDs as a multi-sectoral challenge. Participants agreed that investment cases help countries to rapidly mobilize domestic resources for the prevention and control of NCDs. The Addis Ababa Action Agenda recommended that development assistance should be catalytic, allowing countries to raise resources locally for implementing their national plans for achieving the SDGs.
Health promotion event with children in Plaza de la Independencia (outside the Conference venue), Montevideo, Uruguay

Afternoon workshops following the plenary on viewing NCDs through a broader lens

In the workshop on mental health and well-being, panelists reviewed how to scale up national mental health care and ensure mental health policy coherence. Questions of how to address stigma were discussed, and the case for investing in mental health was reviewed. Brain health and policy coherence were also considered. A key message from the workshop was that access to mental health care should be an essential component of UHC. Panelists also agreed that integration of mental health within NCD programming reduces policy fragmentation, making scaling up mental health care a priority. The Mental Health Action Plan 2013–2020, along with the NCD Global Action Plan 2013–2020, provides important guidance, and implementation requires close collaboration with stakeholders, including people with mental health conditions themselves.

“The educated and empowered young people have all the potential to be your partners and real change agents in NCD prevention and control.”

Jayathma Wickramanayake, United Nations Secretary-General’s Envoy on Youth (video message)

The workshop on mobilizing stakeholders by shaping the NCD narrative for different target audiences discussed frameworks for engaging stakeholders, starting from the premise that actions are propelled by language, discourse and narratives that connect with the emotions, values and priorities of the recipient. The NCD movement has yet to find the narratives that fully engage actors beyond health. Evidence is not enough. Experts from government, academia and the UN spoke on how linking NCD framing to other powerful narratives, such as climate change, environment or location, sustainable development, equity, human rights and security, could help engage new audiences. The workshop participants agreed that context defines a framework, and once chosen, frameworks should be used consistently, without undermining other narratives; alternative narratives emphasizing the broader determinant of NCDs should be adopted when placing NCDs in the context of individual choices is not effective; and focusing on the
negative – failures of policies, communities or individuals – when framing the broader NCD discussion is not an effective way forward.

At the workshop on NCDs in humanitarian emergencies, it was noted that there is a critical lack of awareness and consideration of NCDs in such emergencies, including mental health conditions and mental well-being. Two regions showcased exciting experiences in working on effectively integrating NCDs in national responses to humanitarian emergencies. The Eastern Mediterranean region has formulated and operationalized a WHO NCD toolkit, developed through an extensive consultative process, that provides essential medicines and diagnostics, including for the treatment of mental health conditions. The toolkit has already been successfully tested and scaled up in the region. The Southeast Asian region discussed its exciting experience of working on an operational guideline for comprehensive NCD and mental health responses in humanitarian emergencies. The panelists and participants agreed that it is essential to change the mindset of policy makers and health care workers in emergencies to identify NCDs as a priority, build appropriate capacities and allocate resources.

The workshop on how to harness big data in support of NCD planning and implementation discussed another essential topic: how big data help to provide real-time continuous observation of human behaviours, which can be translated to targeted interventions. Participants discussed innovative approaches to harnessing the power of big data and noted that because intelligence in health is useful only if the data are robust, countries should invest in collecting and maintaining high-quality data, including good electronic health records. Examples of using big data to promote better NCD health include tracking financial data to monitor relevant expenditure categories in different population groups; collecting data via smartphones to measure population-level transportation, physical activity and behaviours or to plan health service delivery, including where to locate screening centres; and using existing tools like Google Trends to investigate how public health campaigns lead to public response. An important next step in the use of big data in the context of NCD prevention and control is to bring different stakeholders and interested groups together to implement multi-dimensional pilots that lead to the generation of a standard evaluation framework.
Panelists and participants of the workshop on **policy coherence across food systems: innovative solutions, best practices and lessons learned under the UN Decade of Action on Nutrition** agreed that clear options and lessons can be distilled from country-level experiences in policy coherence across food systems. Regulation (e.g., on advertising, food and drink product content, etc.) is effective and can have major impacts, especially if it is tailored to local circumstances and delivered as part of a package of interventions. Innovation is driving successful examples of shaping food systems, and looking to new ideas and community-driven approaches is key to success. Cities serve as true innovation labs for policy coherence across urban food systems. Coherent policies – those that reach across government agencies and sectors – can also provide valuable multiple benefits. As noted in a number of the workshops, taxation and health-conscious trade policies are critical elements in enabling healthy food systems by generating price differentials that favor healthy foods. Other powerful policy tools that have been useful for changes to the environment include labelling food products, restricting marketing and procuring healthy food in public institutions.

**Oleg Chestnov, Assistant Director-General, Noncommunicable Diseases and Mental Health, WHO, speaking during workshop**

Finally, on the critical and complex issue of equitable access to essential medicines and technology, participants in the **workshop on essential medicines and technology** emphasized that policy coherence and multi-sectoral action are particularly important. There are valuable lessons to be learned from successes in HIV, the PAHO Strategic Fund/Revolving Fund and cancer prevention and treatment in determining what works and what can be tailored and adapted more broadly for NCDs. Ideas such as NCD plans (like cancer plans), registries, pooled procurement, trade negotiations that do not include measures that limit

> “The private sector is part of the problem, but also part of the solution. We need to urgently document what works in engaging the private sector, and what doesn’t. We also need to map and track pledges of the private sector.”

Dr Oleg Chestnov Chestnov, Assistant Director-General, Noncommunicable Diseases and Mental Health, WHO
procurement of drugs and the mobilization of civil society were highlighted. Furthermore, there are strong country examples of successful models for accessing medicines, as in Namibia and the state of Tamil Nadu in India, where comprehensive approaches focused on improving supply chain and procurement measurably improved the supply of and access to medicines and products.
Day 3: 20 October 2017

Among the highlights of the Conference’s final day was the high-level session that cast a perspective forward toward the third High-level Meeting on NCDs in 2018. Leading global health experts agreed that changing the NCD paradigm is essential and that this paradigm shift was re-energized at the highest political level in Montevideo. NCDs and health in general are no longer a matter simply of hospitals, medicines and health-care workers. Finance Ministries implement effective policy measures like increasing taxes on health-harming products. Trade agreements drive the export and import of unhealthy foods and beverages. Environment departments are responsible for clean air and water. Schools provide the foundation for a great part of children’s health by providing healthy meals and drinks and physical activity. Given the broad and robust evidence, it is clear that NCDs are a global problem affecting all countries, that regulating business is possible and effective and that responsibility for healthy lives is a collective one. All sectors and stakeholders in society must expect – and help — governments to make preventing premature deaths from NCDs and promoting mental health and well-being the norm.

Ten innovative solutions presented on the Conference’s final day:

1. **The NCD Progress Monitor**: a scorecard based on key best-buy policies that reveals critical gaps in progress and provides an informal roadmap for advancing NCD prevention and control.
2. **The Action Network for Ending Childhood Obesity in the Pacific**: a network allowing the 22 Pacific Island nations to share experiences, solutions and common challenges in NCD prevention and to reduce childhood obesity.
3. **The Action Network for the Americas for Healthy Food Environments**: an initiative to strengthen links among Caribbean and American countries for sharing experiences and leapfrogging political action and implementing policies for healthy food environments in this Decade of Action on Nutrition.
4. **SMART Commitments**: Specific, Measurable, Achievable, Relevant and Time-bound commitments that assist countries in translating the 60 recommended actions from the Second International Conference on Nutrition into national policies.
5. **UN System Taskforce on NCDs**: an initiative joining UN agencies and other IGOs to address challenges in NCDs at the country level by working across all stakeholders, public and private.
6. **The European Commission tackles NCDs**: an approach prioritizing prevention, promotion, protection and participation by sharing and transferring best practices, with the aim of closing the gap between knowledge and practice.
7. **Smoke Free Beijing**: progressive use of social media like WeChat to facilitate the reduction of smoking by using an existing health hotline to inform users of smoking risks.
8. **#beatNCDs**: A WHO campaign showcasing governments’ successes in addressing NCDs and thereby demonstrating to policy makers that reducing the NCD burden is not only necessary, but feasible.
9. **NCDs and Me**: an online platform that allows people to share their stories on NCDs, highlighting the human face of NCDs and showing the strength and diversity of the NCD movement and the fact that “NCDs are everybody’s business”.
10. **Global Alliance for Chronic Diseases**: an alliance of health research funders committed to funding peer-reviewed NCD research in low- and middle-income countries; supporting capacity building; and establishing a robust NCD network to foster and develop early career researchers.
The meeting was closed by the President of Uruguay and the WHO Director-General, who emphasized the pressing need to step up global and national action, underscoring that NCD prevention and control, along with the promotion of mental health, are central to the achievement of the 2030 Agenda for Sustainable Development. Both insisted that action must be coordinated and led by the highest levels of government and that health concerns must be considered in all policies. They welcomed the momentum, energy, best practices and clear solutions generated by the WHO Global Conference on NCDs and the diverse set of stakeholders present, all of whom have important parts to play in NCDs. President Vázquez highlighted that a major feature of preparations for the third High-level Meeting will be the work of the WHO Independent High-level Commission on NCDs.

“There is no way to address NCDs without strong political, legal and regulatory action at all levels of governance. This demands political courage and clout that reach far beyond the ministry of health.”
Ilona Kickbusch, Director, Graduate Institute Geneva
Heads of State and Government, from Argentina, Chile, Paraguay, Zimbabwe and, in particular, Uruguay committed to lead the path into 2018 in full force, demonstrating real gains, offering real solutions and deciding on even more ambitious action going forward to protect people and safeguard society from NCDs and to promote mental health.
OUTCOMES AND NEXT STEPS

The launch of the Montevideo Roadmap on NCDs as a Sustainable Development Priority is a milestone for a new era. It gives direction for meeting the essential SDG target of saving millions of people from premature death due to preventable NCDs and, more importantly, ensuring that the promotion of health is at the heart of all areas of government.

“I also must mention the private sector. We want to build bridges to new communities, but not at any cost. We see great potential for food and beverage makers, for example, to produce healthier options to the market. The solutions exist. But is there the will to change? I believe so.”

Dr Tedros Adhanom Ghebreyesus, Director-General, World Health Organization

Addressing NCDs is a matter of urgency, and there is no way to address NCDs without strong political, legal and regulatory action at all levels of governance. This demands political courage and clout that reach far beyond the ministry of health. Countries will require support to enact public health measures in the face of fear of future trade or investment disputes. New financial instruments like taxing multi-national revenues should be explored. Investors and shareholders must be engaged to invest in health and divest from harmful products such as tobacco. WHO, together with other agencies, civil society and responsible companies and investors, should reinforce work on ethical investment and report regularly on the ethical and health dimensions of the global consumer markets, especially in relation to WHO's “best-buy” policy options.
ANNEX 1

Montevideo Roadmap 2018-2030 on NCDs as a Sustainable Development Priority

1. We, Heads of State and Government, Ministers and representatives of State and Government participating in this Conference, have come together to restate our commitment to take bold action and accelerate progress to, by 2030, reduce by one third the premature mortality from noncommunicable diseases (NCDs) in line with the 2030 Agenda for Sustainable Development. We continue to be inspired by the action catalysed by the 2011 UN Political Declaration on NCDs, and WHO Global Action Plan for the prevention and control of NCDs. We reaffirm our commitment to their implementation.

2. We acknowledge that premature mortality from NCDs continues to constitute one of the major challenges for development in the 21st century, driven by economic, environmental and social determinants of health. Despite the remarkable progress achieved in some countries or regions, this has been insufficient and highly uneven. Each year, 15 million people die from an NCD between the ages of 30 and 69 years; over 80% of these "premature" deaths occur in developing countries, disproportionally affecting the poorest and those furthest behind. Implementing coherent policies and ensuring that cost-effective, affordable and evidenced-based NCD interventions are available to all countries, according to national context and priorities, can reduce inequities and premature deaths from NCDs.

3. We recognize that there are obstacles that countries must overcome to achieving SDG target 3.4. Addressing the complexity of the determinants and main risk factors of NCDs, namely, tobacco use, physical inactivity, harmful use of alcohol and unhealthy diets, and developing necessary multi-sectoral responses is challenging, particularly when robust monitoring of NCD risk factors is absent. Consequently, there is limited political leadership, strategic action across sectors and policy coherence for the prevention and control of NCDs in line with approaches such as whole-of-government and health-in-all policies. One of the main obstacles at country level is the lack of capacity in addressing the conflicting public health goals and private sector objectives and drivers in order to adequately leverage the role of the diverse range of private sector entities in combating NCDs. In addition, policies to prevent and control NCDs, such as regulatory and fiscal measures, are not effectively used and can be hampered by industry interference, including through legal disputes. Health systems must improve their work in recognizing and managing NCDs and in providing preventive services in the context of efforts to achieve Universal Health Coverage. Reducing NCDs remains a low priority across the UN agencies, non-governmental organizations, philanthropic foundations and academic institutions. The epidemiological transition resulting in an increasing disease burden from NCDs should be taken fully into account in international cooperation and development policies with a view to addressing the unmet demand for technical cooperation to strengthen national capacities.

4. Unless political action to address these obstacles is accelerated, the current rate of decline in premature mortality from NCDs is insufficient to meet SDG 3.4 by 2030. We, therefore, commit to pursue these actions:

Reinvigorate political action

5. Despite the complexity and challenging nature of developing coherent policies across government sectors through a health-in-all-policies approach to addressing NCDs, we will continue doing so to achieve improved outcomes from the perspectives of health, health equity and health system functioning.

6. We will prioritize the most cost-effective, affordable and evidenced-based interventions that will bring the highest public health return on investment, in accordance with national context and priorities. We will emphasize health as a political priority, which must be reflected in regulation, standard setting and fiscal policies that address the impact of the four common NCD risk factors.

7. We will act across relevant government sectors to create health conducive environments and opportunities to establish concrete sectoral commitments based on co-benefits and to reduce negative impacts on health, including through health impact assessments. We will encourage NCDs implementation

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2 By 2030, reduce by one-third premature mortality from noncommunicable diseases through prevention and treatment and promoting mental health and well-being.
research to enhance the operationalization of national strategies. We will work collaboratively to share best practices and toward implementing innovative approaches to ensure improved surveillance and monitoring systems to support these actions.

**Enable health systems to respond more effectively to NCDs**

8. We will strengthen, as necessary, essential population-level, people-centred public health functions and institutions to effectively prevent and control NCDs and to promote mental health and well-being.

9. We will continue investing in health workers as an essential part of strengthening health systems and social protection. We will ensure a highly skilled, well-trained and well-resourced health workforce to lead actions in the field of prevention and promotion of health.

10. We commit to improving health promotion and disease prevention, early detection, treatment, health surveillance, promoting reduced exposure to environmental risk factors, sustained management of people with or at high risk for cardiovascular disease, cancer, chronic respiratory disease, diabetes, or mental health conditions.

11. We will work toward the harmonization of global infectious disease and NCD agendas in both prevention and health systems at the national and global development levels, recognizing the opportunity to achieve gains in the prevention and control of both through integrated approaches.

12. We will ensure the availability of resources and the capacity needed to respond more effectively and equitably to NCDs as part of Universal Health Coverage, including through strengthened community-level prevention and health services delivery and equitable access to essential NCD medicines and technologies. We will ensure that our national health systems provide equal access to basic and specialised health services with financial risk protection.

13. We will better measure and respond to the critical differences in specific risk factors and determinants affecting morbidity and mortality from NCDs for children, adolescents, women and men across the life course, and pursue and promote gender-based approaches for the prevention and control of NCDs to address these critical differences. We call on WHO to prepare a technical report that examines how countries can pursue and promote gender-based approaches for the prevention and control of NCDs.

**Increase significantly the financing of national NCD responses and international cooperation**

14. We acknowledge that national NCDs responses – through domestic, bilateral and multi-lateral channels – require adequate, predictable and sustained financing, commensurate with the global health and socioeconomic burden they impose. We will start by prioritizing domestic budgetary allocations for addressing NCDs, where possible.

15. Where needed, we will work on national investment cases for the prevention and control of NCDs, their risk factors and determinants to create the fiscal space for action. Many countries will have to manage blends of innovative and traditional funding sources. Where appropriate, we will consider using interventions that have the capacity to generate revenues such as taxation of tobacco, alcohol and sugar-sweetened beverages, as well as impact investment.

16. We call upon UN agencies and other global health actors, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank, International Fund for Agricultural Development (IFAD), GAVI Alliance, regional development banks and philanthropic foundations to scale up support to governments in developing and implementing the national responses for the prevention and control of NCDs, aligned with national priorities. We call on WHO to consider establishing a platform to bring together offers and demands for international cooperation on NCDs.

17. NCDs can perpetuate poverty. For the poor and near poor, chronic illness and disability can be an economic catastrophe. Hard-fought economic gains can be quickly wiped out. Women face a double NCD burden, often assuming gender-based roles as unpaid carers of the sick. We will take action on the impacts of NCDs on poverty and development, and we strongly encourage the inclusion of NCDs in the Official Development Assistance.

**Increase efforts to engage sectors beyond health**
18. We acknowledge that influencing public policies in sectors beyond health is essential in achieving health gains to reduce premature deaths from NCDs. In addition, we recognize the interconnectedness between the prevention and control of NCDs and the achievement of the SDGs beyond 3.4, including targets related to poverty, substance abuse, nutrition, death-related environmental exposure, sustainable cities and others. Coordinated upstream action across sectors, including agriculture, environment, industry, trade and finance, education and urban planning will help to create a healthy and enabling environment that promotes policy coherence and supports healthy behaviours and lifestyles. It is the role of the health sector to advocate for these actions, present evidence-based information, support health impact assessments and provide policy reviews and analyses on how decisions impact health, including implementation research. We therefore commit to strong leadership and to ensuring collaboration among sectors to implement policies to achieve shared goals.

19. WHO has a key role in providing sound advice about the interaction between the legal environment and NCDs. We will promote policy expertise to develop NCD responses in order to achieve the SDGs. We call upon WHO, with other relevant actors, to scale up and broaden work integrating legal issues into country support, including supporting NCD interventions by providing evidence, tracking legal challenges, comparing laws and legal claims across jurisdictions, developing model laws and assisting countries in responding to legal challenges, including through support in implementing model laws, data- and evidence-gathering and tracking impact. We therefore encourage the UN Inter-Agency Task Force on NCDs to explore the possibility of establishing a UN Commission on NCDs and the Law.

20. We recognize that access to education that promotes health literacy at all levels of society and contexts is a key determinant of health. In particular, the school environment will be enabled to provide evidence-based education, including information and skills. We will also improve awareness-raising on health and well-being throughout society, including the prevention and control of NCDs, supported through public awareness campaigns and health-promoting environments that make the healthy choice the easier choice and facilitate behavioural changes.

21. We will scale up efforts to use information and communication technologies, including e-health and m-health, and other non-traditional and innovative solutions, to accelerate action toward SDG target 3.4.

22. We are concerned that the increased production of energy-dense, nutrient-poor foods has contributed to diets high in saturated fats, sugars and salts. We will work toward advancing the implementation of global strategies and recommendations that make progress toward strengthening national food and nutrition policies, including by developing guidelines and recommendations that support and encourage healthy and sustainable diets throughout the life course of our citizens, increasing the availability and affordability of healthy, nutritious food, including fruits and vegetables, while enabling healthier food choices, and ensuring access to clean and safe drinking water. We call on WHO to fully leverage the UN Decade of Action on Nutrition to reduce diet-related NCDs and contribute to ensuring healthy and sustainable diets for all.

23. We call on WHO to conduct a review of international experience of intersectoral policies to achieve SDG target 3.4 on NCDs and update its guidance on multi-sectoral and multi-stakeholder action for the prevention and control of NCDs and to consider establishing a web portal with case studies on multi-sectoral NCD responses to be updated on a continuing basis.

Seek measures to address the negative impact of products and environmental factors harmful for health and strengthen the contribution and accountability of the private sector

24. One of the main challenges for the prevention and control of NCDs is that public health objectives and private sector interests can, in many cases, conflict. We commit to enhancing the national capacity to engage constructively with the private sector for NCD prevention and control in a way that maximizes health gains.

25. We acknowledge that we need to develop coordinated and coherent policies and strengthen evidenced-based regulatory frameworks and align private sector incentives with public health goals to make health-conducive choices available and affordable and, in particular, to promote healthy environments and lifestyles.
26. We further encourage the private sector to produce and promote more food products consistent with a healthy diet, including by reformulation of products to provide healthier options that are affordable and accessible and that follow relevant nutrition facts and labelling standards, including information on sugars, salt and fats and, where appropriate, trans-fat content, and to take measures to implement the WHO set of recommendations to reduce the impact of the marketing of unhealthy foods and non-alcoholic beverages to children, while taking into account existing national legislation and policies.

27. We acknowledge the importance of environmental risk factors and the interlinkage of SDG targets 3.4 and 3.9. We will promote actions that are mutually reinforcing and support achievement of both of these targets.

28. We will take steps, where needed, to implement reliable national accountability systems to monitor the implementation of private sector commitments and their contribution to national NCD responses. We call upon WHO to support countries with expertise and tools to address these gaps.

29. We call upon all countries to accelerate the implementation of the WHO Framework Convention on Tobacco Control, as appropriate, as one of the cornerstones of the global response to NCDs. Recognizing the fundamental and irreconcilable conflict of interest between the tobacco industry and public health, we will continue to implement tobacco control measures without any tobacco industry interference.

30. We call on WHO to consider establishing a commission to address the commercial determinants of health that have a bearing on the prevention and control of NCDs.

Reinforce the role of non-state actors

31. We acknowledge the need to engage with non-state actors in view of their significant role for the advancement and promotion of the highest attainable standard of health and to encourage non-state actors to use their own activities to protect and promote public health, in line with national context and priorities.

32. We will increase opportunities for meaningful participation of nongovernmental organizations, philanthropic foundations and academic institutions and, where and as appropriate, private sector entities in building coalitions and alliances across the spheres of sustainable development in the prevention and control of NCDs, recognizing that they can complement the efforts of governments and support the achievement of SDG 3.4, in particular in developing countries.

33. We call on the private sector, ranging from micro-enterprises to cooperatives to multi-nationals, to contribute to address NCDs as a development priority, in the context of the achievement of the SDGs, in particular SDG 17.

Continue relying on WHO’s leadership and key role in the global response to NCDs

34. We recognize WHO as the directing, co-ordinating and normative authority on international health among UN agencies and its essential role in supporting the development of national NCD and mental health responses as an integral part of the implementation of the 2030 Agenda for Sustainable Development. WHO’s advice to Member States and other international organizations on how to address the determinants and risk factors to address the prevention and control of NCDs and mental health conditions remains indispensable for global action on NCDs.

35. We call upon WHO to strengthen its capacity to provide technical and policy advice and enhance multi-stakeholder engagement and dialogue, through platforms such as the WHO Global Coordination Mechanism and the UN Inter-Agency Task Force on NCDs.

36. We further call upon WHO to consider prioritizing the implementation of strategic actions in preparation of the third United Nations High-level Meeting on NCDs in 2018.

Act in unity

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1 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.

2 Strengthen the means of implementation and revitalize the global partnership for sustainable development.
37. We acknowledge that the inclusion of NCDs in the 2030 Agenda for Sustainable Development provides the best opportunity to place health, and in particular NCDs, at the core of humankind’s pursuit of shared progress and sustainable development. Ultimately, the aspiration of the 2030 Agenda is to create a just and prosperous world where all people exercise their rights and live in dignity and hope.

38. Acting in unity to address NCDs demands a renewed and strengthened commitment to show that we can be effective in shaping a world free of the avoidable burden of NCDs. In so doing, we will continue to listen to and involve the peoples of the world – those exposed to NCD risk factors and those with health care needs for NCDs and mental health. We will continue to build a future that ensures that present and future generations enjoy the highest attainable standard of health.
ANNEX 2
International Advisory Committee

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