Comments

3. We recognize that there are obstacles that countries must overcome to achieving SDG target 3.4\(^1\). 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 multisectoral responses is challenging, particularly when robust monitoring of NCD risk factors is absent, and health outcomes are not measurable until years later New Zealand suggests this insertion. 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 obstacle at country level is the lack of capacity in addressing those public health goals that are in conflict with private sector objectives and drivers in order to adequately leverage the role of the diverse range of private sector entities in combatting NCDs New Zealand suggests rephrasing to acknowledge the private sector and public health are not always in conflict. In addition, policies to prevent and control NCDs, such as regulatory and fiscal measures, may not be effectively used, can be influenced by interested parties, including private sector entities, and can be subject to legal disputes New Zealand suggests rephrasing as indicated. 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 remain a low priority across the UN Agencies, NGOs, 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 address the unmet demand for technical cooperation to strengthen national capacities New Zealand suggests this sentence is revised to improve clarity.

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: New Zealand suggests that there should be an overarching statement about continuing to implement existing WHO Strategies for Tobacco and Alcohol, Ending Childhood Obesity, Nutrition and Physical Activity in the outcome document. We also suggest this document would benefit from a sentence supporting the development of the WHO Global Plan of Action for Physical Activity, and that member states identify opportunities to address all risk factors collectively where appropriate, by addressing underlying determinants such as well-being, poverty, discrimination, urban development and transport options, access to education, health and housing, and safe drinking water and sanitation.

5. Despite the complexity and challenging nature of developing coherent policies across government sectors through a ‘health in all policies’ approach to addressing the determinants of, and risk factors for NCDs, we will continue using this approach to achieve improved outcomes from the perspectives of health, health equity and health system functioning New Zealand suggests this sentence is amended as indicated to improve clarity.

6. We will prioritize the most cost-effective, affordable, equitable and evidenced New Zealand suggests this paragraph is amended as indicated to include equity as a priority and the additional concluding sentence -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. We will also be open to innovative and new approaches supported by independent evaluation and monitoring to build our evidence base on what works.

7. We will act across relevant government sectors to establish concrete sectoral commitments based on co-benefits and to create environments which reduce negative impacts on health,

\(^1\) By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.
including through health impact assessments. We will encourage NCDs implementation research to enhance the operationalization of national strategies. We will work collaboratively to share best practices and towards implementing innovative approaches to ensure improved surveillance and monitoring systems to support these actions. *New Zealand suggests this paragraph is amended as indicated.*

10. We commit to improving health promotion and disease prevention, screening and 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, musculoskeletal or mental health conditions and appropriate palliative care. *New Zealand suggests this paragraph is amended as indicated.*

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 the critical differences. We recommend WHO prepare a technical report that examines how countries can pursue and promote gender-based approaches for the prevention and control of NCDs. *New Zealand suggests this paragraph is amended as indicated.*

14. We acknowledge that national NCDs responses – through domestic, bilateral and multilateral 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. *New Zealand suggests this is changed to “preventing NCDs” to shift funding from the treatment of NCDs to the prevention of them, where possible.*

18. We acknowledge working constructively with public 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 to environmental exposures, 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 ensure 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 NCDs responses in order to achieve the SDGs. We recommend WHO with other relevant actors 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 health and physical education integrated across curriculum areas, including information and skill development. The school environment will provide adequate indoor and outdoor play spaces for children. New Zealand suggests this paragraph is amended to be more explicit about minimum indoor and outdoor play spaces per child for ECEs and schools. We will also improve awareness-raising on health and wellbeing throughout society, including the prevention and control of NCDs supported through public awareness campaigns and health promoting environments that make the healthy choice easier choice and facilitate behavioral changes. New Zealand suggests this could be amended to ‘option’ the easier choice.

22. We are concerned that the increased production, portion size, advertising and marketing of energy-dense, nutrient poor foods has contributed to diets high in saturated fats, sugars and salts. We will work towards advancing the implementation of global strategies and recommendations that make progress towards 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 equitable 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 NCD’s and contribute to ensure healthy and sustainable diets for all. New Zealand suggests this paragraph is amended as indicated.

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

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

25. We acknowledge that we need to develop coordinated and coherent, evidence based policies and regulatory frameworks and work with the private sector to advance 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 whole and less processed foods and more food products consistent with a healthy diet, including reformulating products to provide healthier options that are affordable and accessible and that follow relevant nutrition facts and labelling standards, meeting
consumer demand for better information on sugars, New Zealand suggests this paragraph is amended as indicated salt and fats and, where appropriate, trans-fat content; to take measures to implement WHO recommendations to reduce the impact of the marketing of unhealthy foods and non-alcoholic beverages to children, consistent with national legislation and policies.

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. Such a commission should engage with the private sector in its work New Zealand suggests this paragraph is amended as indicated.

32. We will increase opportunities, as appropriate, for meaningful participation of nongovernmental organizations, philanthropic foundations, academic institutions and New Zealand suggests this paragraph is amended as indicated 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 New Zealand suggests this paragraph is amended as indicated call on the private sector, ranging from micro-enterprises to cooperatives to multinationals, to continue to engage constructively with the WHO and Member States, in line with national context and priorities, to address NCDs and achieve the SDGs, in particular SDG 17\(^2\).

\(^2\) Strengthen the means of implementation and revitalize the global partnership for sustainable development