Thank you for the opportunity to participate in the web-based consultation on the WHO Global Conference on NCDs: Pursuing policy coherence to achieve SDG target 3.4 on NCDs. Rabin Martin would like to offer the following observations on the Montevideo Roadmap 2018-2030 on NCDs as a Sustainable Development Priority (version 9 August 2017):

General comments

We applaud the effort to reaffirm commitments to implementing the 2011 UN Political Declaration on NCDs, as well as the WHO Global Action Plan for the prevention and control of chronic disease. We hope that the broader NCD community uses the global discussions leading up to the 2018 High-Level Meeting on NCDs as an opportunity revisit and re-double efforts to accelerate progress in reaching these goals.

The link between NCDs and poverty is, as noted, inextricable. Increasing rates of premature NCD-related morbidity and mortality, particularly in low-and middle-income countries (LMICs) will continue to pose barriers to economic development. Further, NCDs have a significant financial impact on individuals living with chronic illness and families. Therefore, supporting countries in realizing universal health coverage (UHC) must be a long-term component to addressing NCDs.

Each country must chart their own path to achieving UHC, but it is incumbent upon partners such as the WHO, the World Bank, NGOs and industry to support nations in these efforts by providing tools such as technical assistance, innovative financing models and guidelines for stronger governance. Partnerships and leveraging technical expertise from public and private sectors, including donors, financial institutions and multilateral organizations are also important to reaching both UHC and NCD goals.

So, too is helping countries better understand the importance of UHC in tackling NCDs, and arming ministries of health with the appropriate data and messaging to help them advocate within their respective governments for increased domestic funding for NCDs, as well as a whole-of-government approach to health.

Paragraph 3, lines 7-9 and paragraph 24, lines 1-2:

While we understand that in certain cases, private sector behaviors may have a negative impact on public health, we strongly disagree with the categorical assertion that public health goals are in conflict with private sector objectives. In fact, there are many examples that demonstrate effective private sector efforts to address NCDs. These include programs to building capacity of health workers, raise awareness about chronic illness, curbing the proliferation of counterfeit medicines and developing initiatives to enhance access.

As currently drafted, the language in paragraphs 3 and 24 will be viewed by some as narrow and divisive, casting all private sector entities in a negative light, when the problems arise from the actions of a few industries. This tone also connotes a move toward further separation between the public and private sectors, when indeed NGOs and governments alike are calling for greater partnerships to facilitate enhanced access to more sustainable and equitable NCD prevention, treatment and care. Finally, the language about inherent conflicts between the private sector and public health goals is inconsistent with the call for greater cooperation in paragraphs 31 – 33.
We propose the following specific changes in the existing language:

Para 3, lines 7-9:
Delete “main” before “obstacles”, change “conflicting” to “potential conflict between”

Para 24, line 1:
Delete “main” before “challenges” and change “in many cases” to “in some cases”

We also propose adoption of the following language and collaborative tone as an addition at the end of paragraph 31 or 32:

*Greater efforts must be made to facilitate a transparent dialogue to address concerns regarding private sector engagement at the global and national levels. Further, we must identify areas of mutual alignment to leverage the expertise and resources of non-State actors representing NGOs, academe and industry to tackle the growing burden of NCDs.*