



THE PRESIDENT
OF THE
GENERAL ASSEMBLY

8 July, 2014

Excellency,

I refer to my letter of 14 May, 2014 informing of the appointment of H.E. Ms. Bénédicte Frankinet, Permanent Representative of Belgium to the United Nations and H.E. Mr. Courtenay Rattray, Permanent Representative of Jamaica to the United Nations as Co-facilitators of the consultation process on the concise, focused, action-oriented outcome document for the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases.

I am pleased to transmit a copy of a letter dated instant from the Co-facilitators, under cover of which is the draft outcome document as agreed by Member States following multiple rounds of informal consultations. The text will be transmitted for issuance as an official document in preparation for its adoption on 11 July, 2014 during the closing session 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 non-communicable diseases.

I express my thanks to all delegations for their valuable contributions and constructive engagement in the informal consultations.

I take this opportunity to extend also my sincere thanks, and that of my Office, to Ambassadors Frankinet and Rattray for ably facilitating the informal consultations on the draft outcome document.

Please accept, Excellency, the assurances of my highest consideration.

A handwritten signature in black ink, reading "John W. Ashe".

John W. Ashe

All Permanent Representatives and
Permanent Observers to the United Nations
New York



Encl.1

New York, 8 July 2014

Mr. President,

We have the honour to refer to your letter dated 14 May 2014 by which you appointed us as co-facilitators for the consultations on the outcome document for the comprehensive review and assessment on non-communicable diseases.

We have conducted these consultations with Member States and are pleased to transmit via the accompanying annex, the draft outcome document on which consensus was reached. The process also benefited from consultations with civil society and the private sector through the informal dialogue held on 19 June. The outcome document would be adopted during the NCD-review meeting that will take place on 10 and 11 July 2014.

We would like to thank all delegations for their constructive engagement in the process, and also express our appreciation for the support provided by your Office, DGACM and the World Health Organization.

Please accept, Mr. President, the assurances of our highest consideration.

Bénédicte Frankinet
Ambassador
Permanent Representative of Belgium
to the United Nations

Courtenay Rattray
Ambassador
Permanent Representative of Jamaica
to the United Nations

H.E. Ambassador John Ashe
President of the 68th Session of the General Assembly
United Nations

OUTCOME DOCUMENT OF THE HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY ON THE REVIEW OF THE PROGRESS ACHIEVED IN THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES

Final version dated 8 July 2014

We, Ministers and representatives of States and Governments and heads of delegations, assembled at the United Nations from 10 to 11 July 2014 to take stock of the progress made in implementing the commitments in the 2011 Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases, adopted by UNGA resolution 66/2:

Intensifying our efforts towards a world free of the avoidable burden of NCDs

1. Reaffirm the Political Declaration, which has catalyzed action and retains great potential for engendering sustainable improved health and human development outcomes.
2. Reaffirm our commitment to address the global burden and threat of non-communicable diseases, which constitute one of the major challenges for development in the twenty-first century, undermine social and economic development throughout the world, threaten the achievement of internationally agreed development goals and may lead to increasing inequalities within and between countries and populations.
3. Reiterate that the most prevalent non-communicable diseases, namely cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, are primarily linked to four common risk factors, namely tobacco use, harmful use of alcohol, unhealthy diet, and physical inactivity.
4. Reiterate our concern regarding the rising levels of obesity in different regions, particularly among children and youth.
5. Recognize that mental and neurological conditions are an important cause of morbidity and contribute to the global non-communicable disease burden, for which there is a need to provide equitable access to effective programs and health-care interventions, as described in the World Health Organization Comprehensive Mental Health Action Plan 2013-2020.
6. Recall the Moscow Declaration adopted in April 2011 at the First Global Ministerial Conference on Healthy Lifestyles and Non-communicable Diseases Control, as well as all the regional initiatives undertaken on the prevention and control of non-communicable diseases, including the Declaration of the Heads of State and Government of the Caribbean Community entitled "Uniting to stop the epidemic of chronic non-communicable diseases", adopted in September 2007, the Libreville Declaration on Health and Environment in Africa, adopted in August 2008, the statement of the Commonwealth Heads of Government on action to combat non-communicable diseases, adopted in November 2009, the declaration of commitment of the Fifth Summit of the Americas, adopted in June 2009, the Parma Declaration on Environment and Health, adopted by the member States in the European region of the World

Health Organization in March 2010, the Dubai Declaration on Diabetes and Chronic Non-communicable Diseases in the Middle East and Northern Africa Region, adopted in December 2010, the European Charter on Counteracting Obesity, adopted in November 2006, the Aruba Call for Action on Obesity of June 2011, and the Honiara Communiqué on addressing non-communicable disease challenges in the Pacific region, adopted in July 2011.

Taking stock: Progress achieved since 2011

7. Welcome the development by the World Health Organization, in accordance with paragraph 61 of the Political Declaration, of the comprehensive global monitoring framework including the set of nine voluntary global targets for achievement by 2025, and a set of twenty five indicators capable of application across regional and country settings to monitor trends and to assess progress made in the implementation of national strategies and plans on non-communicable diseases, and its adoption by the World Health Assembly.

8. Welcome also the endorsement by the World Health Assembly of the WHO Global Action Plan (GAP) for the Prevention and Control of Non-communicable Diseases 2013-2020 and its adoption of the nine action plan indicators to inform reporting on progress made in the process of implementing the Global Action Plan.

9. Welcome the establishment of the United Nations Interagency Task Force on the Prevention and Control of Non-communicable Diseases and the endorsement of its terms of reference by the Economic and Social Council¹.

10. Welcome the request to the WHO Director General to prepare, for the consideration of the Sixty-eighth World Health Assembly, in consultation with Member States, United Nations organizations and other relevant stakeholders as appropriate, and within existing resources, a Framework for Country Action, for adaptation to different contexts, taking into account the Helsinki Statement on Health in All Policies, aimed at supporting national efforts to improve health, ensure health protection, health equity and health systems functioning, including through action across sectors on determinants of health and risk factors of non-communicable diseases, based on best available knowledge and evidence.

11. Welcome also the endorsement by the World Health Assembly of the terms of reference for the WHO Global Coordination Mechanism on the Prevention and Control of Non-communicable Diseases.

12. Recognize the remarkable progress since September 2011 achieved at national level, including an increase in the number of countries with an operational national non-communicable disease policy with a budget for implementation, from 32 per cent of countries in 2010 to 50 per cent in 2013.

13. Recognize that progress in the prevention and control of non-communicable diseases has been insufficient and highly uneven, due in part to their complexity and challenging nature, and

¹ Pending: footnote: E/RES/2014/L.13

that continued and increased efforts are essential for achieving a world free of the avoidable burden of non-communicable diseases.

14. Acknowledge that, despite some improvements, commitments to promote, establish or support and strengthen, by 2013, multisectoral national policies and plans for the prevention and control of non-communicable diseases, and to increase and prioritize budgetary allocations for addressing non-communicable diseases were often not translated into action, due to a number of factors, including national capacities.

15. Acknowledge that many countries, in particular developing countries, are struggling to move from commitment to action and, in this regard, reiterate our call on Member States to consider implementing, as appropriate, within national contexts, policies and evidence-based, affordable, cost-effective, population-wide and multisectoral interventions, including a reduction of modifiable risk factor of non-communicable diseases as described in Appendix 3 of the WHO GAP 2013-2020.

16. Recognize that affordable interventions to reduce environmental and occupational health risks are available, and that prioritization and implementation of these interventions in accordance with national conditions can contribute to reducing the burden of non-communicable diseases.

17. Reiterate our call on Member States to consider implementing, as appropriate, according to national circumstances, policy options and cost-effective, affordable, multisectoral interventions for the prevention and control of non-communicable diseases², to achieve the nine voluntary global targets for non-communicable diseases by 2025.

Reaffirming our leadership: Commitments and actions

18. Reaffirm our commitment to advance the implementation of multisectoral, cost-effective, population-wide interventions in order to reduce the impact of the four common behavioral risk factors for non-communicable diseases, through the implementation of relevant international agreements, strategies, national policies, legislation, and development priorities, including educational, regulatory and fiscal measures, without prejudice to the right of sovereign nations to determine and establish their taxation policies and other policies, where appropriate, by involving all relevant sectors, civil society and communities, as appropriate.

19. Recognize that the implementation of the and WHO Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020, the WHO Global Strategy on Diet, Physical Activity and Health (WHA57.17), the WHO Global Strategy to Reduce the Harmful Use of Alcohol (WHA63.13), the WHO/UNICEF Global Strategy for Infant and Young Child Feeding (WHA55.25), the WHO Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children (WHA63.14), as appropriate, will accelerate efforts to reduce non-communicable diseases, and reiterate our call on Member States to mobilize political will and financial resources for that purpose.

² Such as those included in Appendix 3 of resolution WHA66.10

20. Reiterate our commitment to accelerate implementation by States parties of the World Health Organization Framework Convention on Tobacco Control, and encourage countries to consider becoming Parties of the Convention.
21. Call on Member States to take steps, including, where appropriate, effective legislation, cross-sectoral structures, processes, methods and resources that enable societal policies which take into account and address their impacts on health determinants, health protection, health equity and health systems functioning, and which measure and track economic, social and environmental determinants and disparities in health.
22. Call on Member States to develop, as appropriate, institutional capacity with adequate knowledge and skills in assessing health impacts of policy initiatives in all sectors, identifying solutions and negotiating policies across sectors to achieve improved outcomes from the perspective of health, health equity and health systems functioning.
23. Recognize the importance of universal health coverage in national health systems, and call upon Member States to strengthen health systems, including health care infrastructure, human resources for health, health and social protection systems, particularly in developing countries, in order to respond effectively and equitably to the health care needs of people with non-communicable diseases throughout the lifecycle.
24. Scale-up, where appropriate, a package of proven, cost-effective interventions, including those identified in Appendix 3 of the WHO Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020.
25. Reiterate the importance of increased access to cost effective cancer screening programs as determined by national situations, as well as promoting increased access to cost-effective vaccinations to prevent infections associated with cancers, as part of national immunization schedules.
26. Acknowledge that limited progress has been made in implementing paragraph 44 of resolution 66/2, and although an increased number of private sector entities have started to produce and promote food products consistent with a healthy diet, these products are not always broadly affordable, accessible and available in all communities within countries.
27. Continue to encourage policies that support the production and manufacture of, and facilitate access to, foods that contribute to a healthy diet, and provide greater opportunities for the utilization of healthy local agricultural products and foods, thus contributing to efforts to cope with the challenges and take advantage of opportunities posed by globalization and to achieve food security and adequate nutrition.
28. Reiterate the primary role and responsibility of governments in responding to the challenge of non-communicable diseases, including through engaging non-governmental organizations, the private sector and other sectors of society, to generate effective responses for the prevention and control of non-communicable diseases at global, national and local levels.

29. Recall that effective non-communicable disease prevention and control requires leadership and multisectoral approaches to health at the government level, including, as appropriate, health-in-all-policies and whole-of-government approaches across sectors beyond health, while protecting public health policies for the prevention and control of non-communicable diseases from undue influence by any form of real, perceived or potential conflict of interest.

Moving forward: National commitments

30. We commit to addressing non-communicable diseases as a matter of priority in national development plans, as appropriate within national contexts and the international development agenda, and to take the following measures with the engagement of all relevant sectors, including civil society and communities, as appropriate:

(a) Enhance governance:

(i) By 2015, consider setting national targets for 2025 and process indicators based on national situations, taking into account the nine voluntary global targets for non-communicable diseases, building on guidance provided by the World Health Organization, to focus on efforts to address the impacts of non-communicable diseases and to assess the progress made in the prevention and control of non-communicable diseases and their risk factors and determinants;

(ii) By 2015, consider developing-or strengthening national multisectoral policies and plans to achieve these national targets by 2025, taking into account the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020;

(iii) Continue to develop, strengthen and implement, as appropriate, multisectoral public policies and action plans to promote health education and health literacy, with a particular focus on populations with low health awareness and/or literacy;

(iv) Raise awareness about the national public health burden caused by non-communicable diseases and the relationship between non-communicable diseases, poverty, and social and economic development;

(v) Integrate non-communicable diseases into health planning and national development plans and policies, including the United Nations Development Assistance Framework design processes and implementation;

(vi) Consider establishing, as appropriate to the respective national context, 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 non-communicable diseases, in order to implement health-in-all-policies and whole-of-government and whole-of-society approaches, and to monitor and act on the determinants of non-communicable diseases, including social and environmental determinants;

(vii) Enhance the capacity, mechanisms and mandates, as appropriate, of relevant authorities in facilitating and ensuring action across government sectors;

(viii). Strengthen the capacity of Ministries of Health to exercise a strategic leadership and coordination role in policy development that engages all stakeholders across government, non-governmental organizations, civil society and the private sector, ensuring that non-communicable disease issues receive an appropriate, coordinated, comprehensive and integrated response;

(ix). Align international cooperation on non-communicable diseases with national non-communicable diseases plans, in order to strengthen aid effectiveness and the development impact of external resources in support of non-communicable diseases;

(x). Develop and implement national policies and plans, as relevant, with financial and human resources allocated particularly to addressing non-communicable diseases, in which social determinants are included.

(b) By 2016, as appropriate, reduce risk factors for non-communicable diseases and underlying social determinants through implementation of interventions and policy options to create health-promoting environments, building on guidance provided by Appendix 3 of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020.

(c) By 2016, as appropriate, strengthen and orient health systems to address the prevention and control of non-communicable diseases and the underlying social determinants through people-centered primary health care and universal health coverage throughout the lifecycle, building on guidance provided by Appendix 3 of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020.

(d) Consider the possible linkages between non-communicable diseases and some communicable diseases, such as HIV/AIDS, call for the integration, as appropriate, of responses to HIV/AIDS and non-communicable diseases, and in this regard call for attention to be given to people living with HIV/AIDS, especially in countries with a high prevalence of HIV/AIDS, in accordance with national priorities.

(e) Continue to promote the inclusion of non-communicable disease prevention and control within programs for sexual and reproductive health and maternal and child health, especially at the primary health-care level, as well as communicable disease programs, such as TB, as appropriate.

(f) Consider the synergies between major non-communicable diseases and other conditions as described in Appendix 1 of the WHO Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020 in order to develop a comprehensive response for the prevention and control of non-communicable diseases that also recognizes the conditions in which people live and work.

(g) Monitor the trends and determinants of non-communicable diseases and evaluate progress in their prevention and control:

(i) Assess progress towards attaining the voluntary global targets and report on the results using the established indicators in the Global Monitoring Framework, according to the agreed timelines, and use results from surveillance of the twenty five indicators and nine voluntary targets and other data sources to inform and guide policy and programming, aiming to maximize the impact of interventions and investments on non-communicable disease outcomes;

(ii) Contribute information on trends in non-communicable diseases to the World Health Organization, according to the agreed timelines on progress made in the implementation of national action plans and on the effectiveness of national policies and strategies, coordinating country reporting with global analyses;

(iii) Develop or strengthen, as appropriate, surveillance systems to track social disparities in non-communicable diseases and their risk factors as a first step to addressing inequalities, and pursue and promote gender-based approaches for the prevention and control of non-communicable diseases founded on data disaggregated by sex and age and disabilities, in an effort to address the critical differences in the risks of morbidity and mortality from non-communicable diseases for women and men.

(h) Continue to strengthen international cooperation in support of national, regional and global plans for the prevention and control of non-communicable diseases, inter alia, through the exchange of best practices in the areas of health promotion, legislation, regulation and health systems strengthening, training of health personnel, development of appropriate health-care infrastructure and diagnostics, and by promoting the development and dissemination of appropriate, affordable and sustainable transfer of technology on mutually agreed terms for the production of affordable, safe, effective and quality medicines and vaccines, while recognizing the leading role of the World Health Organization as the primary specialized agency for health in that regard.

31. Continue to strengthen international cooperation through North-South, South-South and triangular cooperation, in the prevention and control of non-communicable diseases to promote at the national, regional and international levels an enabling environment to facilitate healthy lifestyles and choices, bearing in mind that South-South cooperation is not a substitute for, but rather a complement to, North-South cooperation.

32. Continue to explore the provision of adequate, predictable and sustained resources, through domestic, bilateral, regional and multilateral channels, including traditional and voluntary innovative financing mechanisms.

Moving forward: International commitments

33. Invite the Development Assistance Committee of the OECD to consider developing a purpose code for non-communicable diseases, in order to improve the tracking of official development assistance in support of national efforts for the prevention and control of non-communicable diseases.

34. Reiterate our commitment to promote actively national and international investments and strengthen national capacity for quality research and development, for all aspects related to the prevention and control of non-communicable diseases, in a sustainable and cost-effective manner, while noting the importance of continuing to incentivize innovation in public health, among others, as appropriate, through a sound and balanced intellectual property rights system, which is important, inter alia, for the development of new medicines, as recognized in the WTO Doha Declaration on the TRIPS Agreement and Public Health

35. Reaffirm the right to use, to the full, the provisions contained in the agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), the Doha Declaration on the Agreement on Trade-Related Aspects of Intellectual Property Rights and Public Health, the decision of the World Trade Organization General Council of 30th August 2003 on the implementation of paragraph 6 of the Doha Declaration on the TRIPS Agreement and Public Health, and, when formal acceptance procedures are completed, the amendment to article 31 of the Agreement, which provides flexibilities for the protection of public health, and, in particular, to promote access to medicines for all, and encourage the provision of assistance to developing countries in this regard.

36. Give due consideration to addressing non-communicable diseases in the elaboration of the post-2015 development agenda, taking into account, in particular, their serious socio-economic consequences and determinants and their links to poverty.

37. Call upon the World Health Organization in consultation with Member States, in the context of the Global Coordination Mechanism on the prevention and control of non-communicable diseases, while ensuring appropriate protection from vested interests, to develop before the end of 2015, an approach that can be used to register and publish contributions of the private sector, philanthropic entities and civil society to the achievement of the nine voluntary targets for non-communicable diseases.

Towards the world we want: Follow up

38. Request the Secretary-General, in collaboration with Member States, the World Health Organization and relevant funds, programs and specialized agencies of the United Nations system, to submit by the end of 2017 to the General Assembly, for consideration by Member States, a report on the progress achieved in implementation of the present outcome document and the Political Declaration of 2011, in preparation for a comprehensive review in 2018 of the progress achieved in the prevention and control of non-communicable diseases.