The World Heart Federation is a global advocacy and leadership organization dedicated to leading the fight against cardiovascular disease - the world’s number one killer and cause of noncommunicable disease (NCD) deaths. As such, we welcome the opportunity to comment on the draft outcome document for the WHO Global Conference on NCDs titled the ‘Montevideo Roadmap 2018-2030 on NCDs as a Sustainable Development Priority’. This important document clearly demonstrates the multifaceted burden of NCDs globally and outlines the path to achieve SDG 3.4 through a comprehensive, multisectoral, and coherent response. We would like to commend the authors of the document for their work to date, and add the following comments:

**General comments:**

1) **Policy coherence**
- The theme of policy coherence is vital and intended to underpin all of the recommendations within this draft outcome document. However, given its importance, we feel that more could be done to define the objective of policy coherence and outline concrete ways in which this can be optimised throughout.

- It may be helpful to add a footnote leading to a definition of policy coherence, for example: “the systematic promotion of mutually reinforcing policy actions across government departments and agencies creating synergies towards achieving the agreed objectives”\(^1\) or the “process for integrating the multiple dimensions of [health] at all stages of policy making”.\(^2\)

2) **National Plans**
- The importance of well-defined, well-financed, and well-resourced national NCD plans cannot be overstated. Stronger calls should be made within this document to encourage governments to develop such plans to be implemented across, and in partnership with, multiple sectors.

- Additional recommendations could be made for the creation of national coordination mechanisms for national NCD plans – including the meaningful involvement of civil society – in order to improve policy coherence through whole-of-society and whole-of-government approaches. This would be in line with the expressed actions to increase efforts to engage sectors beyond health and to reinforce the role of non-state actors.

3) **Strength and clarity of language and commitments**
- Overall, we commend the document’s recognition of the vast burden exacted by NCDs globally and the breadth of the response needed to adequately address this. However, we urge the authors to employ clear and strong language in their recommendations in order to deter a business-as-usual approach. As noted, progress thus far has been insufficient and highly uneven, necessitating increased political will and greater commitment in order to realise NCD mortality reduction targets.

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\(^1\) [http://www.liaise-kit.eu/ia-method/methods-analyse-coherence-policies](http://www.liaise-kit.eu/ia-method/methods-analyse-coherence-policies)
Bold political action will be needed in order to achieve policy coherence among relevant actors in NCDs, including the implementation of concrete measures to address NCD determinants and risk factors, the realisation of Universal Health Coverage as the cornerstone of a strong health system, and the implementation of reliable and fit-for-purpose surveillance and monitoring systems in order to better prevent, treat and control NCDs. We would encourage the authors to better reflect these bold actions needed in the final document.

**Specific comments:**

**Recommendations are in italics**

**Recommended alternative text is in bold**

**PARAGRAPH 1:**
- We highly recommend that this paragraph provide greater context on existing mechanisms and global commitments, including the WHO's global target of a 25% reduction in premature mortality from NCDs by 2025 (25 x 25) and the time-bound commitments agreed-to in 2014. These commitments should be reaffirmed and used to measure progress at the United Nations High-Level Meeting on Noncommunicable Diseases (UN HLM on NCDs) in 2018.

- We also suggest that the SDG target 3.4 be referenced in full with the text “reduce by one third the premature mortality from noncommunicable diseases (NCDs) and promote mental health and well-being”.

**PARAGRAPH 2:**
- Suggest adding ‘commercial’ to the description of the determinants of health. Commercial determinants of health, defined as “strategies and approaches used by the private sector to promote products and choices that are detrimental to health” are increasingly recognised as contributing to the global NCD burden. Processed food and drink, alcohol, and tobacco are all linked to major risk factors of NCDs and are promoted for commercial and profit-making interests. This links as well to the call for WHO to establish a commission to address the commercial determinants of health in relation to NCDs as mentioned in paragraph 31. A symbiotic connection can also be made between addressing the commercial determinants of health as they impact on the achievement of SDG 3.4 and realising SDG 12 to ensure sustainable consumption and production patterns.

- For emphasis, we recommend changing the order of the following sentence to read: “Progress has been insufficient and highly uneven despite gains in some countries or regions”. While it is important to note positive progress, for the purposes of this document and the strength of commitment needed at the UN HLM on NCDS in 2018, it is necessary to emphasise that there is still far more to do than has been done.

- While recognising the disproportionate effects of NCDs on lower and middle-income countries, we would suggest the addition that NCDs exact an enormous burden world-wide across the spectrum of development. Indeed, while health outcomes for NCDs have improved in high-income countries, notable risk factors remain prevalent. For example, current trends indicate that obesity is increasing globally, greatly compromising the potential achievement

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of the 25 × 25 NCD mortality reduction target and, consequently, SDG 3.4. While
acknowledging NCDs as a key development challenge, it is important that they not be
relegated as a challenge only for developing countries, as they are still very much a global
epidemic.

PARAGRAPH 3:
- We would suggest rephrasing the following sentences to provide greater clarity (with
  problematic terms underlined):
  “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 combatting
  NCDs”; and
  “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”.

ACTION: REINVIGORATE POLITICAL ACTION
- This wording suggests that political action was already vigorous, which has unfortunately not
  been the case in many countries. We would encourage changing this to: ‘Increase’ or
  ‘Intensify’ political action.

- Considering the importance of the WHO Global Conference on NCDs as a preparatory
  meeting for the UN HLM on NCDs in 2018, we recommend that this section include
  commitments to:
  o Comprehensive preparations ahead of the UN HLM
  o High-level political attendance at the UN HLM; and
  o A strong, action-oriented outcome document resulting from the UN HLM.

PARAGRAPH 6:
- Recommend referencing the use of WHO’s revised Appendix III as follows: “We will prioritize
  the most cost-effective, affordable and evidence-based interventions, as guided by WHO’s
  updated Appendix III of the Global NCD Action Plan 2013-2020, to achieve the highest
  public health return on investment, in accordance with national context and priorities”.

- Suggest the following addition: “We will emphasize health as a human right and 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”. Equitable access to cost-effective,
  affordable and evidenced-based interventions is a matter of health justice and should be
  prioritised politically as such.

PARAGRAPH 7:
- We advise that the call for research emphasise the potential for multisectoral collaboration
  and the importance of adapting the research agenda to respond to needs. The suggested
  amendment could include text as follows: “We will encourage the NCDs implementation
  research agenda to be shaped according to needs in order to enhance the operationalization
  of national strategies and to be inclusive of multiple sectors”.

4 Trends in adult body-mass index in 200 countries from 1975 to 2014: a pooled analysis of 1698 population-
based measurement studies with 19.2 million participants (2016). The Lancet, Volume 387, Issue 10026, 1377–
1396.
PARAGRAPH 9:
- The question of human resources for health is critical. We commend the call for increased investment in health workers as part of a well-trained and well-resourced health workforce. In addition to this, we would contend that greater capacity is also needed in the civil service to plan and implement NCD interventions, and that civil servants be well-trained and well-resourced accordingly. We suggest that this addition and differentiation be made.

ACTION: INCREASE SIGNIFICANTLY THE FINANCING OF NATIONAL NCD RESPONSES AND INTERNATIONAL COOPERATION
- We welcome the bold language used to encourage the significant increase of funding for NCDs and advise, as far as possible, for the authors to call upon governments to convene and actively engage in a Global Financing Conference for NCDs in early 2018 in order to galvanise high-level political participation and support of solutions in advance of the 2018 UN HLM.
- We additionally recommend the development of a global investment framework for NCDs in order to facilitate optimal use of resources, following examples of those used for HIV/AIDS and women’s, children’s and adolescents’ health. This could serve as a useful input to the aforementioned Global Financing Conference for NCDs.

PARAGRAPH 15:
- Considering the importance of creating fiscal space for improved financing of NCDs, we suggest that this paragraph use stronger language to commit to proven interventions and innovative sources of NCD financing. The final sentence would read: Where possible, we will use interventions that have the capacity to generate revenues such as taxation of tobacco, alcohol, and sugar-sweetened beverages, as well as impact investment.

PARAGRAPH 16:
- We would request that the following sentence be rephrased or elaborated upon to provide greater clarity around ‘offer and demand’: “We call on WHO to consider establishing platforms to bring together offer and demand for international cooperation on NCDs”.

PARAGRAPH 17:
- We strongly agree with this action point and advise that the mutually-reinforcing connection between poverty and NCDs be expanded upon.
- We further call for the inclusion of NCDs in Official Development Assistance to be integrated more centrally in the final document.

PARAGRAPH 20:
- In recognition of the important roles that school environments play in shaping healthy behaviours, we recommend that this point be developed to include establishing, where not already in place, coordinated models of health education within school environments, including improved curricula and training to teachers.

PARAGRAPH 22:
- We strongly agree with this paragraph and would suggest that actions under this point be expanded and emphasised. This could include:
The recommendation for countries to consider policy options to combat unhealthy and unsustainable diets by limiting the marketing of unhealthy foods to children, introducing front of package warnings, and restricting availability of unhealthy foods in school settings.

Reference to current global strategies and recommendations, including Appendix III of the Global NCD Action Plan, the WHO Implementation Plan on Ending Childhood Obesity, WHO’s set of recommendations on the marketing of foods and non-alcoholic beverages to children, and the ICN2 Rome Declaration on Nutrition.

**PARAGRAPH 24:**
- Clear commitments are needed for governments to protect the policy-making process from industry interference. As such, we would recommend the following additions to this paragraph: “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 commercial sector for NCDs prevention and control in a way that protects from industry interference and maximizes health gains”.

**PARAGRAPH 25:**
- For clarity, we suggest rephrasing this point and dividing it into two separate sentences.

**PARAGRAPH 36:**
- For impact, we recommend providing further explanation of the types of ‘strategic actions’ to be prioritised and implemented by WHO ahead of the UN HLM on NCDs in 2018.