
Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018

Report by the Director-General

1. Pursuant to the request in resolution WHA70.11 (2017) the Director-General submits this report on preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018, for consideration of the Health Assembly.
2. In January 2018, the Executive Board, at its 142nd session, noted an earlier version of the report.¹ This updated report contains additional text (paragraphs 14, 15, 21, 27 and 28) in response to comments received from Member States

WHERE DO WE STAND TODAY?

3. The global epidemic of premature deaths from noncommunicable diseases is driven by (i) poverty (leading to barriers in access to safe, quality, effective and affordable medicines, medical products and technology for the prevention, detection, screening, diagnosis and treatment – including surgery – of noncommunicable diseases); (ii) the impact of the globalization of marketing and trade of products deleterious to health (leading to tobacco use, harmful use of alcohol and unhealthy diets); (iii) rapid urbanization (leading to physical inactivity); and (iv) population ageing (leading to an increase in the number of people between the ages of 30 and 70 years, particularly in countries with the highest probability of dying from one of the four main noncommunicable diseases).
4. Premature mortality from noncommunicable diseases constitutes one of the major challenges for development in the 21st century.² It affects women and men between the ages of 30 and 70 years and leaves no country untouched: 15 million people died prematurely from noncommunicable diseases in 2015. The burden continues to rise disproportionately in low-income and lower-middle-income countries: in 2015, there were 47% (7 million) of premature deaths from noncommunicable diseases (Table 1).³

¹ Document EB142/15; see also the summary records of the Executive Board at its 142nd session, eighth meeting.

² United Nations General Assembly resolutions 66/2 (Annex, paragraph 1), 68/300 (paragraph 2) and 69/313 (paragraph 32).

³ Global health estimates 2015: deaths by cause, age, sex, by country and by region, 2000–2015. Geneva: World Health Organization; 2016 (http://www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html, accessed 29 March 2018).

Table 1. Premature deaths from noncommunicable diseases in 30–70-year olds, by country-income group and sex, 2015^a

Country income group	Premature deaths (ages 30–70 years) from noncommunicable diseases			
	Women	Men	Total	Percentage
Low-income countries	0.4 million	0.4 million	0.8 million	6%
Lower-middle-income countries	2.6 million	3.6 million	6.2 million	41%
Upper-middle-income countries	2.4 million	3.5 million	5.9 million	39%
High-income countries	0.8 million	1.3 million	2.1 million	14%
Total	6.2 million	8.8 million	15.0 million	100%

^a Source: United Nations General Assembly document A/72/662.

5. As premature deaths from noncommunicable diseases of people between the ages of 30 and 70 years are largely avoidable, these statistics should be considered alongside the 12 million people who died in 2015 from communicable diseases and perinatal conditions (all age groups) and the 5 million from injuries and violence (all age groups).¹

6. Globally, the risk of premature death from any of the four main noncommunicable diseases for people between the ages of 30 and 70 years declined by 17% between 2000 and 2015,² mainly owing to reductions in cardiovascular and chronic respiratory disease mortality. This decline occurred in all four World Bank income groups, but the decline in high-income countries was much steeper,³ resulting in widening gaps between country-income groups. In 2015, the risk of premature death between the ages of 30 and 70 years from any of the four main noncommunicable diseases ranged from 8% to 36%, for both sexes (Table 2).

Table 2. Probability of dying from any of the four main noncommunicable diseases between age 30 and 70 years in different country-income groups in 2015

Country-income group	Probability of dying from any of the four main noncommunicable diseases between the ages 30 and 70 years	
	Lowest probability	Highest probability
Low-income countries	17%	31%
Lower-middle-income countries	14%	36%
Upper-middle-income countries	11%	35%
High-income countries	8%	26%

¹ Global health estimates 2015: deaths by cause, age, sex, by country and by region, 2000–2015. Geneva: World Health Organization; 2016 (http://www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html, accessed 29 March 2018).

² World health statistics 2017: monitoring health for the SDGs, Sustainable Development Goals. Geneva: World Health Organization; 2017 (http://www.who.int/gho/publications/world_health_statistics/2017/en/, accessed 29 March 2018).

³ The NCD Challenge: Where do we stand today? How did we get to 2011? What happened in 2014? How are we getting to 2018? Background paper. Geneva: World Health Organization; 2017: paragraph 4 (<http://www.who.int/nmh/events/2017/background-paper-for-the-ncd-who-gi-meeting-final.pdf?ua=1>, accessed 29 March 2018).

7. Within countries (at all levels of development), noncommunicable diseases particularly affect the poorest and most disadvantaged people. Therefore, premature mortality from noncommunicable diseases is a marker of the devastating impact of their high burden on the lives of poor people and their untold suffering, and the threat to socioeconomic development.

8. Efforts to reach target 3.4 of the Sustainable Development Goals (by 2030 reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being) require that the existing political commitments made at the United Nations General Assembly in 2011 and 2014 be implemented on a dramatically larger scale. Under a business-as-usual scenario (without significantly expanding efforts before 2020), the current rate of decline in the number of premature deaths from noncommunicable diseases is insufficient in all four World Bank income groups for the target to be met by 2030.

9. Premature deaths from noncommunicable diseases in people between the ages of 30 and 70 years can be largely prevented or delayed by implementing the updated set of “best buys” and other recommended interventions for the prevention and control of noncommunicable diseases¹ endorsed by the Health Assembly in resolution WHA70.11 in May 2017.² Prevention is crucial, but investing in better management of the four main noncommunicable diseases is an essential component of any national response to noncommunicable diseases that may prevent one third to one half of premature deaths from such diseases.³

10. WHO’s Noncommunicable Diseases Progress Monitor 2017,⁴ which charts the implementation of commitments made by countries at the first and second High-level Meetings of the General Assembly on the Prevention and Control of Non-communicable Diseases in 2011 and 2014, respectively, shows the progress that has been made (Table 3).

Table 3. Progress in implementing national commitments responses as measured in 2015 and 2017

Indicator	2015	2017	Increase
Member States that have set national targets to address noncommunicable diseases	59	93	58%
Member States that have implemented operational multisectoral strategies to address noncommunicable diseases	64	94	48%
Member States that have developed guidelines for managing the four main noncommunicable diseases	50	90	80%

¹ Tackling NCDs: “Best buys” and other recommended interventions for the prevention and control of noncommunicable diseases. Geneva: World Health Organization; 2017 (<http://www.who.int/ncds/management/best-buys/en/>, accessed 29 March 2018).

² Italy and the United States of America dissociated themselves from operative paragraph 1 of resolution WHA70.11 and did not endorse the updated set of best buys and other recommended interventions for the prevention and control of noncommunicable diseases. They stated, inter alia, that they believe that the evidence underlying certain interventions was not yet sufficient to justify their inclusion. They considered that the proposed interventions should also reflect the view that all foods could be part of an overall healthy diet.

³ The NCD Challenge: current status and priorities for sustained action on the road to 2030 (Geneva, 8–9 June 2017). Report of the meeting. Geneva: World Health Organization; 2017 (<http://www.who.int/nmh/events/2017/gi-who-meeting-report-oct2017.pdf?ua=1>, accessed 29 March 2018).

⁴ Noncommunicable diseases progress monitor, 2017. Geneva: World Health Organization; 2017 (<http://www.who.int/nmh/publications/ncd-progress-monitor-2017/en/>, accessed 29 March 2018).

11. Despite the improvements in the areas mentioned in Table 3, overall progress to implement the four national time-bound commitments included in the outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of noncommunicable diseases, adopted in 2014,¹ has been uneven and insufficient. Examples of country categories showing the range of achievements made between 2014 and 2017 are shown in Table 4. A country-by-country scorecard is available on WHO's website.²

Table 4. Examples of progress achieved by some Member States, by country-income group, between 2014 and 2017

Country-income group	Highest "fully achieved" score (out of 19 indicators)	Lowest "fully achieved" score (out of 19 indicators)
Low-income countries	9	0
Lower-middle-income countries	11	0
Upper-middle-income countries	15	0
High-income countries	13	1

12. The world is reaching an inflection point. If significant investments are not made now, the increase in premature mortality from noncommunicable diseases in low-income and lower-middle-income countries will not be offset by any gains due to progress in implementing commitments made, and the world will not be able to reach target 3.4 (on noncommunicable diseases) of the Sustainable Development Goals by 2030. The economic growth in many low-income and lower-middle-income countries will not reduce premature mortality from noncommunicable diseases. The third High-level Meeting of the General Assembly on Non-communicable Diseases in 2018 will provide the last opportunity for Member States to affirm their strong political commitment and reinforce action.

WHAT IMPEDES COUNTRIES FROM ACHIEVING TARGET 3.4 OF THE SUSTAINABLE DEVELOPMENT GOALS ON NONCOMMUNICABLE DISEASES BY 2030?

13. Current investments in the implementation of the best buys and other recommended interventions for the prevention and control of noncommunicable diseases continue to lack the scale needed to accelerate progress towards target 3.4 of the Sustainable Development Goals, particularly in low-income and lower-middle-income countries. The challenges impeding progress at the national and subnational levels are shown in Table 5.³

¹ United Nations General Assembly resolution 68/300 (2014).

² See the Annex (Country-by-country scorecard) to the WHO Think Piece: Why is 2018 a strategically important year for NCDs? Geneva: World Health Organization; 2018 (<http://www.who.int/ncds/governance/high-level-commission/why-2018-important-year-for-NCDs.pdf?ua=1>, accessed 3 April 2018).

³ These challenges were identified by the Secretariat. They take into account the challenges identified during a joint meeting (Geneva, 8 and 9 June 2017) of the Graduate Institute of International and Development Studies, Geneva, and WHO with global experts on and advocates for noncommunicable diseases. A report of the meeting is available at <http://www.who.int/nmh/events/2017/ncd-challenge/en/> (accessed 29 March 2018).

Table 5. Challenges at the national and subnational levels to implement the best buys and other recommended interventions for the prevention and control of noncommunicable diseases

(i) Political choices	<ul style="list-style-type: none"> • Weak political action by Heads of State and Government to integrate the prevention and control of noncommunicable diseases into national responses to the 2030 Agenda for Sustainable Development. • With the exception of a few, Member States have not included progress towards target 3.4 of the Sustainable Development Goals in their 2016 and 2017 voluntary national reviews at the United Nations Economic and Social Council High-level Political Forum on Sustainable Development. This is not coherent with the acknowledgement by Heads of State and Government in 2011 that “noncommunicable diseases constitute one of the major challenges for development in the twenty-first century.”¹ • In increasing numbers high-income and upper-middle-income Member States are pursuing policy coherence between economic goals and interests, the trade-related Sustainable Development Goals and target 3.4 of the Goals in national responses to the 2030 Agenda for Sustainable Development. Low-income and lower-middle-income countries have no capacity to make such trade-offs when developing national responses to the Sustainable Development Goals.
(ii) Health systems	<ul style="list-style-type: none"> • Lack of access for all to affordable, safe, effective and good-quality essential medicines and vaccines for noncommunicable diseases. • Implementation of WHO’s Package of essential noncommunicable (PEN) disease interventions for primary health care in low-resource settings² and other packages is scattered across primary health care entities and lacks sufficient impact. • Best buys and other recommended interventions for the prevention and control of noncommunicable diseases are insufficiently integrated into the national universal health coverage package provided by the public sector. • Health systems in low-income and lower-middle-income countries do not have the required capacity to integrate the best buys and other recommended interventions for the prevention and control of noncommunicable diseases into primary health care, referral services, human resources and monitoring systems. • Limited progress towards target 3.8 of the Sustainable Development Goals on achieving universal health coverage.
(iii) National capacities	<ul style="list-style-type: none"> • Most low-income and lower-middle-income countries have no policy backbone or advanced technical expertise for the prevention and control of noncommunicable diseases. • Most Member States have no capacity to establish cross-sectoral partnerships for the prevention and control of noncommunicable diseases or to manage their complexity during implementation. • Proposals to increase prices and introduce tax-related measures on tobacco products, alcoholic beverages and sugar-sweetened beverages as an effective and important way of reducing consumption and health care costs and generating a national revenue stream (and catalysing other financing streams) require appropriate skill sets, which are not available in most low-income and lower-middle-income countries. • Most Member States lack the capacity to find common ground between policy-makers and private sector entities on the prevention and control of noncommunicable diseases and to convert such concordance into new public health approaches.

¹ United Nations General Assembly resolution 66/2 (2012) (Annex, paragraph 1).

² Package of essential noncommunicable (PEN) disease interventions for primary health care in low-resource settings. Geneva: World Health Organization; 2010 (http://www.who.int/cardiovascular_diseases/publications/pen2010/en/, accessed 29 March 2018).

<p>(iv) International finance</p>	<ul style="list-style-type: none"> • Despite commitments made in 2011, members of the OECD Development Assistance Committee have not prioritized the prevention and control of noncommunicable diseases in bilateral development cooperation. Official development assistance to catalyse additional resource mobilization from other sources (for example, taxation of tobacco products, alcoholic beverages and sugar-sweetened beverages) or unlock additional finance through blended or pooled financing remains almost zero. • Demands for technical cooperation from low-income and lower-middle-income countries to support national efforts to implement the best buys and other recommended interventions for the prevention and control of noncommunicable diseases are largely unmet. This gap is mainly caused by the lack of international financing to strengthen WHO's capacity to expand the delivery of technical assistance under programme area 2.1 (noncommunicable diseases) of the Programme budget. Programme area 2.1 has been chronically underfunded since 2011 and is currently (in percentage terms) the largest underfunded programme area in WHO's Programme budget. • The Economic and Social Council noted in June 2017 that the four global joint programmes developed by the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases "remain unfunded to date", recognized that the Task Force's "support to Member States to reflect the targets relating to noncommunicable diseases in the 2030 Agenda for Sustainable Development in national development plans and policies cannot be fulfilled with the current resources", and urged bilateral donors to strengthen development assistance for noncommunicable diseases, "in particular with regard to legal, fiscal and regulatory systems, including for evidence-based strategies such as taxation."¹ However, the situation remains unchanged since June 2017. • There is still no alignment between international development cooperation and national noncommunicable disease responses, despite continued requests from low-income and lower-middle-income countries. • There is a lack of projects that can be submitted to international financing institutions for their consideration and of skills to engage with public and private financing partners – in particular the World Bank and regional development banks – in order to make project financing proposals for national noncommunicable disease responses. This is a major impediment to greater investment in noncommunicable disease initiatives from international financing.
<p>(v) Impact of economic, market and commercial factors</p>	<ul style="list-style-type: none"> • Interference by industry impedes a number of governments in implementing some of the best buys and other recommended interventions for the prevention and control of noncommunicable diseases, including raising taxation on tobacco products, alcoholic beverages and sugar-sweetened beverages, and enacting and enforcing bans or restrictions on exposure to tobacco and alcohol advertising, promotion and sponsorship. • Multinationals with vested interests regularly interfere with health policy-making, for instance by lobbying against implementation of the best buys and other recommended interventions, working to discredit current scientific knowledge, available evidence and reviews of international experience, and bringing legal challenges to oppose progress. In some instances, these efforts are actively supported by other countries, for instance through international trade disputes.

¹ United Nations Economic and Social Council resolution 2017/8 on United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases (<https://www.un.org/ecosoc/en/documents/resolutions>, accessed 29 March 2018).

	<ul style="list-style-type: none"> • High-income countries that use trade promotion to increase exports of, tobacco products, alcoholic beverages and sugar-sweetened beverages to low-income and lower-middle-income countries rely on multinational companies to “responsibly market” their products that are deleterious to health. In the target countries, however, evidence-based legislation, together with fiscal and other relevant policies that are effective in reducing risk factors for noncommunicable diseases,¹ are often absent. • Some countries show limited interest in pursuing policy coherence and reflecting the interconnectedness of promoting a multilateral trading system under WTO with promoting the prevention and control of noncommunicable diseases in their international development policies as two sides of the same coin in terms of achieving the indivisible Sustainable Development Goals.
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14. To help Member States to overcome these challenges, the Secretariat will provide support to countries in attaining target 3.4 on noncommunicable diseases of the Sustainable Development Goals, as set out in the draft thirteenth general programme of work, 2019–2023. Solutions can be found, including through strengthening public policies, regulatory frameworks, unlocking the transformative potential of people, aligning private sector incentives with public health goals, fostering domestic and international financing, as well as incentivizing changes in consumption and production patterns.

15. In 2018 and 2019, the Secretariat will conduct a review of international experience in the prevention and control of noncommunicable diseases, including public–private partnerships, and will identify and disseminate lessons learned. The review will also take into account the preliminary lessons learned and successful approaches taken in a number of countries to overcome the challenges in implementing the best buys and other recommended interventions for the prevention and control of noncommunicable diseases. These preliminary lessons learned – identified by the Secretariat following the provision of technical assistance in 2014 – include those listed in Table 6.

Table 6. Preliminary lessons learned and successful approaches in overcoming challenges at the national and subnational levels to implement the best buys and other recommended interventions for the prevention and control of noncommunicable diseases (2014–2018)

(i) Political choices	<ul style="list-style-type: none"> • Several countries have adopted new national alcohol policies or new national alcohol legislation in accordance with WHO’s global strategy to reduce the harmful use of alcohol. • Some countries have enacted bans or comprehensive restrictions on exposure to alcohol advertising, including online advertising, in spite of strong resistance from some stakeholders. • Some countries have developed regulatory policies and legislation (including mandatory nutrition labelling, restricting the marketing of food and non-alcoholic beverages to children, and establishing food- or nutrition-based standards to make healthy diets accessible in public places, such as hospitals, childcare facilities, work places, universities, schools and government offices). • Some countries have invested in the management of noncommunicable diseases through domestic resources and health insurance schemes. • Several countries have incorporated noncommunicable diseases in their national development agenda, including in the corresponding United Nations Development Assistance Framework.
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¹ Examples include legislation to enact and enforce restrictions on the physical availability of retailed alcoholic beverages (via reduced hours of sale), drink-driving laws, an appropriate age for the purchase or consumption of alcoholic beverages, and banning the exposure of children and young people to appealing alcohol marketing.

	<ul style="list-style-type: none"> Some countries have established a national multisectoral mechanism, such as a high-level commission, agency or task force for engagement, policy coherence and mutual accountability of different spheres of policy-making that have a bearing on noncommunicable diseases.
(ii) Health systems	<ul style="list-style-type: none"> Many countries have started to provide brief psychosocial interventions for persons with hazardous and harmful alcohol use. Many countries have assessed the readiness of their health systems to deal with noncommunicable diseases and have strengthened the integrated management of noncommunicable diseases in primary health care by adapting WHO technical packages.¹ Many countries have strengthened the capacities of their health system, including at the primary health care level, to provide evidence-informed guidance related to antenatal care practices and to promote appropriate infant and young child feeding practices. Such practices help to ensure healthy growth and development, which contribute to reducing the risk of unhealthy weight gain and subsequent development of noncommunicable diseases.
(iii) National capacities	<ul style="list-style-type: none"> Some countries have formulated and implemented national alcohol policies. Most countries have developed national multisectoral policies and action plans for the prevention and control of noncommunicable diseases. Many countries are strengthening their national capacities to monitor health and nutrition indicators, including those related to noncommunicable diseases. Since 2015, WHO has co-hosted annual training workshops on legal challenges in implementation of plain packaging of tobacco products, followed by, inter alia, provision of technical assistance on request. In 2016, WHO published guidance on the design and implementation of plain packaging.² WHO has provided training or assistance to nine of the 11 countries that have passed plain packaging laws, showing that national capacity to implement legally complex measures can be supported.
(iv) International finance	<ul style="list-style-type: none"> Some low- and middle-income countries have increased price and tax measures on tobacco products, alcoholic beverages and sugar-sweetened beverages. This is an important and effective means of reducing consumption and health care costs and generating a revenue stream for financing for development. Some low- and middle-income countries have secured international finance through bilateral channels or from philanthropic foundations. This is used, for example, to implement WHO packages.
(v) Impact of economic, market and commercial factors	<ul style="list-style-type: none"> Some countries have established minimum prices for alcohol (and have defended legal challenges relating to this). In developing mandatory nutrition labelling and restrictions on the marketing of foods and non-alcoholic beverages to children, some governments overcame substantial opposition from some elements of the food and beverage sector. Factors contributing to overcoming opposition include the implementation of comprehensive policy actions and sustained evidence-informed inputs from national research and academic institutions and continuing support from the community and civil society organizations.

¹ For example, MPOWER (a package of tobacco demand reduction measures), SHAKE (a technical package for salt reduction) and HEARTS (technical package for cardiovascular disease management in primary health care).

² Plain packaging of tobacco products: evidence, design and implementation. Geneva: World Health Organization; 2016 (<http://www.who.int/tobacco/publications/industry/plain-packaging-tobacco-products/en/>, accessed 29 March 2018).

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| | <ul style="list-style-type: none"> • In developing tobacco plain packaging laws, some governments overcame substantial tobacco industry opposition, including in the form of lobbying, public campaigning, attempts to discredit current scientific knowledge, available evidence and reviews of international experience, and litigation in multiple forums. The success of countries moving forward can be attributed to factors including sustained political support, a whole-of-government and evidence-based approach, commitment of sufficient resources, stakeholder consultation on policy implementation and strong technical capacity.¹ |
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16. Member States are invited to hold open, inclusive and transparent discussions on filling the shortfall in the mobilization of international support towards official development assistance commitments to support low-income and lower-middle-income countries in reaching target 3.4 of the Sustainable Development Goals.

17. Nongovernmental organizations in a number of high-income countries are encouraging their governments to explore the emerging idea that the income governments receive from taxation of the global revenue derived by multinational companies (based in high-income countries) from the sales of tobacco products, alcoholic beverages and sugar-sweetened beverages in low-income and lower-middle-income countries could be ploughed back – through official development assistance – into low-income and lower-middle-income countries in order to support national efforts in the poorest countries to implement the best buys and other recommended interventions for the prevention and control of noncommunicable diseases.

18. Member States have divergent political views on the extent to which the challenges identified in Table 5 impede progress towards reaching target 3.4 and the political feasibility of the solutions proposed in paragraphs 13–16. If no consensus is forged on these issues during the first half of 2018, there is a risk that the consultations on the outcome document for the third High-level Meeting will default to a scenario that is the same as or worse than the current situation. Political processes of WHO's governing bodies, the United Nations Economic and Social Council and the General Assembly may provide opportunities to forge a consensus on these divergent views before the third High-level Meeting.

PREPARATORY PROCESS LEADING TO THE THIRD HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY ON THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES IN 2018

19. The preparatory process leading to the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases in 2018 has been mapped out by WHO and is available on the WHO website.²

¹ See Plain packaging of tobacco products: evidence, design and implementation. Geneva: World Health Organization; 2016 (<http://www.who.int/tobacco/publications/industry/plain-packaging-tobacco-products/en/>, accessed 29 March 2018).

² See <http://www.who.int/ncds/governance/third-un-meeting/en/> (accessed 29 March 2018).

20. The co-chairs of the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases Global Dialogue Meeting on the role of non-State actors in supporting Member States in their national efforts to tackle noncommunicable diseases as part of the 2030 Agenda for Sustainable Development (Mauritius, 19–21 October 2016)¹ issued a statement that provided clarity about the roles of non-State actors in supporting governments and national efforts to reach target 3.4 of the Sustainable Development Goals,² which may serve as an input into the preparatory process.

21. The Government of China hosted the 9th Global Conference on Health Promotion (Shanghai, China, 21–24 November 2016), which discussed ways to raise the priority given to health in national responses to the overall implementation of the 2030 Agenda for Sustainable Development at the country level. The 1000 participants at the conference from Member States, organizations of the United Nations system, and non-State actors adopted the Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development.³

22. In preparation for the third High-level Meeting, WHO, in collaboration with the Graduate Institute of International and Development Studies (Geneva), convened a meeting of international experts and global advocates on The NCD Challenge: current status and priorities for sustained action on the road to 2030 (Geneva, 8–9 June 2017) to brainstorm about priority actions to reinforce collective global action on noncommunicable diseases. The meeting resulted in a report with recommendations,⁴ which may serve as an input into the preparatory process.

23. The WHO Regional Office for Europe organized the European Meeting of National NCD Directors and Programme Managers (Moscow, 8 and 9 June 2017), the outcome of which will also be a report with recommendations⁵ and which may serve as an input into the preparatory process.

24. The Director-General established the WHO Independent High-level Commission on Noncommunicable Diseases in October 2017⁶ in order inter alia to make recommendations that may serve as an input into the preparatory process leading to the third High-level Meeting. On

¹ Working together to tackle noncommunicable diseases. GCM/NCD Global Dialogue Meeting on the role of non-State actors in supporting Member States in their national efforts to tackle noncommunicable diseases (NCDs) as part of the 2030 Agenda for Sustainable Development. Balaclava, Mauritius, 19–21 October 2016. Final report (<http://www.who.int/entity/global-coordination-mechanism/dialogues/global-dialogue-meeting-report-oct2016.pdf?ua=1>, accessed 29 March 2018).

² Co-Chairs' Statement. WHO GCM/NCD Global Dialogue on the role of non-State actors in supporting Member States in their national efforts to tackle NCDs as part of the 2030 Agenda for Sustainable Development. Mauritius, 19–21 October 2016 (<http://www.who.int/global-coordination-mechanism/dialogues/global-dialogue-meeting-2030-agenda-for-sustainable-development/en/>, accessed 29 March 2018).

³ Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development (<http://www.who.int/entity/healthpromotion/conferences/9gchp/shanghai-declaration/en/index.html>, accessed 29 March 2018).

⁴ The NCD Challenge: current status and priorities for sustained action on the road to 2030 (Geneva, 8–9 June 2017). Report of the meeting (available through the link to meeting report at <http://www.who.int/nmh/events/2017/ncd-challenge/en/>, accessed 29 March 2018).

⁵ Meeting of NCD Directors and Managers. Background (<http://www.euro.who.int/en/media-centre/events/events/2017/06/who-european-meeting-of-national-ncd-directors-and-programme-managers/background>, accessed 29 March 2018).

⁶ WHO Independent Global High-level Commission on NCDs (<http://www.who.int/ncds/governance/high-level-commission/en/>, accessed 29 March 2018).

15 February 2018, WHO published the names of the Commissioners.¹ The Commission intends to submit its report to the Director-General on 1 June 2018 with recommendations that may serve as an input into the preparatory process, which will take place under the auspices of the President of the United Nations General Assembly.

25. The WHO Global Conference on Noncommunicable Diseases (Montevideo, 18–20 October 2017) was attended by representatives of Member States, organizations of the United Nations system, relevant nongovernmental organizations, selected private sector entities, philanthropic foundations and academic institutions, including five presidents and 20 ministers. Member States represented at the Conference adopted the Montevideo Roadmap 2018–2030 on Noncommunicable Diseases as a Sustainable Development Priority,² which resulted from a consensus reached during informal consultations among the Permanent Missions in Geneva between July and October 2017. The main outcomes of the Conference include the following:

- raised awareness about the preparatory process leading to the third High-level Meeting in 2018;
- an agreed set of national commitments included in the Montevideo Roadmap 2018–2030;
- contours of the WHO Independent High-level Commission on Noncommunicable Diseases established;
- knowledge exchanged on what works best in implementing best buys in each country;
- new solutions launched to help countries to build their own national noncommunicable disease responses to reach target 3.4 of the Sustainable Development Goals by 2030.

26. Pursuant to paragraph 38 of United Nations General Assembly resolution 68/300 (2014), the Secretary-General submitted on 21 December 2017 to the General Assembly a report on the progress achieved in the implementation of resolutions 68/300 and 66/2 (2012).³ On 26 January 2018, the President of the United Nations General Assembly appointed the Permanent Representative of Italy and Uruguay to the United Nations in New York⁴ to co-facilitate the informal consultations of a modalities resolution (to agree on the scope, dates, format and level of participation of the third High-level Meeting), as well as the outcome document. The President of the United Nations General Assembly may also convene an informal interactive hearing with civil society organizations in consultative status with the Economic and Social Council.

¹ WHO Independent Global High-level Commission on NCDs (<http://www.who.int/ncds/governance/high-level-commission/en/>, accessed 29 March 2018).

² Montevideo Roadmap 2018–2030 on the Prevention and Control of Noncommunicable Diseases as a Sustainable Development Priority (<http://www.who.int/conferences/global-ncd-conference/Roadmap.pdf?ua=1> (accessed 3 April 2018)).

³ Progress on the prevention and control of non-communicable diseases. Report of the Secretary-General. Document A/72/662 (http://www.un.org/ga/search/view_doc.asp?symbol=A%2F72%2F662&Submit=Search&Lang=E, accessed 29 March 2018).

⁴ Information from the President of the General Assembly to all Permanent Representatives and Permanent Observers to the United Nations, New York (<https://www.un.org/pga/72/wp-content/uploads/sites/51/2018/01/NCD-26-January.pdf>, accessed 29 March 2018).

27. To further support the process, WHO convened a Global Dialogue on Partnerships for Sustainable Financing of Noncommunicable Disease Prevention and Control from 9 to 11 April 2018 in Copenhagen.¹ The Dialogue was hosted by the Government of Denmark.

28. The Secretariat will finalize its work on the development of a global investment case on the prevention and control of noncommunicable diseases, which will equip decision-makers in government, civil society and the private sector with key economic insights on the cost of action versus inaction. The Secretariat plans to publish the business case on 20 May 2018, on the occasion of the eve of the Seventy-first World Health Assembly.

ASSIGNMENTS GIVEN TO THE SECRETARIAT

29. The assignments given to WHO in 2014 by the General Assembly were considered by several Health Assemblies,² resulting in a second set of assignments (10) to be completed before the third High-level Meeting in 2018 (Table 7).

Table 7. Second set of assignments given to WHO and their outcome

	Second set of assignments given to WHO	Completed	Outcome
1	Update Appendix 3 (Best buys and other recommended interventions for the prevention and control of noncommunicable diseases)	May 2017 ³	Provides guidance to Member States on how to strengthen national noncommunicable disease responses
2	Develop an implementation plan for the report of WHO's Commission on Ending Childhood Obesity	May 2017 ⁴	Provides guidance to Member States on how to strengthen national noncommunicable disease responses
3	Develop a global action plan to promote physical activity ⁵	November 2017	Provides guidance to Member States on how to strengthen national noncommunicable disease responses
4	Develop an approach that can be used to register and publish the contributions of non-State actors to the achievement of the nine voluntary global targets for noncommunicable diseases	2016 ⁶ 2017 ⁷ Phase 3: pending	Sets out how WHO will develop a platform to track self-reported contributions from nongovernmental organizations, private sector entities, philanthropic foundations, and academic institutions to the implementation of

¹ WHO Global Dialogue on Partnerships for Sustainable Financing of Noncommunicable Disease (NCD) Prevention and Control (<http://www.who.int/global-coordination-mechanism/activities/dialogues/sustainable-finance/en/>, accessed 29 March 2018).

² See documents A68/11, A69/10 and A70/27. Document A70/27 was noted by the Health Assembly, see document WHA70/2017/REC/3, summary records of Committee B the fourth meeting, section 4, fifth meeting, section 2 and seventh meeting, section 2 of the Seventieth World Health Assembly.

³ The updated Appendix 3 of the global action plan for the prevention and control of noncommunicable diseases 2013–2020 was endorsed by the Health Assembly in resolution WHA70.11 (2017).

⁴ The implementation plan (document A70/31) was welcomed by the Health Assembly in decision WHA70(19) (2017).

⁵ The development of the draft global action plan to promote physical activity is outlined in http://www.who.int/ncds/governance/physical_activity_plan/en/ (accessed 29 March 2018).

⁶ See document A69/10, Annex 4.

⁷ See document A70/27, Annex 2.

	Second set of assignments given to WHO	Completed	Outcome
			national noncommunicable disease responses, using a common set of comparable indicators and provide an assessment that is independently verifiable
5	Report to the United Nations General Assembly on the progress achieved in the implementation of the 2011 United Nations Political Declaration on noncommunicable diseases and the 2014 Outcome Document of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases	December 2017	Report progress achieved since 2011
6	(Through the OECD Development Assistance Committee) develop a purpose code for noncommunicable diseases in order to track official development assistance for noncommunicable diseases	June 2017	Purpose code developed for tracking official development assistance for technical assistance provided to developing countries to strengthen national noncommunicable disease responses
7	Conduct a mid-point evaluation of progress on the implementation of the global action plan for the prevention and control of noncommunicable diseases 2013–2030 ¹	Pending (2018)	Take stock of lessons learned and recommended corrective actions, if any
8	Conduct a preliminary evaluation of the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases to assess its results and added value ²	December 2017 ³	Take stock of lessons learned and recommend corrective actions, if any
9	Prepare a third WHO Global Status report on noncommunicable diseases (2016) ⁴	Pending	To be defined
10	Convene the first Global Meeting of National NCD Programme Directors and Managers ⁵	February 2016	Supported national noncommunicable disease directors in identifying solutions to address bottlenecks in realizing the four time-bound commitments

STATUTORY REPORTING REQUIREMENTS

30. In response to paragraph 3(9) of resolution WHA66.10 (2013), the Director-General hereby submits the report on progress made in implementing the global action plan for the prevention and

¹ See document A70/27, paragraph 20.

² See document A70/27, paragraph 21.

³ See document EB142/15 Add.1.

⁴ See document EB136/11, Annex 2.

⁵ First WHO Global Meeting of National NCD Programme Directors and Managers. Geneva, 15–17 February 2016 (<http://www.who.int/nmh/events/2016/ncd-focal-points/en/>, accessed 29 March 2018).

control of noncommunicable diseases 2013–2020 during the period from May 2016 to November 2017 (see Annex 1).

31. In response to the second request in paragraph 3(9) of resolution WHA66.10, the Director-General hereby submits the report on progress made in implementing the workplan of the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases covering 2016–2017 (see Annex 2).

32. In response to subparagraph 2(10) of resolution WHA70.12 (2017) on cancer prevention and control in the context of an integrated approach, the Director-General hereby submits the report on progress made in implementing that resolution (see Annex 3).

33. In response to paragraph 11 of the Economic and Social Council's resolution 2017/8, the Director-General hereby submits the preliminary report on progress made by the United Nations Inter-Agency Task Force on the Prevention and Control of Noncommunicable Diseases covering 2017 (see Annex 4), taking into account that the final report covering 2017–2018 will be submitted to the Council during the second quarter of 2018.

EVALUATIONS

34. In accordance with the modalities of the preliminary evaluation of the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases, paragraph 19 of its terms of reference and the evaluation workplan for 2016–2017, a preliminary evaluation was conducted of the Coordination Mechanism between June and November 2017 in order to assess its results and its added value. The results are being reported separately to the Health Assembly.¹

35. In accordance with paragraph 60 of the global action plan for the prevention and control of noncommunicable diseases 2013–2020, and in conformity with the evaluation workplan for 2018–2019, the Secretariat will convene a representative group of stakeholders, including Member States and international partners, that will work during the third quarter of 2018, in order to conduct a mid-point evaluation of progress on the implementation of the global action plan. The results will be reported to the Seventy-second World Health Assembly in May 2019, through the Executive Board in January 2019.

ACTION BY THE HEALTH ASSEMBLY

36. The Health Assembly is invited to note the report.

¹ See the accompanying document A71/14 Add.1.

ANNEX 1

**REPORT ON PROGRESS MADE IN IMPLEMENTING THE WHO GLOBAL
ACTION PLAN FOR THE PREVENTION AND CONTROL OF
NONCOMMUNICABLE DISEASES 2013–2020 DURING THE PERIOD
FROM MAY 2016 TO NOVEMBER 2017**

Objective 1. To raise the priority accorded to the prevention and control of noncommunicable diseases in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy.

1. In the past two years, the WHO regional committees have adopted the resolutions on noncommunicable diseases listed in Table 1.

Table 1. Resolutions on noncommunicable diseases adopted by the WHO regional committees in 2016 and 2017

Region	2016	2017
African	–	Regional framework for integrating essential noncommunicable disease services in primary health care
Americas	Strategy for the prevention and control of noncommunicable diseases	Strategy and plan of action to strengthen tobacco control in the Region of the Americas 2018–2022
South-East Asia	Promoting physical activity in the South-East Asia Region Strategic action plan to reduce the double burden of malnutrition in the South-East Asia Region 2016–2025	–
European	Action plan for the prevention and control of noncommunicable diseases in the WHO European Region	–
Eastern Mediterranean	–	Regional framework for action on cancer prevention and control
Western Pacific	–	Protecting children from the harmful impact of food marketing

Objective 2. To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country responses for the prevention and control of noncommunicable diseases.

2. The Secretariat provided training in 15 countries and technical support to 24 countries in strengthening, updating and costing national strategies and action plans for the prevention and control of noncommunicable diseases. The Secretariat updated its tools for developing, implementing and

monitoring the National Multisectoral Action Plan,¹ including a practical tool for prioritizing national action.

Objective 3. To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through the creation of health-promoting environments.

3. Reducing tobacco use

- WHO provided specialized technical assistance on the implementation of the WHO Framework Convention on Tobacco Control, including introduction of tobacco taxes, smoke-free environments, bans on tobacco advertising, promotion and sponsorship, and graphic health warnings. This work on tobacco control is aligned with WHO's priorities as set and defined in the best buys and other recommended interventions for the prevention and control of noncommunicable diseases, and contributes to the achievement of target 3.a of the Sustainable Development Goals on accelerating implementation of the WHO Framework Convention on Tobacco Control.
- WHO launched the sixth WHO report on the global tobacco epidemic,² which focuses on monitoring tobacco use and prevention policies. Overall progress has been steady, with some 15 new countries reaching best-practice level on one or more key tobacco measures every two years. As a result, 121 countries (4700 million people, 63% of the world's population) are now covered by at least one best-practice policy intervention at the national level. This is a substantial increase from the 42 countries covering 1000 million people (15% of the world's population) at best-practice level in 2007, and shows what can be achieved when tobacco control is prioritized.
- The National Cancer Institute of the United States of America in collaboration with WHO published a monograph on the economics of tobacco and tobacco control³ to document and disseminate knowledge of the economic impact of tobacco use. World No Tobacco Day 2017 focused on the theme "Tobacco – a threat to development". WHO also issued a report to raise awareness of the adverse impact of tobacco growing, production and use on the environment.⁴
- WHO has also worked extensively with collaborative centres and through its advisory bodies, such as the WHO Study Group on Tobacco Product Regulation, WHO Tobacco Laboratory Network and The Global Tobacco Regulators Forum to advance global tobacco regulation and build regulatory capacity regarding tobacco, specifically to support Member States'

¹ Tools for National Multisectoral Action Plan for prevention and control of noncommunicable diseases (<http://apps.who.int/ncd-multisectoral-plantool/>, accessed 29 March 2018).

² WHO report on the global tobacco epidemic, 2017: monitoring tobacco use and prevention policies. Geneva: World Health Organization; 2017 (<http://apps.who.int/iris/bitstream/10665/255874/1/9789241512824-eng.pdf?ua=1&ua=1>, accessed 29 March 2018).

³ United States National Cancer Institute, WHO. The economics of tobacco and tobacco control. National Cancer Institute Tobacco Control Monograph 21. NIH Publication No. 16-CA-8029A. Bethesda, MD: United States Department of Health and Human Services, National Institutes of Health, National Cancer Institute; and Geneva: World Health Organization; 2016 (https://cancercontrol.cancer.gov/brp/tcrb/monographs/21/docs/m21_complete.pdf, accessed 29 March 2018).

⁴ Tobacco and its environmental impact: an overview. Geneva: World Health Organization; 2017 (<http://apps.who.int/iris/bitstream/10665/255574/1/9789241512497-eng.pdf?ua=1>, accessed 29 March 2018).

implementation of Articles 9, 10 and 11 of the WHO Framework Convention on Tobacco Control.

- WHO strengthened its partnership with ITU on the Be He@lthy Be Mobile Initiative. The initiative has continued to provide support to Member States in designing, deploying and scaling-up noncommunicable disease prevention and management services, using mobile phones to expand access. There is clear demand from Member States for guidance on how to design and deliver m-health services on a large scale. The initiative is currently working with 10 countries and has received requests from more than 90 others. Its largest programme is in India, where an mTobacco Cessation programme has received more than two million registrations since 2016. Programmes for mDiabetes in Egypt and Senegal have also each attracted more than 100 000 users, and a cervical cancer awareness programme in Zambia has engaged with 500 000 people. Early results indicate positive outcomes, with improvements in cessation rates, diabetes management and cervical cancer screening uptake. The initiative supports programmes for a growing number of noncommunicable disease areas and risk factors besides tobacco use cessation, diabetes and cervical cancer, including chronic obstructive pulmonary disease and asthma, healthy ageing and hypertension. It is also beginning to look at how to provide support across disease areas, such as tobacco cessation for patients with tuberculosis (mTB-Tobacco). Through the partnership with ITU, it has maintained a multisectoral partnership model to support the work. This model includes Member States, multilateral agencies, academic institutions, civil society, and relevant companies from the private sector such as telecom operators.
- In collaboration with the secretariat of the WHO Framework Convention on Tobacco Control, the Secretariat is providing technical assistance to Member States for the development of appropriate policies and programmes to strengthen tobacco tax administration, in order to eliminate illicit trade in tobacco products, as envisaged under the WHO Framework Convention on Tobacco Control and its protocols. The Secretariat is also providing support to Member States in developing policies on other supply-side issues such as alternative livelihoods to tobacco growing.

4. Promoting healthy diets

- WHO has developed guidelines on saturated fatty acids, *trans*-fatty acids and total fat intake. Guidelines on polyunsaturated fatty acids, carbohydrates, non-sugar sweeteners and overall dietary patterns are being developed for publication in 2018–2019.
- Nutrient profile models for regulating the marketing of food and non-alcoholic beverages to children have been drawn up in five regions, and in the Western Pacific Region Member States have strengthened their commitment through the adoption of a resolution by the regional committee on protecting children from the harmful impact of food marketing.
- There is increased support for Member States for the preparation and implementation of effective taxation on sugar-sweetened beverages and a manual for implementation has been prepared in order to support countries in moving this policy action forward.
- Drafting of a manual of guiding principles for developing and implementing front-of-pack labelling systems has been completed and it will be field-tested in several countries. Additional evidence reviews are being carried out and country experiences in implementing nutrition labelling are being compiled.

- Through regional and multicountry training, the SHAKE technical package for reduction of salt intake has been disseminated and used in countries and the accompanying toolkit has been completed to further support countries in implementing salt intake reduction.
- Simultaneously, work to reduce intakes of *trans*-fatty acids, in particular to eliminate industrially produced *trans*-fatty acids from the food supply, continues in collaboration with different partners.
- The United Nations General Assembly declared 2016–2025 the Decade of Action on Nutrition, to be led by FAO and WHO. A work programme was finalized in May 2016.
- In May 2017, the Seventieth World Health Assembly in decision WHA70(19) welcomed the implementation plan for the recommendations of the Commission on Ending Childhood Obesity and a summary of these recommendations was published in October 2017.¹
- Discussions are under way among Member States to launch regional and global action networks to facilitate the implementation of effective policies for improving diet. Two regional initiatives aimed at improving the food environment were launched (in the Western Pacific Region and by PAHO) in October 2017.

5. Promoting physical activity

- Two regional action plans on physical activity have been developed (for the European and Eastern Mediterranean regions) and the South-East Asia Regional Committee has adopted a resolution to increase action on physical activity. In all regions technical cooperation has been undertaken with Member States to support multisectoral planning and capacity-building for physical activity programmes. In recognition of the slow progress on the promotion and uptake of physical activity and the new window of opportunity offered by the Sustainable Development Goals to accelerate action and following the decision of the Executive Board at its 140th session in January 2017,² the Secretariat prepared a report and a draft global action plan on physical activity 2018–2030 that was considered by the Board at its 140th session,³ and will be considered by this Health Assembly. Regional consultations were conducted on the draft global action plan to provide an opportunity to strengthen capacities in regions and countries.
- Drafting began in 2017 of recommendations on physical activity, sedentary behaviour and behaviours related to sleeping in children under five years of age as recommended by the Ending Childhood Obesity Commission and as part of wider norms and standards on physical activity across the life course.

¹ Report of the Commission on Ending Childhood Obesity. Implementation plan: executive summary. Geneva: World Health Organization; 2017 (<http://www.who.int/end-childhood-obesity/publications/echo-plan-executive-summary/en/>, accessed 29 March 2018).

² See document EB140/2017/REC/2, summary records of the thirteenth meeting.

³ See the accompanying document A71/18.

6. Harmful use of alcohol

- The Secretariat continues to provide support to Member States by focusing on sharing experiences, collecting best practices and promoting cost-effective interventions. WHO has launched a new resource tool on alcohol taxation and pricing policies to strengthen the capacity of health ministries to lead effective policy development and implementation to reduce the harmful use of alcohol.
- UNDP and WHO have been collaborating on an initiative to support countries in developing or strengthening national policies on alcohol by addressing the interaction between alcohol, gender-based violence and infectious diseases, and by ensuring the integration and coherence of policy frameworks and action plans. Training has been conducted in 20 countries so far on how to develop, strengthen and integrate policies and action plans on alcohol, gender-based violence and infectious diseases such as HIV infection and tuberculosis.
- A tool for measuring implementation of alcohol policies has been developed for the European Region.
- WHO organized, for the first time, a global forum on alcohol, drugs and addictive behaviours, the primary goal of which was to enhance public health actions in these areas by strengthening partnerships and collaboration among public health oriented organizations, networks and institutions in the context of the Sustainable Development Goals.
- WHO's global survey on progress in implementing alcohol policies, conducted in 2015, showed that many countries still lacked a written national alcohol policy. Commonly reported barriers and setbacks included a lack of political commitment or priority, along with a lack of resources. Since 2010, 21% of the 138 responding countries have moved towards developing a national alcohol policy or strategy whereas 34% have enacted an existing policy or strategy. WHO's global survey on alcohol and health was conducted in 2016 and the results will form the basis for WHO's next global status report on alcohol and health.

Objective 4. To strengthen and orient health systems to address the prevention and control of noncommunicable diseases and the underlying social determinants through people-centred primary health care and universal health coverage.

7. Elements of the WHO Package of Essential Noncommunicable Disease Interventions¹ have been implemented in 30 countries and adapted to local contexts. WHO, the United States Centers for Disease Control and Prevention and other partners have developed the Global Hearts initiative and a technical package to support governments in strengthening the prevention and control of cardiovascular disease with a focus on hypertension and diabetes. Planning workshops have been held in six countries including a situational assessment. The new global initiative RESOLVE will help to expand efforts for hypertension control.

8. The United Nations Global Joint Programme on Cervical Cancer Prevention and Control with seven United Nations agencies has helped to synergize efforts for the prevention and control of cancer

¹ Tools for implementing WHO PEN (Package of essential noncommunicable disease interventions /http://www.who.int/ncds/management/pen_tools/en/, accessed 29 March 2018).

of the uterine cervix. Inception missions were carried out in three countries and workplans were developed to expand cervical cancer control.

9. Both resolution WHA70.12 (2017) on cancer prevention and control and WHO's guidance for strengthening early diagnosis have contributed support to countries in cancer control.

10. World Health Day 2016, on the theme of diabetes, helped to highlight the alarming increase in diabetes and shortage of insulin in many countries. WHO's guidance on the classification of diabetes and medicines for the control of hyperglycaemia is being updated.

11. The Global Alliance against Chronic Respiratory Diseases was reactivated and has more partners working together to control asthma and chronic obstructive pulmonary disease.

12. Palliative care is supported through updating guidelines for the management of cancer pain in adults. A guide for planning and implementing palliative care services was developed to support programme managers.

13. A set of evidence-based and cost-effective interventions (best buys) has been updated; they are helping countries to prioritize their national plans. WHO's regional offices have reflected the importance of noncommunicable disease management, primary health care and health systems support in their regional committee meetings and in providing support to Member States.

14. The Noncommunicable Disease Country Capacity Survey 2017, which assessed progress towards achieving noncommunicable disease indicators, showed that 46% of countries reported that they have guidelines for the management of cancer, cardiovascular disease, diabetes and chronic respiratory diseases. More than 100 Member States (56%) are still not able to provide medical treatments and counselling to prevent heart attacks and strokes.

Objective 5. To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.

15. WHO has written, in collaboration with international experts, a guide to implementation research in the prevention and control of noncommunicable diseases.¹ The Secretariat organized a workshop on strengthening national capacity for implementation research on noncommunicable diseases for six countries in collaboration with partners at Oxford University (United Kingdom of Great Britain and Northern Ireland).

Objective 6. To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.

16. The Secretariat has promoted guidance to Member States on how to measure, calculate and report on the 25 indicators, nine global targets and nine action plan indicators.² On the basis of

¹ A guide to implementation research in the prevention and control of noncommunicable diseases. Geneva: World Health Organization; 2016 (http://www.who.int/ncds/governance/policies/NCD_MSA_plans/en/, accessed 29 March 2018).

² Document A67/14, Annex 4, Appendix.

country-reported data, and in collaboration with international partners, WHO produced updated estimates that are comparable between countries of mortality from noncommunicable diseases and key risk factors to show trends and current status.

17. WHO undertook a periodic global survey to assess national capacity for the prevention and control of noncommunicable diseases. The aim of the survey, which is carried out every two years, is to generate detailed information from countries on their current capacities with regard to infrastructure and policies for the prevention and control of noncommunicable diseases, policy action, surveillance and health-systems response, as well as to identify areas that require future prioritization and strengthening. A record 100% of WHO's Member States responded and provided detailed information to validate their responses. WHO issued the WHO Noncommunicable Diseases Progress Monitor 2017, which provides data on 19 indicators tracking progress to prevent and control noncommunicable diseases in all 194 Member States.

18. The Secretariat provided technical support and training to 25 Member States to carry out new or repeat noncommunicable disease surveys to track country level trends, using the WHO STEPwise approach to surveillance of noncommunicable disease risk factors in adults. It also provided support to 12 countries to undertake an adolescent risk factor survey using the global school-based student health survey, and for a further 17 countries training and support for data analysis and reporting of recently conducted surveys. Furthermore, it provided support to 34 Member States to implement the Global Youth Tobacco Survey and to nine to conduct the Global Adult Tobacco Survey.

ANNEX 2

**REPORT ON PROGRESS MADE IN IMPLEMENTING THE WORKPLAN OF THE
WHO GLOBAL COORDINATION MECHANISM ON THE PREVENTION AND
CONTROL OF NONCOMMUNICABLE DISEASES COVERING 2016–2017**

1. The main outcomes achieved in implementing the workplan of the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases during the period 2016–2017 are set out in the Table.

Table. Actions, activities and outcomes of the workplan of the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases

Action	Activity	Outcomes achieved in 2016–2017
Action 1.1	Develop and implement a global communications campaign in 2016 (showing the feasibility of achieving the nine voluntary global noncommunicable disease targets for by 2025).	The WHO Global Communications Campaign on noncommunicable diseases, launched in July 2016, (1) demonstrates – by sharing success stories of Member States’ progress on the prevention and control of noncommunicable diseases, ¹ policy briefs and advocacy material – the potential that exists to achieve the nine global voluntary noncommunicable disease targets by 2025; and (2) by telling human stories about noncommunicable diseases, ² provides a human face for noncommunicable diseases and illustrates their impact on the lives of people living with noncommunicable diseases, their families, health workers, advocates, policy makers and political leaders.
Action 1.2	Conduct a dialogue on the role of non-State actors in supporting Member States in their national efforts to tackle noncommunicable diseases in the post–2015 era. The dialogue will result in a report with recommendations.	A global dialogue meeting on the role of non-State actors in supporting Member States in their national efforts to curb noncommunicable diseases as part of the 2030 Agenda for Sustainable Development (Mauritius, 19–21 October 2016) resulted in a report ³ with lessons learned and recommendations that can be applied in numerous countries. The co-chairs of the meeting (France and Mauritius) issued a statement that sets out the role of nongovernmental organizations, the private sector, philanthropic foundations and academic institutions. ⁴

¹ Noncommunicable diseases: campaign for action – meeting the NCD targets (<http://www.who.int/beat-ncds/en/>, accessed 29 March 2018).

² NCDs & me (<http://apps.who.int/ncds-and-me/>, accessed 29 March 2018).

³ WHO Global Dialogue Meeting on the role of non-State actors in supporting Member States in their national efforts to tackle noncommunicable diseases (NCDs) as part of the 2030 Agenda for Sustainable Development (<http://www.who.int/global-coordination-mechanism/dialogues/global-dialogue-meeting-2030-agenda-for-sustainable-development/en/>, accessed 29 March 2018).

⁴ WHO Global Dialogue Meeting on the role of non-State actors in supporting Member States in their national efforts to tackle noncommunicable diseases (NCDs) as part of the 2030 Agenda for Sustainable Development. Balaclava, Mauritius, 19–21 October 2016 (<http://www.who.int/global-coordination-mechanism/dialogues/co-chairs-statement-gcm-ncd-global-dialogue-oct2016-en.pdf?ua=1>, accessed 29 March 2018).

Action	Activity	Outcomes achieved in 2016–2017
Action 1.3	Conduct a dialogue in 2017 on how governments can promote policy coherence between different spheres of policy-making that have a bearing on noncommunicable diseases. The dialogue will result in a report with recommendations.	The mandate for the WHO Global Conference on Noncommunicable Diseases ¹ (Montevideo, 18–20 October 2017) derived from the workplan of the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases, as well as the preparatory process leading towards the third High-level Meeting. Representatives from Member States attending the Conference adopted the Montevideo Roadmap 2018–2030 on Noncommunicable Diseases as a Sustainable Development Priority which may serve as an input into the preparatory process leading to the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases.
Action 2.1	Expand the broad engagement of participants through the web-based platforms established in 2014–2015, including developing the requirements and criteria for access by different groups, and use the web-based platform to disseminate information on country plans and the implementation of country commitments.	The first phase of the Knowledge Network for Action on Noncommunicable Diseases ² was launched in October 2017 and was made accessible to Member States, organizations of the United Nations system and registered non-State actors.
Action 2.2	Explore other potential low-cost approaches for knowledge dissemination and interaction between participants and use these as appropriate.	In addition to the webinar series provided under action 2.4, the multiple thematic repositories contained in the Knowledge Network for Action on Noncommunicable Diseases have facilitated the exchange of country examples, best practices and research on implementation between registered users. Action 2.2 was further enhanced by outputs from the working groups of the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases, in particular the Working Group on health education and health literacy.

¹ WHO Global Conference on Noncommunicable Diseases, 18–20 October 2017 (<http://www.who.int/conferences/global-ncd-conference/en/>, accessed 29 March 2018).

² Knowledge Network for Action on NCDs (<http://139.59.160.214/>, accessed 29 March 2018).

Action	Activity	Outcomes achieved in 2016–2017
Action 2.3	Facilitate the exchange of information on research related to noncommunicable diseases and its translation into action, identify barriers to research generation and translation, and facilitate innovation in order to enhance the knowledge base for ongoing national, regional and global action.	<p>At the WHO Global Conference on Noncommunicable Diseases (Montevideo, 18–20 October 2017):</p> <ul style="list-style-type: none"> • 12 parallel multistakeholder and multisectoral workshops were held in which stakeholders examined opportunities and assessed their particular role in influencing system changes in order to facilitate the adoption of evidence-based practices and interventions and document innovations, best practices and success stories; • a seminar conducted on implementation research to accelerate progress in the prevention and control of noncommunicable diseases, supported by the Global Alliance for Chronic Diseases, mobilized key stakeholders from WHO, research and academic institutions, as well as research funders to identify approaches and strategies for changing the environment for implementation research or dissemination or the receptivity to and interest in evidence-based noncommunicable disease practices; and to promote research practice partnerships; • collaborative arrangements were made between the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases and the Global Alliance for Chronic Diseases to fund relevant population research in low-income and middle-income countries as well as research related to vulnerable populations in high-income countries. <p>Ten articles were published in peer-reviewed academic journals (accessible through the Knowledge Network for Action on Noncommunicable Diseases).</p>
Action 2.4	Hold a new series of webinars for participants.	A total of 10 new webinars were held, covering different priority areas of prevention and control of noncommunicable diseases. ¹

¹ 2016 GCM/NCD webinars (<http://who.int/global-coordination-mechanism/news/2016-gcm-ncd-webinars/en/>) and 2017 GCM/NCD webinars (<http://who.int/global-coordination-mechanism/news/2017-gcm-ncd-webinars/en/>) (both accessed 29 March 2018).

Action	Activity	Outcomes achieved in 2016–2017
Action 3.1	Establish a working group in 2016 to recommend ways and means of encouraging Member States and non-State actors to promote the inclusion of noncommunicable disease prevention and control within responses to HIV/AIDS and programmes for sexual and reproductive health and maternal and child health, as well as other communicable disease programmes, such as those on tuberculosis, including as part of wider efforts to strengthen and orient health systems to address noncommunicable diseases through people-centred primary health care and universal health coverage. The Working Group will produce a report with recommendations.	The working group was established in February 2016 for a duration of one year, after which the Director-General reappointed its members and co-chairs for an additional six months. The working group met three times before completing its work. An interim report ¹ was published in September 2016. A final report with recommendations was submitted to the Director-General in December 2017 and will be made available to Member States.
Action 3.2	Establish a working group in 2016 to recommend ways and means of encouraging Member States and non-State actors to align international cooperation on noncommunicable diseases with national plans concerning noncommunicable diseases in order to strengthen aid effectiveness and the development impact of external resources in support of noncommunicable diseases. The Working Group will produce a report with recommendations.	The working group was established in February 2016 for a duration of one year, after which the Director-General reappointed its members and co-chairs for an additional six months. The working group met three times before completing its work. A final report with recommendations was submitted to the Director-General in December 2017 and will be made available to Member States.

¹ The WHO GCM/NCD Working Group on the inclusion of NCDs in other programmatic areas (Working Group 3.1, 2016–2017) (<http://www.who.int/global-coordination-mechanism/working-groups/working-group-3-1/en>, accessed 29 March 2018).

Action	Activity	Outcomes achieved in 2016–2017
Action 3.3	Establish a working group to recommend ways and means of encouraging Member States and non-State actors to promote health education and health literacy for noncommunicable diseases, with a particular focus on populations with low health awareness and/or literacy, and taking into account the cost-effective and affordable interventions for all Member States contained in Appendix 3 of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020. The Working Group will produce a report with recommendations.	The working group was established in February 2016, and launched at its first meeting in February 2017. It met a second time in June 2017. Co-chairs' reports on the first two meetings have been published. ¹ To underpin the recommendations that it is drafting the working group began implementing a growing number of national health literacy demonstration projects (currently in the preparatory phase in China, Egypt and Myanmar). Its members identify demonstration sites within their own countries where a specific health literacy intervention, with a focus on noncommunicable diseases, will be implemented. These sites reflect different contexts and settings and the projects address different areas of noncommunicable diseases so as to compile a package of demonstrated context-specific health literacy interventions that will be included in the report to the Director-General.
Action 4.1	Continue supporting communities of practice established in 2014 and 2015 and establish new communities of practices in 2016 and 2017.	The topics addressed by the current thematic communities of practice ² span multisectoral action on noncommunicable diseases, the next generation's role in noncommunicable disease responses, health literacy and health education for noncommunicable diseases, taking a gender-sensitive approach to noncommunicable diseases and other areas that reflect the cross-section between the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020 and the targets of the Sustainable Development Goals related to noncommunicable diseases. A community of practice for national noncommunicable disease focal points from health ministries, launched in November 2017, will define the needs and demands for implementation support at country level and identify areas that require new communities to be established, based on country needs.

¹ The WHO GCM/NCD Working Group on health education and health literacy for NCDs (Working Group 3.3, 2016–2017) (<http://www.who.int/global-coordination-mechanism/working-groups/working-group-3-3/en/>, accessed 29 March 2018).

² GCM/NCD Communities of practice (<https://communities.gcmportal.org/>) and Knowledge Network for Action on NCDs (<http://139.59.160.214/>) (both accessed 29 March 2018).

Action	Activity	Outcomes achieved in 2016–2017
Action 4.2	Start implementing in 2016 the approach that WHO will have developed to register and publish contributions from the private sectors, philanthropic entities and civil society to the achievement of the nine voluntary global targets for noncommunicable diseases.	Details and update on the process that the Secretariat is following to finalize its work on the development of the approach were published. ¹ Once finalized, the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases will be called on to promote implementation by non-State actors, as appropriate.
Action 5.1	Mobilize relevant and selected participants to conduct 12 studies (two per WHO region) on the national public health burden caused by noncommunicable diseases in developing countries, the relationship between noncommunicable diseases, poverty and social and economic development, the cost of inaction, and the cost of action. The outcomes of the studies will be published in 2016 and 2017.	The 12 studies were conducted by the United Nations Inter-Agency Task Force on Non-communicable Diseases as part of the WHO/UNDP Global Joint Programme on Noncommunicable Diseases ² and will be published following clearance by the governments concerned.
Action 5.2	Establish a web-based platform in 2016 to map existing and potential sources and mechanisms of assistance provided by the participants to developing countries in meeting their commitments to tackling noncommunicable diseases in the post-2015 era.	The comprehensive web-based platform, Knowledge Network for Action on Noncommunicable Diseases, was established in 2016. Sources and mechanisms of support were added to the platform.

2. During the biennium 2016–2017, the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases united more than 140 non-State actors around the noncommunicable disease agenda. The Coordination Mechanism has progressively validated the effectiveness and strength of its model, augmenting the support provided by the Secretariat to Member States in translating global commitments into action, and has actively engaged with non-State actors to raise awareness, disseminate knowledge and information, provide platforms to identify barriers and propose solutions, and advance multisectoral action through international multistakeholder cooperation.

¹ Document A70/27, Annex 2.

² Revised standard Joint Programme document. Catalyzing multisectoral action for noncommunicable diseases, 26 July 2016 (<http://who.int/ncds/un-task-force/catalyzing-multisectoral-action-for-ncds-joint-programming-document.pdf?ua=1>, accessed 29 March 2018).

ANNEX 3

PROGRESS MADE IN IMPLEMENTING RESOLUTION WHA70.12 (2017) (CANCER PREVENTION AND CONTROL IN THE CONTEXT OF AN INTEGRATED APPROACH)

1. The Secretariat has begun to implement many of the requests from the Health Assembly in resolution WHA70.12, including: the development of a world report on cancer; the collection, synthesis and dissemination of evidence on the most cost-effective interventions and the making of an global investment case; the preparation of a report on access to medicines; and the provision of harmonized technical assistance to Member States, partnerships and networks.
2. The Secretariat, including IARC, organized a consultation (Geneva, 4 and 5 September 2017) on the scope of, composition of and workplan for the Global Report on Cancer. Input was provided by representatives from all WHO regions and with diverse perspectives and expertise.
3. The Secretariat has expanded its work on gathering evidence on cost-effective interventions and the formulation of an investment case, building on related cross-cutting and regional workstreams and as part of the noncommunicable disease agenda, and conducted in collaboration with the IARC. An informal consultation was held (Mexico, 13 November 2017) for stakeholders to provide input into the methods for collecting and synthesizing relevant cost-effectiveness data. These data are being used for making an investment case and producing a costing tool that will support policy decision-making in cancer prevention and control.
4. Technical assistance has been provided at all levels of the Organization to support capacity-building in cancer control. In addition to the missions articulated in the progress updates in paragraphs 29 and 23 of the main report relating to the management of noncommunicable diseases, technical support has been provided through the integrated mission of Programme of Action for Cancer Therapy, conducted with the IAEA as well as the IARC. Missions have been carried out in more than five countries in 2017 with missions in additional countries planned in 2018. At the completion of each mission, technical assistance has been continued in order to facilitate implementation of the mission's findings.
5. Pursuant to the request that the Director-General produce a comprehensive technical report on access to cancer medicines for consideration by the Executive Board at its 144th session in January 2019, a concept note has been drafted, outlining the structure of the document in accordance with the terms of the resolution. An expert consultation is planned to take place later in 2018.

ANNEX 4

**PROGRESS REPORT OF THE UNITED NATIONS INTER-AGENCY
TASK FORCE ON THE PREVENTION AND CONTROL OF
NONCOMMUNICABLE DISEASES**

1. The United Nations Inter-Agency Task Force on the Prevention and Control of Noncommunicable Diseases continues to make progress since it was established in 2013. With the current efforts to reposition the United Nations development system to realize the goals of the 2030 Agenda for Sustainable Development, the Task Force is proving to be a good example of the call to address capacity gaps in order to support and enable results at country level so as to reach the targets of the Sustainable Development Goal relating to noncommunicable diseases. However, there remains a serious gap in the capacity of the Task Force to meet all demands for technical assistance.
2. Over the past four years, the Task Force has undertaken 20 joint programming missions to Member States. The missions were led by WHO, with 17 organizations in the United Nations system participating in one or more of these missions. The missions have led to changes in policy and practice by influencing Heads of State, ministers across government, parliamentarians and non-State actors. Joint programming missions leave the legacy of stronger United Nations country teams that are better positioned to scale up support to governments in tackling noncommunicable diseases as part of a broader national development. The Task Force Secretariat then works with the country teams and relevant United Nations agencies, funds and programmes to ensure momentum is maintained.
3. Global joint programmes enable countries to receive joined-up support from United Nations agencies in order to expand specific national responses to noncommunicable diseases. They require Task Force members to identify and mobilize funds for delivering action at national or subnational levels. Current global joint programmes include: (i) strengthening national governance for noncommunicable diseases and catalysing national multisectoral action for noncommunicable diseases and development; (ii) comprehensive cancer control; (iii) eliminating cervical cancer; (iv) maximizing the potential of mobile technologies in combating noncommunicable diseases; and (v) weakening the links between the harmful use of alcohol, gender-based violence and infectious diseases. Nine United Nations agencies are involved in these programmes, including seven that are working together in 17 countries to develop comprehensive national responses for cervical cancer.
4. Several thematic groups allow Task Force members to pool and align their existing resources more effectively at the global and country levels. The areas covered include: (i) mental health and well-being; (ii) nutrition; (iii) noncommunicable disease surveillance; (iv) noncommunicable diseases in humanitarian emergencies; and (v) health, environment and climate change. A priority for the Task Force is to ensure that Member States can harness the leadership and technical capacity of the United Nations system for implementing the WHO Framework Convention for Tobacco Control.

5. Despite the presence and operation of these arrangements and mechanisms, numerous challenges prevent the United Nations system from fulfilling its potential in supporting countries to tackle noncommunicable diseases. These inhibiting factors create a dissonance between country-level demands and the availability of resources and deployable assets from within the United Nations system. They include the following:

- the need for greater capacity within United Nations country teams to coordinate action and meet the rapidly increasing demand for technical assistance from governments to develop whole-of-government and whole-of-society approaches. Even though political support from Task Force members has been increasing, it is still not being translated sufficiently into technical assistance on the ground. Country teams are still not receiving as much support as they require. There are opportunities to align more effectively work across the United Nations system with the increase in multilateral financing provided by the World Bank and regional development banks for noncommunicable disease programmes, as well as better engagement by development partners, multistakeholder partnerships and the private sector. There is an urgent need for greater resources for implementing the Task Force's global joint programmes.
- The need to continue to move beyond the noncommunicable disease agenda and integrate responses, especially at the country level, with other important priorities, such as mental health, road safety and the impact of environmental risk factors on Sustainable Development Goals related to noncommunicable diseases. This will require ever smarter and more joined-up action across the United Nations system to maximize the impact of its scarce resources. Across the United Nations system, the focus in the area of health has been on communicable diseases and maternal and child health. A massive scale-up in operations is now required to get the United Nations system in a strong position to respond to noncommunicable diseases as part of the universal health coverage agenda. This process has barely commenced.
- The influence of industry. Joint programming missions carried out by the Task Force have highlighted pervasive industry attempts to influence government policy. While the activities of the tobacco industry are well established, the Task Force increasingly witnesses similar strategies from the alcohol, food and beverage industries, including industry briefing governments ahead of joint programming missions. The United Nations has recently introduced a model policy for United Nations organizations on preventing tobacco industry interference.
- There is a need to provide greater capacity within WHO to maintain the Task Force secretariat as the work of the Task Force continues to grow. The Task Force secretariat currently comprises three individuals.

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