



**High-level meeting to undertake the  
comprehensive review and assessment of the  
progress achieved in the  
prevention and control of NCDs  
(10-11 July 2014, New York)**

Concept Note

## Organizational arrangements

1. In accordance with resolution 68/271<sup>1</sup>, the high-level meeting to undertake the comprehensive review and assessment of the progress achieved in the prevention and control of NCDs (New York, 10-11 July 2014) will include formal plenary meetings to be held on **10 July** in the **UN General Assembly Hall** and two consecutive round tables to be held on **11 July** in the **UN Trusteeship Council Chamber on the following themes:**

<b>Round table 1</b> 10:00-13:00	Strengthening national and regional capacities, including health systems, and effective multisectoral and whole-of-government responses for the prevention and control, including monitoring, of NCDs
<b>Round table 2</b> 15:00-17:00	Fostering and strengthening national, regional and international partnerships and cooperation in support of efforts to address NCDs

2. The closing plenary of the high-level meeting (which will take place on 11 July 2014 from 17:00 to 18:00) will comprise the presentation of summaries of the round tables and the adoption of the concise, focused, action-oriented outcome document.

3. The high-level meeting, including the discussions at the round tables, will be broadcast through a live webcast, which will be publicly accessible at <http://webtv.un.org>.

4. Further details on the organizational arrangements will be published in the UN Journal closer to the event at <http://www.un.org/en/documents/journal.asp> and are available on the website of the President of the General Assembly at: [http://www.un.org/en/ga/president/68/events/hlm\\_ncd.shtml](http://www.un.org/en/ga/president/68/events/hlm_ncd.shtml).

## Context

5. Most of the world's annual 14 million premature deaths from NCDs which occur in people between the ages of 30 and 70 years are preventable by influencing public policies in sectors outside health, rather than by making changes in health policy alone. At a macro level, NCDs drag on economic growth, as morbidity and mortality due to NCDs sap productivity among working age populations. The economic impacts associated with NCDs are expected to be disproportionately worse among low- and middle-income countries, where NCDs are expected to affect people at younger ages. Managing NCDs can be expensive and strain already overburdened health systems, driving up costs and diverting scarce health resources from other health issues. At a micro (household) level, NCDs can also have strong negative impacts. NCDs can push households into poverty, particularly those without adequate social protection measures, such as health and disability insurance. Some Governments have recognized that gains against the NCD epidemic can be achieved through interventions that involve all government departments or a whole-of-government approach.

In this regard, Ministers of Health at the 66th World Health Assembly reiterated a call for Member States *"to consider implementing, as appropriate, according to national circumstances, policy options and cost-effective multisectoral interventions for the prevention and control of non-communicable diseases, in particular those that are very cost-effective and affordable for all countries"*<sup>2</sup>

<sup>1</sup> Entitled "Scope and modalities of the comprehensive review and assessment of the progress achieved in the prevention and control of NCDs"

<sup>2</sup> Listed in bold in Appendix 3 of resolution WHA66.10

*to achieve the nine voluntary global targets for non-communicable diseases by 2025”.*

6. While there are no blue prints and one size does not fit all, what is needed for effective implementation in the prevention and control of NCDs is partnerships with sectors beyond health and with stakeholders beyond government. But many developing countries are struggling to move from commitment to whole-of-government responses, due to lack of resources, both technical and financial and appropriate governance mechanisms. To this end, the 2011 Political Declaration on NCDs<sup>3</sup> presents a highly focused agenda for strengthening international cooperation in support of national multisectoral efforts to prevent and control NCDs.

7. The 2014 high-level meeting will, inter alia, take stock of progress in implementing the 2011 Political Declaration and identify opportunities to address gaps and scale-up multi-stakeholder and national multisectoral as well as regional and global responses to the prevention and control of NCDs, including in the context of the post-2015 development agenda.

**Round table 1 – Strengthening national and regional capacities, including health systems, and effective multisectoral and whole-of-government responses for the prevention and control, including monitoring, of NCDs**

8. The 2011 Political Declaration on NCDs recognizes that effective NCD prevention and control requires multisectoral approaches for health at the government level, including, as appropriate, health-in-all-policies and whole-of-government approaches. It emphasizes also the need for a multisectoral approach that is coordinated and involves all relevant sectors, civil society and communities, and the private sector, while recognizing the fundamental conflict of interest between the tobacco industry and public health. The Declaration also recognizes the importance of strengthening local, provincial, national and regional capacities to address both the medical and the social determinants of NCDs, particularly in developing countries, and that this may entail increased and sustained human, financial and technical resources.

9. In particular, Heads of State and Government committed in September 2011 to:

- Promote, establish, support or strengthen, by 2013, multisectoral national policies and plans for the prevention and control of NCDs;
- Advance the implementation of multisectoral, cost-effective, population-wide interventions to reduce the exposure to risk factors for NCDs by involving all relevant sectors, civil society and communities, as appropriate;
- Accelerate implementation by State parties of the WHO Framework Convention on Tobacco Control and encourage countries that have not yet done so to consider acceding to the Convention;
- Strengthen the capacity of individuals and populations to make healthier choices and follow lifestyle patterns that foster good health, including through building community capacity in promoting healthy diets and lifestyles
- Urge international organizations to continue to provide technical assistance and capacity building to developing countries;
- Promote the capacity-building of NCD-related nongovernmental organizations.

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<sup>3</sup> Resolution A/RES/66/2

10. Governments assembled at the World Health Assembly in May 2013 likewise urged Member States to enhance the capacity, mechanisms and mandates of relevant authorities in facilitating and ensuring action across government sectors<sup>4</sup>;

11. The 2014 Note by the Secretary-General transmitting the report of the WHO Director-General on the prevention and control of NCDs<sup>5</sup> highlighted the following progress and bottlenecks with respect to multisectoral responses:

- While more developing countries in 2013 have established policies to tackle NCDs than in 2010, few are multisectoral and engage sectors outside health;
- A global survey conducted by WHO in 2013 to assess national capacity for the prevention and control of NCDs noted that progress has been made in countries, as demonstrated in the following chart:

WHO National Capacity Assessment Survey on NCDs	2010	2013
Countries with a unit, branch or department in a Ministry of Health with a responsibility for NCDs	89%	95%
Countries with integrated national policies or plans on NCDs	65%	78%
Countries with integrated operational policies or plans on NCDs with a dedicated budget	32%	50%
Countries with national population-based cancer registries	39%	36%
Countries which have conducted recent risk factor surveys	30%	63%
Countries providing primary prevention and health promotion in primary care	85%	94%
Countries providing risk factor detection in primary care	77%	88%
Countries providing risk factors and disease management in primary care	82%	85%

- The report concluded that the work to realize the commitment to promote, establish, support or strengthen multisectoral national plans and policies for the prevention and control of NCDs, by 2013, is unfinished and must continue;

12. Questions: Round table 1 seeks to collect views on how to strengthen capacities for whole-of-government responses to NCDs. To promote an interactive discussion, participants are asked to focus attention on the following questions:

- How can national capacities be strengthened during the next 2-3 years with a view to support countries in their national efforts to scale up multisectoral action against NCDs? What are the opportunities and challenges?
- What government sectors are core to the response to NCDs?
- What are the good practices, to be found, in mobilizing and financing whole-of-government responses for NCDs? How can these lessons learned be applied or translated to other countries?

<sup>4</sup> Operative paragraph 2.3 included in resolution WHA66.10

<sup>5</sup> Document A/68/650

## Round table 2 – Fostering and strengthening national, regional and international partnerships and cooperation in support of efforts to address NCDs

13. In terms of national partnerships and cooperation, the 2011 Declaration recognizes the role of governments in engaging all sectors of society to generate effective national responses for the prevention and control of NCDs. In terms of international partnerships and cooperation, the Declaration recognizes the important role of international cooperation in supporting Member States in their national efforts to address NCDs. It also recognizes that the rising prevalence, morbidity and mortality of NCDs worldwide can be largely prevented by enhancing development cooperation.

14. In particular, Heads of State and Government committed in September 2011 to:

- Foster partnerships between government and civil society, building on the contribution of health-related NGOs and patients' organizations, to support, as appropriate, the provision of services for the prevention and control, treatment and care, including palliative care, of NCDs;
- Engage non-health sectors and key stakeholders, where appropriate, including the private sector and civil society, in collaborative partnerships to promote health and to reduce exposure to risk factors for NCDs, including through building community capacity in promoting healthy diets and lifestyles;
- Strengthen international cooperation in support of national, regional and global plans for the prevention and control of NCDs;
- Stress the importance of North-South, South-South and triangular cooperation;
- Encourage the continued inclusion of NCDs in development cooperation agendas and initiatives;
- Explore the provision of adequate, predictable and sustained resources through, inter alia, bilateral and multilateral channels including traditional and voluntary funding mechanisms.

15. In November 2012, the General Assembly considered the Note by the Secretary-General transmitting the report of the Director-General of the World Health Organization on options for strengthening and facilitating multisectoral action for the prevention and control of NCDs through effective partnership<sup>6</sup>. The report highlights that policy responses for NCDs tend to be piecemeal rather than comprehensive and integrated, and recommends, firstly, that countries need to determine how to designate a lead body or agency that will drive the national response to NCDs, followed by implementation of regulatory and legislative reform to mitigate the risk factors for NCDs and provide support for treatment.

16. At the World Health Assembly in May 2013, Member States were urged to promote, establish, support and strengthen engagement or collaborative partnerships, including with non-health and non-State actors, such as civil society and the private sector, through a broad multisectoral approach, with particular attention to avoiding any real, perceived or potential conflict of interest.

17. The 2014 Note by the Secretary-General transmitting the report of the WHO Director-General on the prevention and control of NCDs highlighted the following progress and bottlenecks with respect to partnerships and international cooperation:

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<sup>6</sup> Document A/67/373

- A survey conducted by WHO in 2010 informed that 86 per cent of countries reported having some form of partnerships or collaborations for implementing key activities relating to NCDs. While most countries (76 per cent) engage in collaboration in the form of a cross-departmental or ministerial committee, fewer (68 per cent) have interdisciplinary committees) or joint task forces (59 per cent).
- Nongovernmental organizations, community-based organizations and civil society together form a stakeholder in the partnerships/collaborations in the majority of countries (82 per cent). Yet, private sector entities are the least common stakeholder (59 per cent) while collaborations with other, non-health government ministries is 80 per cent, with academia and the United Nations system at 72 and 68 per cent, respectively.
- In terms of bottlenecks, a significant number of requests by Member States to WHO for technical support to address NCDs cannot be adequately addressed through international cooperation and many commitments remain unfulfilled. Similarly, support for national efforts through bilateral and multilateral channels, remain inadequate.

18. Questions: Round table 2 seeks to collect views on how to foster partnerships and international cooperation in support of efforts to address NCDs. To promote an interactive discussion, participants are asked to focus attention on the following questions:

- What are good practices in establishing national partnerships to address NCDs? How can these lessons learned be applied or translated in other countries?
- How should these partnerships be inclusive of all stakeholders, including civil society, while preventing and managing conflicts of interests?
- How can we raise the priority given to NCDs on international cooperation agendas?

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