



THE PRESIDENT
OF THE
GENERAL ASSEMBLY

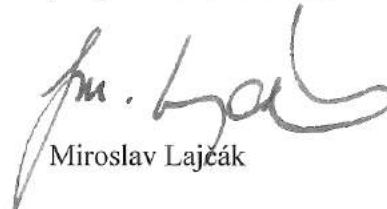
9 August 2018

Excellency,

Further to my letters of 27 June and 11 June 2018, I have the honour to enclose herewith the summary of the interactive hearing held on 5 July 2018 at the United Nations Headquarters in New York as part of the preparatory process of the third high-level meeting on the prevention and control of non-communicable diseases.

The summary has been prepared in accordance with paragraph 7 of resolution A/RES/72/274, which requests the President of the General Assembly to prepare a summary of the hearing prior to the high-level meeting.

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

A handwritten signature in black ink, appearing to read 'M. Lajčák', written in a cursive style.

Miroslav Lajčák

To all Permanent Representatives
and Permanent Observers to the United Nations
New York

Summary by the President of the General Assembly of the interactive hearing as part of the preparatory process for the third High-level Meeting on the Prevention and Control of Non-communicable Diseases

5 July 2018

**Trusteeship Council Chamber
United Nations Headquarters, New York**

Overview

The President of the General Assembly convened an interactive civil society hearing on 5 July 2018 as part of the preparatory process for the Third High-level Meeting on the Prevention and Control of Non-communicable Diseases, in accordance with resolution 72/274.

The hearing, organized with the support of the World Health Organization, provided stakeholders with an opportunity to contribute to the ongoing preparatory process in a day of interactive panel discussions. The hearing was attended by Member States, as well as representatives of civil society, non-governmental organizations, academia, and the private sector, as well as people living with NCDs.

The hearing focused on perspectives from civil society and other stakeholders, sharing experiences and making recommendations for a successful high-level meeting on 27 September 2018. Discussions were grouped into the following themes: scaling up action for the prevention and control of noncommunicable diseases; financing for the prevention and control of NCDs; promotion of multisectoral partnerships for the prevention and control of NCDs; and political leadership and accountability.

Opening segment

The President of the General Assembly, H.E. Mr. Miroslav Lajčák, highlighted that NCDs are now killing more people than all infectious diseases and are responsible for two-thirds of deaths globally. Highlighting the link between NCDs and poverty, the President expressed concern that at the current rate of progress, the world is not on track to meet the SDG target 3.4. He added that the high-level meeting on 26 September can act as a turning point. He also underlined that as President of the General Assembly, he will do everything he can to make the high-level meeting a success.

Dr. Svetlana Akselrod, Assistant Director-General for Noncommunicable Diseases and Mental Health, World Health Organization (WHO), noted that lack of financial resources is a significant obstacle to implementing the NCD agenda. Although domestic resources should be the mainstay of action on NCDs, many countries need catalytic funding to accelerate this work. Countries also need technical support, capacity building, a skilled workforce, ways to build on established programmes, and plans for integrating NCDs into national action plans and into the development of universal health coverage.

Dr. Sania Nishtar, Co-chair, WHO Independent High-level Commission on NCDs, said that three things are essential to get the NCDs agenda on track: NCDs need to be woven into healthcare and universal health coverage; NCDs need to become integrated into SDG implementation roadmaps, social protection policies, national metrics and

reporting and accountability frameworks; and, finally, the public health community must actively participate in the societal transformations, especially in the area of digital technologies, to ensure that they are used to advance the NCDs agenda.

Mr. James Chau, WHO Goodwill Ambassador for SDGs and Health, issued a challenge to governments, the private sector, and civil society to do more in fulfilling their respective roles. He encouraged all stakeholders to see NCDs not as a detached health agenda but as a fundamental core of human rights, and to develop an independent accountability mechanism that involves all stakeholders.

Interactive Panels

Panel 1 | Scaling up action for the prevention and control of noncommunicable diseases.

This panel focused on the role of identifying and implementing a specific set of priorities within the overall NCD agenda, with a view to implementing effective national responses for the prevention and control of NCDs, including by achieving universal health coverage. The panel also discussed best buy interventions as key to achieving quick results to help scale up approaches that countries need to implement to achieve SDG target 3.4. The session also explored good practices to protect vulnerable people from NCDs.

The panel was moderated by Dr. Svetlana Axelrod, Assistant Director-General for NCDs and Mental Health, WHO. Stakeholder panelists included: Ms. Katie Dain, CEO, NCD Alliance; Professor Alafia Samuels, Director, George Alleyne Chronic Disease Research Centre, University of the West Indies; Dr. Adam Karpati, Senior Vice President, Vital Strategies; and Dr. Habibe Millat, Member of Parliament, Bangladesh, Chair of IPU Advisory Group on Health.

Panelists noted that people living with NCDs must be involved in all aspects of the NCDs agenda. For diabetes, countries should implement “best buys”, as the incidence of diabetes is rising and the age of onset is decreasing. Primary prevention for diabetes includes education and awareness, with early life recognized as a critical period for intervention to mitigate later risks. Interventions should include increasing physical activity and reducing unhealthy diets, stress and the use of alcohol and tobacco. Panelists suggested that ‘sugar taxes’ should be encouraged and bans on duty-free alcohol and cigarettes considered. Panelists also highlighted increasing recognition of air pollution as a risk factor for NCDs.

It was noted that mental health must be prioritized, especially because one-quarter of all people are at risk for mental disorders. Depression is on track to be the leading global disease by 2030, and suicide is the leading cause of death in young people. Mental disorders globally now cost \$2.5 trillion and will rise to \$6 trillion by 2030. Integration of mental health into the NCD agenda will make NCD initiatives less costly. Mental disorders are a risk factor for the development of diabetes, cardiovascular diseases, and reduced life expectancy. Countries should recognize the parity of physical and mental health, and include these in integrated health care and social protection.

Panelists also underlined that the Framework Convention on Tobacco Control (FCTC) is an important platform for tobacco control, but in some countries, taxes on tobacco, while increasing, are not high enough, and there are not enough legal drafters to ensure legislation exists. In this regard, regional cooperation and support from regional institutions are important for small countries.

It was noted that cancer registries are a good development, but multi-disease registries are really needed, especially for small countries. Obesity in children is increasing, in part because of obesogenic environments. Some of these exist in schools because governments enter into deals with producers of unhealthy products.

Speakers also added that combating cardiovascular diseases can be approached with the RESOLVE package, which focuses on 5 strategies: reduce tobacco use; reduce dietary sodium; eliminate trans fat; and reduce exposure to air pollution. It was noted that most of these interventions are regulatory or legislative. The role of parliamentarians in the NCDs agenda was also underlined. It was noted that not only Heads of State and Government and Ministers of health should attend the Third High-level Meeting, but also ministers of finance, foreign affairs, and development.

Panel 2 | Financing for the prevention and control of NCDs

This panel, moderated by Dr. Etienne Krug, Director at WHO, focused on the disproportionate burden of NCDs in low- and middle-income countries. The need for greater investment in NCD responses and opportunities to attract innovative and traditional funding sources was discussed. It was highlighted that catalytic funding, domestically from Governments and internationally through Overseas Development Assistance, needs to support prioritization, implementation and scale up of cost-effective interventions, including taxation. The WHO *Saving Lives – Spending Less* report provides evidence on the return on investment: \$7 gained for every \$1 invested. Solutions should build on the recommendations in the report of the WHO Independent High-level Commission.

Ms Katie Dain, CEO of NCD Alliance, reiterated that governments need to go beyond previous generic agreements on financing to make concrete commitments. She presented a 5-point agenda on financing for NCDs: 1. *Leadership from the very top*: strong commitment from Heads of State and Government is a prerequisite; 2. *More and better data on resource flows*: only 26 countries reported NCD-specific expenditure between 2010 and 2016; 3. *Implement fiscal policies for health*: sugar taxes are gaining more attention as an indispensable tool to improve public health, save lives, and generate resources; 4. *Provide catalytic development assistance for NCDs*: although domestic resource mobilization is important, low-income countries will not be able to mobilize their own resources; 5. *Leveraging existing and new financing mechanisms for NCDs*: governments must be bold and explore new financing mechanisms, such as the multi-partner trust fund for NCDs.

Dr. Mukesh Kapila, CEO of Defeat-NCD Partnership, also addressed the question of how to get the billions in sustained and sustainable financing needed for NCDs. He suggested that a set of approaches, tailored to specific country circumstances, will be needed to get the necessary financing. The third High-level Meeting should agree on a new NCD 'financing compact': costed Country Operational Action Plans built on

the WHO best-buys but fine-tuned to the specific circumstances and backed by credible national political leadership. He emphasized that the private sector is central to such a holistic package and has key responsibilities in all components.

Ms. Elizabeth Denyoh, President of the Diabetes Association in Ghana, noted that owing to the current and short-term lack of sustainable funding, the African continent, and in particular Sub-Saharan Africa, requires urgent focus and capacity building for promotion and prevention.

Ms. Blanca Llorente, Economist, Pontificia Universidad Javeriana, Colombia, shared Colombia's experience with the success of tobacco taxation. After Colombia ratified the FCTC, there was a 40% rise on tobacco taxes by 2018, accompanied by a 15% decline in tobacco consumption and a 46% increase in tobacco tax revenues, while illicit trade remained relatively stable.

Panel 3 | Promotion of multisectoral partnerships for the prevention and control of NCDs

This panel explored the opportunities and challenges of engagement with the private sector, academia, civil society, and communities for the prevention and control of non-communicable diseases, taking into account the importance of a whole-of-society approach. Speakers shared experiences, good practices and challenges in reaching SDG target 3.4. The panel was moderated by Mr. Douglas Webb, Cluster Leader of HIV Health and Development Group at UNDP.

Ms. Johanna Ralston, CEO of World Obesity Federation, noted that there could be as many as 4 billion people living with NCDs. Commitments on innovation, accountability, and transparency are needed from the private sector to address NCDs, including obesity. She added that the Political Declaration should include a commitment to establish and enforce strict engagement that manages conflicts of interest and focuses on areas of alignment, while ensuring transparency and appropriate boundaries, including around public health policymaking.

Mr. Rocco Renaldi, Secretary-General of the International Food and Beverage Alliance (IFBA), affirmed IFBA's formal support for WHO's global target to eliminate industrially produced trans-fat by 2023. He said that IFBA companies are increasingly integrating health and nutrition into their business strategies, although progress is not uniform. Scaling up will require partnerships, many of which already exist at national level, especially on food and beverage (re)formulation. IFBA supports the call by the High-level Commission for a fresh approach to working with the private sector. IFBA proposes a number of specifics in the Political Declaration, including unequivocal encouragement for governments to engage with the private sector to mobilise efforts and resources across sectors, and a call to establish a progress reporting framework for SDG 3.4 that covers the actions of both State and non-State actors.

Mr. Thomas Cueni, Director General of the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), reported that in spite of companies' efforts, access to insulin still remains a challenge, in particular in low-income settings. Several factors lead to lack of access, among them weak health systems, lack of properly trained health care workers and weak supply chains or procurement. The private

sector, international organizations, governments and civil society, need to do more and better with regard to the affordability question. He said that increasing transparency in partnerships with the private sector will require external evaluations and accountability.

Professor Agnes Binagwaho of the University of Global Health Equity in Rwanda, agreed that partnerships are needed, but that they must be led by governments. Governments should: require expertise on management of conflicts of interest; prioritize evidenced-based regulation; establish sound accountability mechanisms for the private sector; and go beyond “cosmetic” solutions and approaches. Interventions highlighted the need for enhanced and more functional private-public partnerships and the challenge of a lack of trust between sectors. It was also underlined that indigenous groups, as well as women and youth, are ‘slipping’ through the NCDs net.

Panel 4 | Political leadership and accountability

This panel focused on creating ownership for developing and implementing national NCDs policies to reach SDG target 3.4 by 2030. It also addressed the role of a whole-of-government approach towards the prevention and control of NCDs. Participants explored how to promote accountability at the national level as well as the potential role of a global accountability framework, which would also include relevant stakeholders.

James Chau, WHO Goodwill Ambassador for SDGs and Health, moderated the session. A keynote address was given by H.E. Mr. Festus Gontebanye Mogae, Commissioner of the WHO Independent High-level Commission on NCDs. Stakeholder Panelists included Dr. Mary Nyamongo, Chair, NCD Alliance Kenya; Mr. Jan Peloza, Director, Institute for Mobility and Youth Information, Co-founder, No Excuse Slovenia; Dr. Ilona Kickbusch, Director, Global Health Institute, Graduate Institute, Geneva; and Dr. Beatriz Champagne, Healthy Latin America Coalition, InterAmerican Heart Foundation.

Panelists noted that civil society organizations have a key role in holding Heads of State and Governments accountable for their commitments. CSOs should invest in and partner with research institutions to generate national and sub-national data on the burden of disease, cost of prevention and management, and the cost of inaction. To solve shortfalls in domestic financing for NCDs and UHC, multi-sectoral public-private partnerships (e.g. hospitals, insurance and pharmaceutical companies) should be explored to increase and expand the range of health services available to people with NCDs. Panelists also underscored the role of mayors in advancing NCD prevention and control, noting that mayors are key actors who are able to act and lead when national governments can't, won't or haven't yet. Many cities are part of networks such as the WHO Healthy Cities Initiative, which can advance various strategies within and across regions.

Closing segment

The co-facilitators of the intergovernmental consultations and negotiations, H.E. Mr. Sebastiano Cardi, Permanent Representative of Italy, and H. E. Mr. Elbio Rosselli, Permanent Representative of Uruguay, expressed their appreciation for the opportunity to listen to voices from all stakeholders. They thanked the representatives of civil society present for their active role and indicated their intention to guide Member States to an ambitious and actionable political declaration.

The President of the General Assembly concluded the hearing by noting that the world may lose 120 million lives prematurely by 2025 owing to NCDs, and face annual GDP losses of 3.5 to 5.9%. He thanked participants for sharing some of the best practices from around the world. He added that there are still major gaps, particularly when it comes to investment, as the world is not dedicating enough resources to preventing and controlling NCDs. To meet SDG target 3.4, there is a need for detailed plans, prioritisation of best-buy initiatives, and firm political will. In closing, he called on Member States to agree a strong, action-oriented political declaration at the high-level meeting and to remain focused on the people whose lives we seek to impact.