General Comments:

The United States Council for International Business (USCIB)\textsuperscript{1} thanks the World Health Organization (WHO) for the opportunity to comment on the Montevideo Roadmap 2018-2030 on NCDs As a Sustainable Development Priority. The private sector looks forward to continued collaboration with the WHO, governments, consumers and other stakeholders to combat NCD proliferation. We believe this area of NCDs can be a best in-class example that there is no non-bridgeable gap between private sector activities and global health goals.

That said, we have some suggested edits to the below paragraphs, which we believe will strengthen the roadmap, enhance the quality of discussion at the Montevideo Conference, and ultimately progress the actions being taken to achieve SDG target 3.4.

Comments, changing paragraph number

We recognize that there are obstacles that countries must overcome to achieving SDG target 3.4\textsuperscript{2}. 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. Consequently, there is limited political leadership, strategic action across sectors and policy coherence (Repeated references to “policy coherence” should be clarified to ensure cost-effective, evidence-based recommendations are consistent with member states’ domestic legal frameworks and international commitments) for the prevention and control of NCDs in line with approaches such as whole-of-government and health in all policies. One of the challenges at country level is the lack of capacity (USCIB Members believe that references to a presumed conflict between private and public objectives are misplaced and do not support the common understanding of shared goals and responsibilities. We note that almost all references to the private sector in this document are negative and antagonistic, which is unhelpful to furthering a multi-stakeholder approach to adequately leverage the role of the diverse range of private sector entities in combatting 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 remain a low priority across the UN Agencies, NGOs, philanthropic

\textsuperscript{1} USCIB – a multisector trade association founded in 1945 and comprised of over 300 multinational companies, law firms and business associations – promotes American business views and solutions on a wide range of issues directly to U.S. and international policy makers.

\textsuperscript{2} By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.
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.

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. (USCIB Members welcome the emphasis on identifying “cost-effective” and “evidence-based” interventions. USCIB Members suggest the WHO specifically reference the importance of impact assessments and commit to policy recommendations that are based on good regulatory practice (e.g., transparent stakeholder consultation, cost/benefit analysis, and assessment of alternatives to regulation).

10. We commit to improve health promotion and disease prevention, early detection, treatment, demand and harm reduction strategies, 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.

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 work towards fostering innovation where innovation could make meaningful public health difference, ensuring that the right operating environment is in place to ensure transparency, predictability, and sustainability in the long run.

14. 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.

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3 FCTC Article 1.d
4 Based on “Protecting American Families: Comprehensive Approach to Nicotine and Tobacco”, Remarks by Scott Gottlieb, M.D., Commissioner of Food and Drug Administration, July 28, 2017
15. 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, where possible.

16. Where (USCIB notes that the United States and others have requested the WHO provide evidence of the cost-effectiveness of policy recommendations to combat obesity, including recommendations to tax sugar-sweetened beverages. Consistent with the WHO’s determination that taxing sugar-sweetened beverages is not a “best buy” policy, USCIB recommends the reference be deleted) needed, we will work on national investments 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 and alcohol, as well as impact investment bearing in mind the need to avoid unintended consequences.

17. 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 platform to bring together offer and demand for international cooperation on NCDs.

18. NCDs (USCIB suggests noting the contribution of increased economic growth to alleviating poverty, improving health, increasing food security, and eradicating malnutrition. The Roadmap should further be revised to reflect the value of trade as a key enabler for sustainable economic growth and development) 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.

19. 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 ensure collaboration among sectors to implement policies to achieve shared goals.
20. 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 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.

21. 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 wellbeing 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 behavioral changes.

22. 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 towards SDG target 3.4.

23. 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 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 lifecourse 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 NCD’s and contribute to ensure healthy and sustainable diets for all.

24. 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 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.

25. One [To reiterate the comment on paragraph 3, we do not support language that implies an inherent conflict between private sector interests and public health objectives. We do support commitment to constructive partnership between national governments and the private sector to drive achievement of shared goals] of the main challenges for the prevention and control of NCDs is that public health objectives and private sector interests can sometimes conflict. We commit to

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
enhancing the national capacity to engage constructively with the private sector for NCDs prevention and control in a way that maximizes health gains.

26. 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.

27. We further encourage the private sector to produce and promote more food products consistent with a healthy diet, including by reformulation 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; to take measures to implement 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.

28. We call upon the private sector to drive innovation in their business environment in order to develop healthier or less harmful products. These products should be assessed and verified to see if and how these developments are contributing or undermining the NCD related SDGs.

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

30. We will take steps, where needed, to implement reliable national accountability systems to monitor the implementation of nongovernmental organization, philanthropic foundation, academic institution and private sector commitments and their contribution to national NCDs responses. We call on WHO to support countries with expertise and tools to address these gaps (Not clear what these gaps are).

31. We call upon all countries to accelerate the implementation of the WHO Framework Convention on Tobacco Control, as appropriate, as one of the cornerstone 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, and carry out any strictly necessary interaction with the tobacco industry in such a way as to avoid the creation of any real, perceived or potential conflict of interest resulting from or on account of such interaction and ensure the transparency of those interactions that occur through, for example, making the records of such interactions available to the public. We also call upon governments to encourage and steer the tobacco sector to research, develop and market less harmful products to

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

6 UNIATF Model policy for agencies of the United Nations system on preventing tobacco industry interference
ultimately replace cigarettes, which are a major contributor to the NCDs epidemic. This opportunity will contribute to pursue and promote the NCDs global goals.

32. 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**

33. We (USCIB believes that original paragraphs 31-33 (new paragraphs 33-35) be revised to include benefits of engagement with all stakeholders and should not single out the private sector for any specific or limited terms of engagement) 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. Moreover, with health being a cross cutting theme in the SDGs, goal 17 reflects that “the sustainable development agenda can only be realized with a strong partnership at all levels between governments, private sector, civil society, and others.”

34. We will increase opportunities for meaningful participation of nongovernmental organizations, philanthropic foundations and academic institutions and, 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.

35. We call on the private sector, ranging from micro-enterprises to cooperatives to multinationals, 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**

36. 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 the global action on NCDs.

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

38. We further call on 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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7 Report of the Secretary-General, Repositioning the UN development system to deliver on the 2030 Agenda – Ensuring a Better Future for All
8 Strengthen the means of implementation and revitalize the global partnership for sustainable development
We acknowledge that the inclusion of NCDs in the 2030 Agenda for Sustainable Development provide 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.

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 present and future generations enjoy the highest attainable standard of health.